RESEARCH ARTICLE

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The Relationship Between Fear Levels, Perception of Control, and Avoidance Attitudes in Individuals Under Suspicion of COVID-19

COVID-19 Şüphesiyle Takip Edilen Bireylerin Korku Düzeyleri, Kontrol Algısı ve Kaçınma Tutumları Arasındaki İlişki

ABSTRACT

Objective

The aim of this study was to determine the presence of coronavirus and disease-related anxiety, assess the levels of perceived control and avoidance behaviors in individuals under suspicion of COVID-19 at the Chest Diseases Clinic, and investigate the relationship between disease-related anxiety, perception of control, and avoidance behaviors.

Material and Methods

This study employed a descriptive and cross-sectional correlational design. The data were collected through face-to-face interviews with individuals admitted to the hospital due to suspicion of COVID-19 and willing to participate in the study. The data collection tools used in the study were the sociodemographic data form, the Coronavirus Fear Scale, the Perception of Control over COVID-19 Scale, and the Avoidance Attitudes related to COVID-19 Scale. Statistical analyses of the collected data were performed using the SPSS version 23.0.

Results

A total of 135 individuals participated in the study, of whom 63 were female, and 38.5% ere aged 65 and above. The results showed a positive and statistically significant correlation between the scores of the COVID-19 Fear Scale and the Cognitive Avoidance sub-dimension of the COVID-19 Avoidance Attitudes Scale. Additionally, there was a negative and statistically significant correlation between the scores of the COVID-19 Fear Scale and the Personal Control sub-dimension of the Perception of Control over COVID-19 Scale ($p<0.05$). However, there was no statistically significant correlation between the COVID-19 Fear Scale and the Behavioral Avoidance Attitude, Macro Control Perception, and Controllability sub-dimensions ($p>0.05$).

Conclusions

The study revealed that as the fear levels related to COVID-19 increased in individuals under suspicion, their avoidance attitudes towards COVID-19 also increased, while their perception of control decreased. During the pandemic period, it is considered crucial for healthcare professionals to provide information to individuals, not only regarding physical health issues but also to evaluate their psychosocial status.

In this context, it is recommended that training be provided on coping with stress, instilling hope, and crisis management in order to support individuals' physical and mental well-being; that interventions such as psychological counseling and support groups be implemented for individuals who have been psychosocially affected by the pandemic; and that studies be conducted to examine the effectiveness of these interventions in order to contribute to the literature.

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Key Words
COVID-19, Fear, Sense of control, Avoidance

ÖZ
Amaç
Bu çalışmada, Göğüs Hastalıkları Kliniği'nde COVID-19 şüphesi taşıyan bireylerde koronavirüsle ilişkili korku, kontrol algısı ve kaçınma tutumlarını değerlendirmek ve bu değişkenler arasındaki ilişkiyi değerlendirmek amaçlanmıştır.

Gereç ve Yöntemler
Tanımlayıcı ve kesitsel ilişki arayıcı tipte olan çalışma, katılmayı onaylayan bireylerle, yüz yüze görüşme yoluyla veri toplanmıştır. Veri toplama araçları arasında sosyodemografik veri formu, Koronavirüs (COVID- 19) Korkusu Ölçeği, COVID-19'un Kontrolü Algısı Ölçeği (PCoVCOVID-19), COVID-19'dan Kaçınma Tutumları Ölçeği (AA-COVID-19) yer almıştır. İstatistiksel analizler SPSS 23.0 ile yapılmıştır.

Bulgular
Çalışmaya katılan 135 bireyin 63'ü kadın, %38.5'i 65 yaş ve üzerindedir. COVID-19 korku ölçeği ve COVID-19 Kaçınma Tutumları ölçeğinin Bilişsel Kaçınma alt boyutu puanları arasında pozitif yönlü istatistiksel olarak anlamlı düzeyde ilişki, COVID-19 Korku Ölçeği ve COVID-19 Kontrolü Algısı ölçeğinin Kişisel Kontrol alt boyutu toplam puanları arasında negatif yönlü anlamlı düzeyde ilişki olduğu, saptanmıştır ($p<0.05$). Ancak COVID-19 Korku Ölçeği ile Davranışsal Kaçınma Tutumu, Makro Kontrol Algısı ve Kontrol Edilebilirlik alt boyutları arasında istatistiksel olarak anlamlı bir ilişki bulunmamıştır ($p>0,05$).

Sonuç
Katılımcıların korku düzeyleri arttıkça COVID-19'a yönelik kaçınma tutumlarının arttığı ve kontrol algılarının azaldığı görülmüştür. Sağlık profesyonellerinin yalnızca fiziksel sağlık konularında değil, bireylerin psikososyal durumlarını da değerlendirmesi önem arz etmektedir. Bu bağlamda, bireylerin fiziksel ve zihinsel iyilik hâlini desteklemek amacıyla stresle başa çıkma, ümit aşılama ve kriz yönetimi gibi eğitimleri verilmesi; pandemi nedeniyle psikososyal olarak etkilenen bireylere psikolojik danışmanlık ve destek grupları gibi müdahalelerin uygulanması; ayrıca literatüre katkı sağlamak için bu müdahalelerin etkililiğini inceleyen çalışmalar yapılması önerilmektedir.

Anahtar Kelimeler
COVID-19, Korku, Kontrol algısı, Kaçınma

INTRODUCTION
The coronavirus (2019-nCoV) was first detected on December 31, 2019, in Wuhan, China, and quickly spread throughout the world, leading to a pandemic (1). The first case in Turkey was reported on March 11, 2020 (2). Traumatic events such as pandemics can affect individuals in various ways. Uncertainties surrounding the COVID-19 pandemic, its potential lethality, duration, and treatment methods, along with reduced social interaction due to the pandemic and the flow of information about the pandemic and its effects, may have had negative effects on individuals. Feelings of fear and uncertainty may also have affected individuals' mental health (3, 4). The COVID-19 outbreak has led to panic disorders, anxiety, and depression in individuals (5-8). Additionally, it has been found that individuals who were quarantined due to the pandemic experienced loneliness, anger, fear of infecting their loved ones, and fear of death (9, 10). In a study conducted by Yalçın et al., it was observed that fear of COVID-19 among university students during the pandemic was accompanied by psychological symptoms such as depression, anxiety, and stress (11). A similar study conducted during the COVID-19 pandemic found that Egyptian students experienced depression, anxiety, and stress (12). Therefore, it is important to pay attention to the psychological effects of COVID-19 on mental health (13).

Thoughts about illness affect individuals' behavior (14). This may have influenced the perception of avoidance behavior against the COVID-19 pandemic (15). The uncertainty caused by the pandemic may have been perceived as a threat to individuals' health and well-being (16). This perceived situation may have caused fear in individuals and led to changes in their behavior (17). Fear is an adaptive response to adapt to the environment and increase the chances of survival; however, it may be maladaptive when it is not proportional to the actual threat (18). The experience of fear can increase risk perception and reinforce protective behaviors such as hand washing and physical distancing (19). During the COVID-19 pandemic, risk awareness has been effective in shaping attitudes and behaviors and has guided individuals to create safe spaces (20). In the fight against the pandemic, it has been very important for individuals to receive accurate information and comply with precautions. In this context, healthcare professionals bear a significant responsibility. It has become increasingly important for healthcare professionals to understand how individuals perceive future outbreaks and to recognize behavioral changes in individuals. It is believed that awareness will have an impact on the management and success of future pandemics such as COVID-19. In this context, this study aimed to determine the presence of coronavirus and disease anxiety in individuals being monitored for suspected COVID-19 in the Chest Diseases clinic, as well as to assess the level of perceived control, avoidance behaviors, and investigate the relationship between disease anxiety, perceived control, and avoidance behaviors.

MATERIAL and METHODS

The research adopts a descriptive and cross-sectional correlational design. The data for the study was collected at the Chest Diseases Clinic of Akdeniz University Hospital between March and September 2021. The data was gathered from individuals who were admitted for suspected COVID-19 within the first 6 months after obtaining institutional approvals and who agreed to participate in the study. However, the report was prepared based on the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) checklist, which aims to strengthen the reporting of observational studies.

Research Questions:

1. What are the levels of fear in individuals being monitored for suspected COVID-19?
2. How is the perceived control of individuals being monitored for suspected COVID-19?
3. What are the avoidance attitudes of individuals being monitored for suspected COVID-19?
4. Is there a relationship between the levels of fear, perceived control, and avoidance attitudes of individuals being monitored for suspected COVID-19?
5. Is there a relationship between the sociodemographic characteristics and the levels of fear, perceived control, and avoidance attitudes of individuals being monitored for suspected COVID-19?

Data Collection Tools

The research data was collected using the Socio-Demographic Data Form, the Coronavirus (COVID-19) Fear Scale, the COVID-19 Perceived Control Scale (PCo-VCOVID-19), and the COVID-19 Avoidance Attitudes Scale (AA-COVID-19).

Socio-Demographic Data Form

This form consists of 12 questions designed to determine the socio-demographic characteristics of individuals, based on the literature. It includes information such as age, gender, educational background, along with questions related to the pandemic. The questions in Table II were created based on studies conducted by Özdin and Özdin (2020), Ahorsu et al. (2020), Cao et al. (2020), Hyland et al. (2020), Qiu et al. (2020), and Cai et al. (2020).

Coronavirus (COVID-19) Fear Scale

Developed by Ahorsu and colleagues, the Turkish version of the scale was created by Bakioğlu and colleagues. It employs a five-point Likert-type rating system. The total score obtained from all items of the scale reflects the level of fear of experiencing Coronavirus (COVID-19). Scores can range from seven to 35, with higher scores indicating a higher level of fear of Coronavirus (21).

COVID-19 Perceived Control Scale (PCO-VCOVID-19)

Developed by Geniş and colleagues, this scale consists of twelve items and is based on a five-point Likert structure. It comprises three sub-dimensions: macro control, personal (micro) control, and controllability. Macro control pertains to beliefs regarding the effectiveness of measures taken at institutional, national, or global levels. The second sub-dimension, named personal control, concerns the effectiveness of personal measures taken to avoid contracting the disease. The final sub-dimension assesses the perception of the controllability of the disease. High scores in the macro control sub-dimension indicate a belief that the measures taken are sufficient, high scores in the personal control sub-dimension reflect confidence in the ability to control the disease through personal measures, and high scores in the controllability sub-dimension indicate a belief that the disease is controllable (22).

COVID-19 Avoidance Attitudes Scale (AA- COVID-19)

Developed by Geniş and colleagues, this scale consists of 10 items and utilizes a five-point Likert structure. It encompasses two sub-dimensions: cognitive avoidance and behavioral avoidance. High scores in these sub-dimensions indicate a high level of avoidance in the respective areas (22).

Data Analysis

The statistical analysis of the data obtained in the study was conducted using the Statistical Package for Social Sciences (SPSS) program (version 23.0). As the research is a descriptive correlational study with multiple independent variables, both correlation and multiple regression analyses were employed. The results were evaluated at a significance level of $p<0.05$, with a confidence interval of 95%.

RESULTS

The distribution of participants' socio-demographic characteristics is presented in Table I. A total of 135 individuals participated in the study. Out of these, 63 were female, representing 46.7% of the sample. Additionally, 38.5% of the participants were aged 65 and above, and 46.7% had completed a bachelor's degree or higher.

The chronic diseases of the participants were examined and 44% were found to have a chronic disease and the distribution of these diseases was as follows: Hypertension (54%), COPD (25%), and diabetes (21%). 13.3% of the participants had previously been diagnosed with COVID-19, 3.7% have been hospitalized due to the diagnosis, and 19.3% have had a family member diagnosed with COVID-19. Only 9.6% of the participating patients mentioned receiving professional support during this process, with 4.4% receiving it from a doctor, 3% from a nurse, and 2.2% from a psychologist.

The impact of the possibility of contracting or being diagnosed with COVID-19 on the daily lives of individuals is presented in Table II. Upon examination of Table II, it is observed that 45% of individuals have thoughts of losing their independence, 83% experienced anxiety, and 83% have uncertainties about the future. Additionally, individuals reported experiencing mobility restrictions (27%), role changes (21%), loss of job (8%), and deterioration in family relationships (6%).

Table I. Distribution of sociodemographic characteristics of individuals

Characteristics of Participants	Total n=135	
	n	(%)
Gender		
Female	63	46.7
Male	72	53.3
Age		
18-24	10	7.4
25-44	38	28.1
45-64	35	25.9
65+	52	38.5
Educational Background		
Primary Edocation	22	16.3
High School	48	35.6
University Graduate	65	48.2
Marital Status		
Married	94	69.6
Single	41	30.4
Chronic Disease		
None	76	56.3
COPD	15	11,1%
Hypertension	32	23,7%
Diabetes mellitus	12	8,9%
Previously diagnosed with COVID-19		
Yes	18	13,3%
No	117	86,7%
Previously hospitalized due to COVID-19 diagnosis		
Yes	5	3,7%
No	130	96,3%
Previously diagnosed with COVID-19 in the family		
Yes	26	19,3%
No	109	80,7%
Receiving Psychosocial Support		
Doctor	6	4,4%
Psychologist	3	2,2%
Nurse	4	3,0%
I didn't take it	122	90,4%

Table II. Definition of COVID-19, impact on individual's life

	Total n=135			
	YES		NO	
	(n)	%	(n)	%
Thoughts of Losing Independence	61	45	74	55
Anxiety	112	83	23	17
Uncertainty About the Future	112	83	23	17
Movement Restriction	36	27	98	73
Role Change	28	21	106	79
Loss of Job	10	8	125	92
Deterioration in Domestic Relations	8	6	126	94

The mean total scores of the COVID-19 Fear Scale, COVID-19 Perceived Control Scale, and COVID-19 Avoidance Attitudes Scale are provided in Table III. The mean total score for the COVID-19 Fear Scale is 22.07. For the COVID-19 Perceived Control Scale, the mean total scores are 15.07 for macro control, 16.62 for personal control, and 14.17 for controllability. When looking at the mean total scores for the COVID-19 Avoidance Attitudes Scale, cognitive avoidance has a mean score of 13.48, and behavioral avoidance has a mean score of 23.17.

Table III. Distribution of mean scores of the COVID-19 Fear Scale, COVID-19 Perception of Control Scale and COVID-19 Avoidance Attitudes Scale

COVID-19 Fear Scale	**Mean**	**Standard Deviation**	**Minimum**	**Maximum**
Covid-19 Fear Scale Total Score	22,07	2,77	11	32
COVID-19 Perceived Control Scale	**Mean**	**Standard Deviation**	**Minimum**	**Maximum**
Macro control	15,07	1,41	9	16
Personal (micro) control	16,62	1,60	10	20
Controllability	14,17	1,63	11	18
COVID-19 Avoidance Attitudes Scale	**Mean**	**Standard Deviation**	**Minimum**	**Maximum**
Cognitive avoidance	13,48	5,60	10	25
Behavioral avoidance	23,17	2,26	19	25

The relationships between the scales are presented in Table IV. A statistically significant positive correlation was found between the scores of the COVID-19 Fear Scale and the Cognitive Avoidance sub-dimension of the COVID-19 Avoidance Attitudes Scale ($p < 0.05$). Additionally, a statistically significant negative correlation was observed between the scores of the COVID-19 Fear Scale and the Personal Control sub-dimension of the COVID-19 Perceived Control Scale ($p < 0.05$).

Table IV. The relationship between the COVID-19 fear scale and the COVID-19 Avoidance Attitudes scale and the Perception of Control of COVID-19

		COVID-19 Perceived Control Scale			COVID-19 Avoidance Attitudes Scale	
		Macro Control	Personal (micro) Control	Controllability	Cognitive Avoidance	Behavioral Avoidance
COVID-19 Fear Scale	r	-0.054	-0.212	-0.054	0.108	0.215
	p	0.535	**0.013***	0.535	0.213	**0.012***
	n	135	135	135	135	135

r: Spearman's rank correlation coefficient
* $p < 0.05$

The relationship between the socio-demographic characteristics of the individuals participating in the study and the scales used was examined, and the characteristics with significant correlations are given in Table V. When the table is examined, it is determined that the average fear scores of the individuals are related to the age factor. It was determined that the average fear scores between the age groups created a statistically significant difference, and this difference was between individuals aged 45-64 and 65 and above (p=0.008). It was determined that the average avoidance attitude scores of the individuals and their average ages created a significant difference. As shown in Table V, the avoidance attitude score is high in individuals aged 65 and above and low in the 18-24 age range, indicating a statistically significant difference (p=0.00).

Table V. Significant Correlations Between Sociodemographic Characteristics and Scales*

COVID-19 Fear Scale Total Score	Characteristic		n	Mean± Standard Deviation	F	p
	Age	18-24	10	21.70±3.71	3.553(3)	0.016
		25-44	38	22.15±2.74		
		45-64	35	20.94±3.21		
		65+	52	22.84±1.96		
		Total	135	22.07±2.77		
COVID-19 Avoidance Attitudes Scale	**Characteristic**		**n**	**Mean± Standard Deviation**	**F**	**p**
Cognitive avoidance	Age	18-24	10	11.5	43.93(3)	0,000
		25-44	38	10.05		
		45-64	35	10.37		
		65+	52	18.46		
		Total	135	13.48		
Behavioral avoidance	Age	18-24	10	20.80	31.34(3)	0,000
		25-44	38	22.00		
		45-64	35	22.51		
		65+	52	24.94		
		Total	135	2.17		

*: Only statistically significant data can be shown in the table.
F: One Way Anova

The relationship between the impact of receiving a COVID-19 diagnosis on the lives of the participating individuals and the used scales was examined. Significant findings are presented in Table VI. When examining Table VI, it was observed that there is a significant difference in the fear levels of individuals based on whether they have previously been diagnosed with COVID-19 (t=4.94 (19.46), p=0.00), experienced hospitalization due to the diagnosis (t=2.80 (133), p=0.00), had a family member diagnosed with COVID-19 (t=4.54 (33.86), p=0.00), received professional support (t=5.81 (13.3), p=0.01), experienced feelings of anxiety (t=2.56 (25), p=0.00), faced uncertainties about the future (t=2.72 (133), p=0.00), and dealt with mobility restrictions (t=2.75 (133), p=0.00). It was found that individuals had higher levels of fear.

When examining the avoidance attitudes of individuals towards COVID-19, it was found that individuals with chronic illnesses had higher scores in both cognitive and behavioral avoidance (t=5.28(90), p=0.002). Additionally, individuals who had previously been diagnosed with COVID-19 had higher scores in cognitive avoidance (t=2.34 (2.74), p=0.02), as did individuals who had a family member diagnosed with COVID-19 (t=2.07(133), p=0.04). Furthermore, individuals experiencing mobility restrictions had higher scores in both cognitive (t=6.33 (53), p=0.00) and behavioral avoidance (t=8.747 (128), p=0.00). Individuals without deterioration in family relationships had higher scores in cognitive avoidance (t=-7.30 (126), p=0.00), as did individuals who did not experience job loss (t=7.33 (123), p=0.00) and role changes (t=5.07 (121), p=0.00). Individuals experiencing anxiety had higher scores in both cognitive (t=3.09 (50.9), p=0.00) and behavioral avoidance (t=3.144 (133), p=0.00), as did those facing uncertainties about the future (t=3.09 (50.9), p=0.00) and those with thoughts of losing their independence (t=8.25 (73.01), p=0.00). Finally, individuals receiving psychosocial support had higher scores in cognitive avoidance (t=2.422 (133), p=0.01).

Perceived controllability of COVID-19 was found to be statistically significantly higher in individuals who had previously been diagnosed with COVID-19 (t=2.29 (133), p=0.02) and in individuals experiencing anxiety (t=2.27 (66.5), p=0.02).

DISCUSSION

Unexpected and sudden events can lead individuals to experience traumatic moments in their lives. Unexpected events like a pandemic bring with them significant effects that threaten the bio-psychosocial integrity of individuals (23, 24). Factors such as the unprecedented nature of the pandemic and constant media coverage of pandemic news have made it more difficult for individuals to cope with uncertainty, ultimately leading to the emergence of fear (25). In this period, the presence of suspected COVID-19 diagnosis and hospitalization may significantly increase the fear level of individuals, as observed in this study. The average fear level of individuals during the pandemic period was found to be high.

Studies evaluating COVID-19 fear have examined various factors that influence fear levels. In a study conducted by Doğan and Düzel (2020), it was determined that men's fear levels were higher than women's, and when participants' fear levels regarding the pandemic were examined according to their educational status, it was found that high school graduates' fear levels were higher than university graduates'. However, in our study, no significant difference was found according to gender and educational status variables. It is thought that the presence of individuals hospitalized in the clinic in our sample had a significant effect on fear levels (26).

Gencer et al. (2020) found in their research that the highest level of coronavirus fear was in the age group of 15-20. However, with increasing age, a decrease in fear level was observed (27). This study found that as age increased, the fear level also increased. The difference in the samples of these two studies may be attributed to the fact that they obtained samples from different populations. Gencer et al. conducted their study through individuals randomly encountered in the community outside of hospital settings. In this study, individuals were hospitalized due to suspected COVID-19, and it is considered that the higher average age of these individuals may be a contributing factor to the high fear and anxiety levels.

Among studies evaluating COVID-19 fear, one factor affecting fear levels is having an additional chronic disease (28-29). In the sample of this study, the number of individuals with an additional chronic disease is high, and this situation is considered a contributing factor to high fear levels. Having a chronic illness is considered a triggering factor that contributes to increased fear of COVID-19.

In the study conducted by Kuşoğlu and Beydağ, it was determined that 84.2% of the individuals included in the sample had not previously had COVID-19, but 83.6% had concerns about COVID-19 (30). Similarly, in this study, 86.7%

Tale VI. COVID-19 Fear Scale Total Score

COVID-19 Fear Scale Total Score						
Sub dimension	**Characteristic**		**n**	**Avg±sd**	**T**	**p**
Fear	Previously Diagnosed with COVID-19	Yes No	18 117	25,55±3,32 21,53±2,25	4,94 (19,46)	0,00
	Previous Hospitalization Due to COVID-19 Diagnosis	Yes No	5 130	25,4±3,04 21,94±2,69	2,80 (133)	0,00
	Diagnosing Covid-19 in the Family	Yes No	26 109	24,34±2,92 21,53±2,45	4,54 (33,86)	0,00
	Anxiety	Yes No	112 23	22,57±2,23 19,65±3,76	3,59 (25)	0,00
	Uncertainty About the Future	Yes No	112 23	22,41±2,44 20,39±3,62	2,56 (25)	0,00
	Movement Restriction	Yes No	97 98	23,1±2,03 21,6±2,91	2,72 (133)	0,00
COVID-19 Perceived Control Scale						
Sub dimension	**Characteristic**		**n**	**Avg±sd**	**T**	**p**
Personal (micro) control	Anxiety	Yes No	112 23	16,71±1,71 16,17±0,83	2,27 (66,5)	0,02
Controllability	Previous Hospitalization Due to COVID-19 Diagnosis	Yes No	5 130	15,8±2,16 14,11±1,59	2,29 (133)	0,02
COVID-19 Avoidance Attitudes Scale						
Sub dimension	**Characteristic**		**n**	**Avg±sd**	**T**	**p**
Cognitive Avoidance	Having a Chronic Disease	Yes No	59 76	16,25±6,03 11,32±3,84	5,28(90)	0,00
	Previously Diagnosed with COVID-19	Yes No	18 117	16,72±6,43 12,98±5,32	2,34 (2,74)	0,02
	Diagnosing COVID-19 in the Family	Yes No	26 109	14,76±6,65 14,03±1,60	2,07(133)	0,04
	Thoughts of Losing Independence	Yes No	60 75	17,31±6,12 10,41±2,36	8,25 (73,01)	0,00
	Anxiety	Yes No	112 23	13,96±5,54 11,13±3,5	3,09 (50,9)	0,00
	Uncertainty About the Future	Yes No	112 23	13,96±5,64 11,13±3,5	3,09 (50,9)	0,00
	Movement Restriction	Yes No	97 98	18,24±5,68 11,68±4,42	6,33 (53)	0,00
	Role Change	Yes No	28 107	10,64±2,12 14,22±5,99	-5,07 (121)	0,00
	Loss of Job	Yes No	11 124	10±0 13,8±5,75	-7,33 (123)	0,00
	Deterioration in Domestic Relations	Yes No	8 127	10±0 13,7±5,71	-7,30 (126)	0,00
Behavioral avoidance	Anxiety	Yes No	112 23	23,44±2,16 21,86±2,3	3,144 (133)	0,00
	Uncertainty About the Future	Yes No	112 23	23,44±2,16 21,86±2,3	3,14 (133)	0,00
	Movement Restriction	Yes No	97 98	24,83±0,68 22,55±2,33	8,747 (128)	0,00

*: Only statistically significant data can be shown in the table.
sd= Standard Deviation, Avg: Average, T: Student T

of participants reported that they had not previously been diagnosed with COVID-19. In addition, it was found that 96.3% of participants had no history of hospitalization due to a COVID-19 diagnosis, and 80.7% reported that none of their family members had previously been diagnosed with COVID-19. Consistent with these findings, as in other studies, it was concluded that individuals monitored due to COVID-19 suspicion experienced significant impacts on their lives, particularly anxiety (83%) and uncertainty about the future. In this study, it was also found that answering "yes" to the following statements: Having previously been diagnosed with COVID-19, Having previously been hospitalized due to a COVID-19 diagnosis, having a family member diagnosed with COVID-19, experiencing anxiety, experiencing uncertainty about the future, and having movement restrictions. The fact that individuals were hospitalized during the data collection phase and that the diagnosis was only a suspicion of COVID-19 may be the reason for these findings.

In Altınayak and Erkek's study, the relationship between fear of COVID-19 and perceived control was examined; this relationship was found to be statistically significant. According to the research findings, as the level of fear increased,

there was an increase in personal control and inevitability perception, while a decrease was observed in macro control perception (31). Similarly, in our study, a downward trend in macro control level was observed as the level of fear increased; however, this relationship was not found to be statistically significant. On the other hand, our study found that COVID-19 fear had a significant effect only on personal control. In this context, a statistically significant decrease in the perception of personal control was observed as the level of fear increased. Although a decrease was observed in the level of inevitability as fear increased, this finding was not statistically significant. The differences between the results of our study and those of Altınayak and Erkek may be related to the fact that our sample group consisted of individuals hospitalized with suspected COVID-19 and that the sample size was limited.

This study found a significant relationship between the personal control levels of individuals experiencing anxiety and the controllability levels of individuals who were previously diagnosed with COVID-19 and hospitalized. This result shows that significant changes can occur in individuals' psychological processes, particularly in their perceptions of control, following health crises. However, in the literature review conducted, no study was found that directly addressed the relationship between anxiety levels and personal controllability levels after hospitalization for COVID-19. This situation demonstrates that our study offers a unique contribution to filling the gap in this area. The current finding is considered to be an important indicator in understanding the effects of the pandemic on individuals' perceptions of psychological control. Future studies examining how perceptions of control change in the context of different age groups, socioeconomic levels, and health histories may further deepen understanding in this area.

In a study conducted in Hong Kong by Kwok and colleagues (2020), it was reported that the vast majority of participants were concerned about COVID-19 and that their daily routines were negatively affected by this process. Similarly, in our study, it was observed that the number of individuals with anxiety levels above average was high. Additionally, it was determined that the level of fear toward COVID-19, avoidance behaviors, and perceived control were significantly associated with anxiety (32).
Avoidance behaviors are one of the risk reduction strategies that play an important role in managing the pandemic and combating COVID-19 (33). One of the important findings of this study is that individuals suspected of having COVID-19 exhibit high levels of avoidance behavior. It was also observed that these behavior levels increased with age. Behavioral avoidance includes actions such as not participating in social activities, not using public transportation, avoiding handshakes, and not using public restrooms. Although the individuals participating in the study were in a hospital environment, they stated that they practiced these types of avoidance behaviors in their daily lives prior to hospitalization.

Similar results were obtained in a study conducted by Balkhi and colleagues (2020) in Karachi. Most participants stated that current news about COVID-19 increased their anxiety levels and that they avoided following such news (34). In addition, it was found that they avoided physical contact, going to health facilities, attending family or social gatherings, and traveling. These findings support the results of our study, which showed that cognitive and behavioral avoidance levels were significantly higher, especially among individuals experiencing anxiety.

Our current study adds to the literature by showing that cognitive avoidance is higher in people who are dealing with stuff like losing their independence, feeling uncertain about the future, having limited mobility, role changes, job loss, and messed-up family relationships. These findings indicate that individuals are not only coping with virus-related health concerns but also with the social and psychological effects of the pandemic. However, it has been determined that behavioral avoidance levels are higher in individuals who experience uncertainty about the future and have limited mobility.

Similarly, in a study conducted by Koşunalp and Kavurmacı (2023) with hemodialysis patients, the level of cognitive avoidance was found to be moderate, while the level of behavioral avoidance was high (35). In our study, we also observed that individuals with chronic diseases had high levels of cognitive avoidance. Additionally, factors such as having previously been diagnosed with COVID-19 or having a family member diagnosed with COVID-19 significantly increase cognitive avoidance.
This study has some limitations. All interviews were conducted at a single hospital, and data were collected under pandemic conditions. Therefore, the findings are limited to the individuals who participated in the study and are not generalizable.

CONCLUSION

In conclusion, the results of this study demonstrate that unexpected events, especially large-scale health crises like the pandemic, can have serious psychological effects on individuals. Such situations can seriously disrupt the biopsychosocial balance. The pandemic being an unforeseen and continuously reported event by the media has strained the ability to cope with uncertainty, ultimately leading to an increase in fear.

Epidemic diseases like COVID-19, which have the potential to affect society on a mass scale, are inevitable situations that can arise at any time. As the results of this study have shown, epidemic diseases can lead to crisis situations where individuals experience fear, avoidance, and behavioral changes. It was observed in this study that individuals followed up with suspected COVID-19 expressed concerns. It was also determined that as the fear of COVID-19 increased, the perception of control decreased, and avoidance attitudes towards COVID-19 increased. The emerging findings indicate that

fear, anxiety, and avoidance are interconnected, and there are many triggering factors for these conditions. It is important for healthcare professionals to consider these factors when providing care and treatment for individuals followed up due to suspected infectious diseases like COVID-19. During the pandemic period, it is believed that healthcare professionals should not only address physical health issues but also assess psychosocial situations. In this context, providing education to individuals to protect themselves both physically and mentally, conducting interventions and initiatives targeting individuals who have been negatively affected in psychosocial aspects during the pandemic, and contributing to the literature by implementing intervention studies are recommended.

Ethics Committee Approval

This study was prepared in accordance with the Research and Publication Ethics according to the Declaration of Helsinki and was approved by the Akdeniz University Faculty of Medicine Clinical Research Ethics Committee (Approval No: KAEK-177), institutional permission from the Chief Physician of Akdeniz University Hospital, and informed consent forms were obtained from the participants

Author Contributions

Author Contributions: Concept- Ş.B.D., İ.K., S.Ç., F.Ü.; Design- Ş.B.D., İ.K., S.Ç.; Supervision- İ.K., F.Ü., T.Ö.; Resources- Ş.B.D., F.Ü., T.Ö.; Materials- Ş.B.D., İ.K., S.Ç.; Data Collection and/or Processing- Ş.B.D., İ.K., S.Ç.; Analysis and/ or Interpretation- Ş.B.D., İ.K., S.Ç..; Literature Search- Ş.B.D., İ.K., S.Ç.; Writing Manuscript- Ş.B.D., İ.K., S.Ç.; Critical Review- İ.K., F.Ü., T.Ö.

Conflict of Interest

The confidentiality and anonymity of findings were preserved. We declare that no relationships that may pose conflict of interest.

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