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Investigation of the Relationship between Fear of Coronavirus, Coronaphobia and Personality Traits

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ABSTRACT

The COVID-19 pandemic, which emerged in Wuhan, China, has affected the world in all aspects (economic, social, cultural and health). During this pandemic period, people faced various psychological situations, especially anxiety, phobia, panic, and fear. With this descriptive study, it is aimed to reveal the relationship between the fear of COVID-19 and coronaphobia experienced by individuals and their personality traits.Sociodemographic data form, COVID-19 Fear Scale, Coronavirus Phobia Scale and Ten-Item Personality Scale were used as data collection tools. The data was collected through Google Forms. Throughout Turkey, 952 people participated in the study.

As a result of the study, a statistically significant difference was found between demographic variables such as gender, monthly income of the family, having a chronic disease, working status and regular exercise habits, and fear of COVID-19 and coronavirusphobia. It has been determined that there is a high positive correlation between fear of COVID-19 and coronaphobia. In addition, it was concluded that there is a weakand very weak positive relationship between fear of COVID-19 and coronavirusphobia and personality traits sub-dimensions.

Keywords: Fear of COVID-19, coronaphobia, personality trait

Introduction

Coronavirus first appeared in late December 2019 in Wuhan, China. The World Health Organization (who) declared a pandemic on March 11, 2020 as it spread to other countries in a short time (1). With this declared pandemic, countries have entered into the process of fighting the disease. By 21.10.2020, more than 40 million people in more than 200 countries have been infected and more than 1 million and 100 thousand people have died due to COVID-19. The most cases are seen in the countries such as America, India, Brazil, Russia and Argentina (2). While countries are looking for a cure for the coronavirus disease, they have taken and continue to take a series of measures to prevent the epidemic from spreading further. The measures taken in many aspects such as curfews, imposing the obligation to wear masks, keeping physical distance with other people in all areas of life, prohibiting collective organizations, closing schools and workplaces, and suspending domestic and international flights have been carefully implemented and continue to be implemented. With the measures taken, individuals who were afraid of catching the virus and could not go out and socialize on the streets have faced various psychological states, especially anxiety, fear, phobia and panic during this pandemic process. It is also seen that quarantine life, which is contrary to human nature, triggers the emergence of various problems in individuals.

The mental responses of each individual, group or social class during the coronavirus process are also experienced at different levels. The inferences that COVID-19 disease will infect the individual and his/her family and immediate environment, and that the city or place in which he/she lives is at high risk of infection, and similar inferences are a source of intense and stressful anxiety for such individual (3).

Aşkın et. al (4) note that COVID-19 causes health problems in two different ways. The first is that the virus directly affects the body and causes the health problem. The second is the problems affecting mental health such as fear, panic and anxiety with the effect of the pessimistic atmosphere accompanied by the epidemic. The mentioned study suggests that epidemics affect not only the physiological health of individuals, but also their psychological health and well-being Kaya (3) describes this epidemic as a trauma that

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threatens the lives and existence of individuals and poses a problem for everyone. Besides socioeconomic levels that individuals have, class status, cultural and individual characteristics by which they live as well as their psychological and spiritual infrastructure implies that vary traumatic effects. In this context (5,6), the coronavirus epidemic has turned into a fear and has been referred to as "coronaphobia" in the literature. When we look at the formation of the concept in general terms, coronaphobia, which literally means fear of coronavirus, has emerged as a psychological factor that has affected millions of people. In other words, coronaphobia is defined as an over-triggered response to fear of contracting the virus that causes COVID-19.

Arora et al., (5) deals with coronaphobia by defining it with physiological, cognitive and behavioral dimensions in their work. Physiologically, coronaphobia can cause symptoms such as constant anxiety, palpitations, tremors, difficulty breathing, dizziness, changes in appetite, and sleepiness. Cognitively, fear of viruses involves engaging in threatening cognitions; for example, 'if I catch the virus I will die, 'I will not be able to go to work and be unemployed'; 'my family is in danger and they may die'. Cognitions can further trigger emotional responses such as sadness, guilt and anger. Finally, from a behavioral point of view, individuals engage in behavior to avoid all kinds of social environments to prevent the consequences of coronavirus.

People are likely to develop fear of COVID-19 and coronaphobia that may vary according to their individual characteristics, as well as their family environment, region of residence, socioeconomic level, cultural values, beliefs, value judgments and psychological well-being. In this context, in addition to these expressed values, people's demographic status and personality traits can be described as factors affecting fear of coronavirus and coronaphobia levels. In this coronavirus epidemic we live in, some individuals may feel a higher level of fear and anxiety of catching COVID-19, while some may experience a lower level of fear and anxiety in this process or it is observed that they do not experience these feelings at all. Hence, the fear of COVID-19 and coronaphobia have affected and continue to affect individuals in this process. In this study, it is aimed to examine the relationship between different personality traits and fear and phobia of catching COVID-19.

Materials and methods

Purpose: This research aims to examine the relationship between the levels of coronaphobia and fear of COVID-19 of individuals and their personality traits.

Problem statement: The question, "Is there a relationship between the levels of fear of COVID-19 of coronaphobia of individuals and their personality traits?" constitutes the problem statement.

Population and Sample: The population of research consists of the individuals over eighteen years of age throughout Turkey. Without choosing a sample, the research was conducted with the individuals who volunteered to participate in the study. 952 people participated in the study between August 20 and September 20, 2020. The research data were collected online due to the pandemic, and the convenience sampling method, one of the improbable sampling methods, was used to collect the data.

The data collection form was prepared by researchers in a digital environment and delivered to participants from various communication tools, social media applications and various digital platforms. Anyone over the age of eighteen who volunteered participated in the study. All information about the content of the study was shared with the participants through the data collection tool and the participants were informed about the study.

Data Collection Tool: The Sociodemographic Data Form, the Fear of COVID-19 Scale, the COVID-19 Phobia Scale and the Ten-Item Personality Measure were used as the data collection tools.

The Fear of COVID-19 Scale: The validity and reliability, in Turkey, of the scale which was developed by Ahorsu et. al (7) was ensured by Bakioğlu et. al (8). The five-point likert type scale (1: Strongly disagree; 5: Strongly agree) consisting of seven items has a Cronbach's alpha coefficient of 0.88. The score that can be obtained from this scale ranges from 7 to 35. A high score from this scale means that the individual has a high level of fear of coronavirus.

The COVID-19 Phobia Scale: The scale developed by Arpacı et al., (9) to measure the phobia that can develop against coronavirus is a five-point (1: strongly disagree; 5: strongly agree) likert type. The scale consists of 20 items and 4 sub-dimensions. These sub-dimensions are "psychological", "social", "somatic" and

"economic" Cronbach's alpha coefficient for the general scale in the validity and reliability study is 0.92. The score that can be obtained from this scale ranges between minimum 20 and maximum 100. The higher the score from the lower dimensions, this suggests that overall coronaphobia is high.

Ten-Item Personality Measure: The validity and reliability, in Turkey, of the scale, which was developed by Gosling et. al (10), was ensured by Atak (11). Seven-point likert type scale (1: Strongly disagree; 7: Strongly agree) had a Cronbach's Alpha coefficient of 0.83.

Statistical Analysis: Coding and evaluation of the data was performed in computer environment using the trial version of the IBM Statistical Package for the Social Sciences (SPSS). The compliance of the data with normal distribution was evaluated using the Shapiro-Wilk test. One Way Anova, Independent t test was used for comparisons. Tukey's HSD test was used as an advanced analysis for statistically significant results. Pearson Correlation was used to measure the relationships between variables.

Limitations of the Research: There are also some limited aspects of research. The data collection process of the research was conducted online due to the epidemic process. Since it is a Turkey-wide study, data could not be collected equally from each region or city. Finally, another limitation of the research is that the data were collected in the summer of 2020 after the first wave of the COVID-19 outbreak. Therefore, there may be a decrease in the fear of coronavirus and the effect of coronaphobia in individuals.

Results

Table 1 shows the distribution of the total scores of coronaphobia and fear of COVID-19 according to demographic variables of the participants. No statistically significant difference was found between the mean scores of the participants, obtained from the Fear of COVID-19 Scale and the COVID-19 Phobia Scale, and the following demographic characteristics: age, marital status, having a child, education level, place of residence, region of residence, smoking, working as healthcare personnel and history of contact with people with positive the Covid-19 test result ($p > 0.05$).

When Table 1 is examined, it is seen that there is a statistically significant difference between the total score of coronaphobia and the variable of gender ($p < 0.05$), and that the total score of women (53.24 ± 14.76) for coronaphobia is higher than the total score of men (47.52 ± 15.05). Likewise, a statistical difference was found between the variable of gender and the total score of fear of COVID-19. It was revealed that the women's fear of COVID-19 score (17.11 ± 6.61) was higher than the total score of men (14.01 ± 6.05). In other words, it is seen that women have higher level of coronaphobia and fear of COVID-19 than men.

It was found that the variable of monthly income showed a statistically significant difference from the total scores of coronaphobia and fear of COVID-19 ($p < 0.05$). It is seen that people with montly income less than expenses have higher level of coronaphobia and fear of COVID-19 than those with monthly income equal to and more than expenses.

Examining Table 1, it is discovered that there is a statistical relationship between presence of chronic disease, which is one of the demographic variables, and the total score of coronaphobia and fear of COVID-19 ($p < 0.05$). It is observed that the total scores of coronaphobia (54.53 ± 16.82) of people with chronic diseases are higher than those without chronic disease (50.97 ± 14.81). Likewise, it is evident that the total scores of fear of COVID-19 of people with chronic diseases (17.40 ± 7.21) are higher than those without chronic disease (15.93 ± 6.49).

When we look at the working status, which is one of the demographic variables, it is seen that there is a statistically significant difference between this variable and coronaphobia and fear of COVID-19 ($p < 0.05$). It is revealed that the total scores of coronaphobia and fear of COVID-19 of non-working people are higher than the working individuals. Non-working people experience higher level of coronaphobia and fear of COVID-19 than working people.

A statistically significant relation was found between regular exercise and coronaphobia and fear of COVID-19 ($p < 0.05$). It is evident that people who do not exercise regularly have higher total score of coronaphobia (52.31 ± 15.44) than those who exercise regularly (50.09 ± 14.51). It is observed that the score of fear of COVID-19 of those who do not exercise regularly (16.59 ± 6.82) is higher than those who exercise regularly (15.43 ± 6.21). In some cities and regions of our country, rapid increases in the number of cases have been seen from time to time. In our study, no statistically significant difference was found

Table 1. Distribution of phobia and fear scores of demographic variables

Demographic Characteristics	Number	%	Coronaphobia Total	Test and p value	Fear of Corona Total	Test and p value
Age						
18-27 years	568	59.7	51.54±15.07	t: 0.083	16.09±6.69	t: 0.395
28 years and above	384	40.3	51.14±15.13	p: 0.934	16.12±6.46	p: 0.693
Gender						
Female	642	67.4	53.24±14.76	t:7.176	17.11±6.61	t: 5.533
Male	310	32.6	47.52±15.05	p: 0.000	14.01±6.05	p: 0.000
Marital status						
Married	290	30.5	50.27±14.66	t: -1.495	15.94±6.35	t: -0.488
Unmarried	662	69.5	51.86±15.26	p: 0.135	16.17±6.70	p: 0.626
Status of Having Children						
Yes	268	28.2	50.24±15.14	t: -1.456	15.76±6.47	t: -0.988
No	648	71.8	51.82±15.05	p: 0.146	16.23±6.64	p: 0.324
Education Level						
Primary school	74	7.8	52.17±16.98		15.33±7.71	
High school	126	13.2	49.65±14.37		15.55±6.68	
Bachelor's degree	570	59.9	51.98±15.06	F: 1.204	16.19±6.59	F: 0.912
Postgraduate degree	182	19.1	50.35±14.80	p: 0.307	16.53±6.04	p: 0.435
Place of Residence						
City	631	66.3	51.23±15.14		16.11±6.67	
District	240	25.2	51.72±14.91	F:0.095	16.08±6.21	F:0.001
Village	81	8.5	51.51±15.36	0.910	16.09±7.19	p: 0.999
Region of Residence						
Eastern Anatolia region	32	3.4	51.93±18.49		16.50±7.91	
Central Anatolia region	413	43.4	52.37±15.36		16.32±6.53	
Southeastern Anatolia region	45	4.7	53.35±15.43		17.22±7.26	
Marmara region	155	16.3	50.23±13.74	F: 1.113	15.40±6.53	F: 1.187
Aegean region	74	7.8	49.77±14.89	p: 0.353	16.89±6.81	p: 0.311
Black Sea region	40	4.2	53.02±13.77		16.80±6.19	
Mediterranean region	193	20.3	49.90±15.15		15.43±6.38	
Total Monthly Income of Family						
Income less than expensesa	192	20.2	55.60±16.61		17.48±7.33	
Income equal to expensesb	531	55.8	50.59±14.55	F:9.884	15.72±6.48	F: 5.349
Income more than expensesb	229	24.1	49.67±14.38	p: 0.000	15.82±6.06	p: 0.005
Chronic disease						
Yes	110	11.6	54.53±16.82	t:2.335	17.40±7.21	t: 2.206
No	842	88.4	50.97±14.81	p: 0.020	15.93±6.49	p: 0.028
Smoking						
Yes	222	23.3	51.50±15.91	t: 0.142	15.86±6.66	t: -0.622
No	730	76.7	51.34±14.84	p: 0.887	16.17±6.58	p: 0.534
Working status						
Yes	391	41.1	49.76±14.42	t:-2.772	15.28±6.25	t: -3.215
No	561	58.9	52.51±15.45	p: 0.006	16.67±6.77	p: 0.001
Working as healthcare personnel						
Yes	63	6.6	50.79±16.41	t: -0.321	16.11±6.32	t:0.006
No	889	93.4	51.42±15.00	p: 0.748	16.10±6.62	p: 0.995
Regular exercise						
Yes	339	41.9	50.09±14.51	t:-2.237	15.43±6.21	t:-2.679
No	553	58.1	52.31±15.44	p: 0.026	16.59±6.82	p: 0.007
History of contact with people with positive test result						
Yes	101	10.6	52.03±16.43	t: 0.722	16.55±6.87	t:0.462
No	851	89.4	51.30±14.93	p: 0.470	16.05±6.56	p: 0.644

[a, b]: Differences between the means with different letters in the same column are significant ($p < 0.05$).

Table 2. Total Score of The Fear of COVID-19 Scale

Levels of the fear of COVID-19 scale	MIN	MAX	MEAN	SD
Total Score of the Fear of COVID-19 Scale	7.00	35.00	16.10	6.59

Table 3. Total Scores of The COVID-19 Phobia Scale and Sub-Dimensions

Dimensions of the COVID-19 phobia scale	MIN	MAX	$\overline{X}$	SD
Psychological	6.00	30.00	19.28	5.61
Somatic	5.00	25.00	9.72	4.01
Social	5.00	25.00	14.02	4.57
Economic	4.00	20.00	8.35	3.15
Total score of scale	20.00	100.00	51.38	15.09

between the geographical regions according to the mean scores of fear and phobia.

Table 2 shows the total score of the fear of COVID-19 Scale. The total score of the fear of COVID-19 scale was 16.10±6.59.

Table 3 shows the coronaphobia levels and the values of each level. The total score of the COVID-19 Phobia scale was found to be 51.38 ± 15.09.

The relationships between the coronaphobia and the Fear of COVID-19 Scale are shown in Table 4. It is observed that there is a strong positive relationship between the fear of COVID-19 and COVID-19 Phobia Scale (10).

Table 5 shows the minimum, maximum values, mean and standard deviations of the sub-dimensions of the personality measure. The mean and standard deviation of the dimension of openness to experience is 7.33 ± 2.65; that of the tender-mindedness is 9.06 ± 2.53; the emotional stability is 9.16 ± 2.76; the being responsible is 8.43 ± 2.33, and being extroverted is 8.09 ± 2.45.

The relationships between the sub-dimensions of the COVID-19 Phobia Scale and the sub-dimensions of the Personality Measure and the Fear of COVID-19 Scale are shown in Table 6. Considering the relationship between the total scores of coronaphobia and fear scales and the personality measure sub-dimensions, it is seen that there is a very poor positive relationship (12) for openness to experience, tender-mindedness, and being extroverted ($p<0.005$). When the table is examined, it is revealed that the total scores of the coronaphobia and fear scales have the highest correlation value with the sub-dimensions of being responsible and emotional stability of the personality traits. Psychological dimension, one of the sub-dimensions of the phobia scale, has a high correlation and has a poor positive relationship with the sub-dimensions of being responsible and emotional stability of the personality measure.

Discussion

The study intends to reveal the relationship between coronavirus phobia and fear levels of individuals and their personality traits. Individuals' coronavirus phobia and COVID-19 fear levels can be affected by many factors such as age, gender, marital status and education level. In this study, no statistically significant difference was found between the demographic variables of age and education level, and the fear of COVID-19. Haktanir et al., (13); Özdemir and Arpacıoğlu (14) also found no significant relationship between age and education level variable and fear of COVID-19. There are studies in which there is a significant difference between the age variable and the fear of COVID-19. According to these studies, elderly individuals are more afraid of COVID-19 (15,16). In the study of Yıldırım et al.(17), a statistically significant relationship was found between age and coronaphobia.

In the study, a statistically significant difference was found between the gender variable and the fear of COVID-19. Likewise, a statistically significant difference was discovered in the study by Haktanir et. al. (13). In the study by Bakioğlu et al. (8), a statistically significant difference was determined between the gender variable and the fear of COVID-19. According to this study, women experience higher level of fear of COVID-19 than men. Additionally, (6) in the study of it was found that women have a higher level of COVID-19 phobia than men. However, in the study conducted by Biton et al. (18), a statistically significant relationship was revealed between gender and fear of COVID-19. In the study of Yıldırım et al.(17), no statistically significant

Table 4. Relationship Between the COVID-19 Phobia Scale and The Fear of COVID-19 Scale

Scale	Fear of COVID-19 total	
	Rho	p
Coronaphobia total	0.792	0.001

Table 5. Total Scores of Personality Measure and Sub-Dimensions

Dimensions of personality measure	MIN	MAX	$\overline{X}$	SD
Openness to Experience	2.00	14.00	7.33	2.65
Tender-mindedness	2.00	14.00	9.06	2.53
Emotional Stability	2.00	14.00	9.16	2.76
Being responsible	2.00	14.00	8.43	2.33
Being extroverted	2.00	14.00	8.09	2.45

Table 6. Relationship Between The Coronaphobia, Fear of COVID-19 and the Personality Measure

	Dimensions	Personality traits									
		Openness to Experience		Tender-mindedness		Emotional Stability		Being responsible		Being extroverted	
		Rho	p	Rho	p	Rho	p	Rho	p	Rho	p
Coronaphobia	Psychological	0.165	0.001	0.243	0.001	0.285	0.001	0.306	0.001	0.226	0.001
	Somatic	0.176	0.001	0.136	0.001	0.214	0.001	0.247	0.001	0.120	0.001
	Social	0.157	0.001	0.203	0.001	0.238	0.001	0.278	0.001	0.187	0.001
	Economic	0.141	0.001	0.089	0.001	0.174	0.001	0.181	0.001	0.113	0.001
	Coronaphobia total	0.185	0.001	0.207	0.001	0.272	0,001	0.302	0.001	0.196	0.001
	Fear total	0.169	0.001	0.198	0.001	0.292	0.001	0.296	0.001	0.220	0.001

relationship was found between gender and coronaphobia (17). On the other hand, in the study of Duman (20), no statistically significant difference was found between the gender variable and the fear of COVID-19. Reizer et al.(21), stated in their study that fear of COVID-19 has a negative effect on the psychological distress of Israeli women. Giordani et al. (22), in a study involving 3495 women and 1143 men in Southern Brazil, it was found that women have a higher COVID-19 fear level than men.

In this study, there was a statistically significant difference between the monthly income of the participants and chronic disease and the fear of COVID-19, while the study by Haktanir et al. (13), determined no statistically significant relationship between the fear of COVID-19 and the condition of having a chronic disease and monthly income. In the study of Yıldırım et al.(17), a statistically significant relationship was found between income status and coronaphobia. Biton et al., (18); Sağlık and Duygun (6) found statistical significance with fear of COVID-19 in their studies. The reason for this situation may be that individuals with a better socio-economic status may have the idea of getting a better treatment. Likewise, individuals with chronic illness may think they will survive the COVID-19 disease in a worse way or result in death. As a result, individuals may experience higher fear and panic. For this reason, it is necessary to prevent individuals from worrying more by presenting the information and news in both print media and visual media in an accurate and effective manner.

In the study, no statistically significant difference was found between the marital status variable,

which is one of the demographic variables, and the fear of COVID-19. Likewise, the study by Çiftçi and Demir (23), had the results supporting our study in terms of the relationship between the marital status variable and the fear of COVID-19. In other studies, a significant relationship was found between the level of fear of COVID-19 according to the marital status variable. According to these studies, the level of fear of single people was higher than married people (16,24,25). In the study of Arpacıoğlu et al., (26), it is stated that those who say they live with my family have a significantly higher fear of COVID-19 than those who live alone.

As a result of the research, it is seen that people who do not exercise regularly experience higher level of fear of COVID-19 and coronaphobia than those who exercise regularly. The reason for this may be that individuals know the contributions of regular exercise to the immune system and think that regular exercise will help them overcome diseases more easily. For this reason, individuals who do not exercise regularly may be more afraid.

One result obtained in the study is that non-working individuals experience higher level of coronaphobia and fear of COVID-19 than working individuals. Since the people who do not work spend more time at home than working people, they watch the broadcasts on COVID-19 more and hence their fear in this field may grow. In addition, they may think more intensely due to the broadcasts followed on media that they will catch COVID-19 when they go outside, and this may increase the fear and phobia of COVID-19. Therefore, if following the media creates stress, they may be recommended to reduce following it.

When the literature is reviewed, there are studies examining the relationship between the variables such as depression, anxiety, stress, mental health, anxiety and distress with the fear of COVID-19 (5,7,18,27-38). However, no study that demonstrates the relationship of coronaphobia and personality traits with COVID-19 has been found. It is thought that the research conducted in this aspect will contribute to the literature.

When the relationship between fear and phobia scales was examined in the study, it was found that there was a strong positive relationship. In other words, the high level of fear that is seen in individuals may turn into phobia in the future. In the light of these findings, if people's fears are not treated, they may have to struggle with phobic disorders that will emerge in the future. For this reason, what an individual hears from his/her surrounding environment and what is broadcasted on the media increase the fear of individuals, and this situation may turn into a phobia in the future. When the relationship between fear of COVID-19 and personality traits is examined with correlation analysis, it is seen that there is a poor positive correlation between all sub-dimensions of personality traits and fear of COVID-19 ($p < 0.005$). While the other dimensions of the personality measure have a very poor relationship with the fear and phobia scale, the dimensions of being responsible and emotional stability have a positive poor relationship (12). Since individuals with responsible personality traits also have the responsibility of not infecting others, it can be thought that they experience higher fear.

Considering the results of this study and others individuals have a fear of COVID-19 (9,29,39-44). While this fear and anxiety is estimated to be higher in the first time of the COVID-19 outbreak or in the first wave, it is observed that this level decreases over time. As of the date of this study, that it, when the data was collected in the summer months, it was observed that there was some relief in the individuals with the effect of the summer weather. It is thought that the levels of fear and phobia used to be higher during the first time when the epidemic occured and during the winter months. But as long as the COVID-19 outbreak continues, fear and anxiety will continue. It is inevitable that coronaphobia and fear will continue as long as individuals continue to lose their relatives and beloved ones and to live with social isolation. In other words, the risk of contracting the disease caused by the COVID-19 epidemic and the physiological effects of the disease on individuals as well as social and psychological pressures and restrictions on freedom will continue to increase anxiety, worry, concern and phobia.

As a result of such a spread of COVID-19 outbreak and its rapid impact on all human beings, affecting almost all states, an increase in the level of anxiety in individuals may be considered normal. Individuals may be afraid, of contracting the COVID-19 virus, for themselves and their families and close relatives. This fear is even gets worse especially for children and elderly people. There is an important risk that the virus spreads very quickly and it is contagious and individuals are vulnerable to this situation for now. In this context, the possibility of individuals losing their beloved family members can lead them to have fear and anxiety. At this point, individuals should investigate the accuracy of the news broadcasted on the media and make an effort to keep their fear

levels at the maximum level, taking into account the recommendations given.

Community mental health screenings are recommended to performed to determine and minimize the psychological impact created by coronavirus. In addition, it is recommended to make the online provision of community mental health services widespread in this process, especially for the healthcare personnel.

Compliance with Ethical Standards: Ethical permissions were obtained for the study from Yozgat Bozok University Ethics Committee (Ethics No: 95552562-108-E.15843-13.07.2020). Data was collected on a voluntary basis. The researchers declared there was no conflict of interest. The study was prepared in accordance with the Helsinki declaration. The permission of the scale developers was obtained.

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