



DETERMINING THE RELEVANT OPINIONS OF THE INDIVIDUALS WHO RECOVERED FROM COVID-19

Instructor Meryem DOYMUŞ

Department of Medical Services and Techniques, Hınıs Vocational College , Atatürk University, Erzurum, Turkey.

ORCID:0000-0002-3184-1422

Associate Prof. Oktay YAĞIZ

Department of English Language Education, Kazım Karabekir Faculty of Education Atatürk University, Erzurum, Turkey,

ORCID: 0000-0001-7076-7774

Prof.Dr. Kemal DOYMUŞ

Department of Science Education Science Kazım Karabekir Faculty of Education, Atatürk University, Erzurum, Turkey,

ORCID:0000-0002-0578-5623

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ABSTRACT

This study aims to determine the experiences of individuals with Covid-19 disease before, during, and after the disease, and their behavior and thoughts in this period. The research group consists of 150 participants 60 of whom are female who have overcome Covid-19 in Turkey. The purposeful sampling method was used in the study. To develop a questionnaire, relevant literature was reviewed and a questionnaire form with 23 items was developed. This questionnaire consisting of three parts was prepared on what people with illness experienced before, during, and after the disease. The virus remains in the body for a while, and if the body resistance of the person decreases, the virus reactivates. Behaviors of the individuals such as walking, balanced nutrition, and avoiding smoking and alcohol play a role in overcoming the disease more easily.

Key Words: Covid-19, pandemic, opinions, virus reactivates.

1. INTRODUCTION

The definition of illness and well-being are the situations occurring one of which does not exist. A decision about the health of the person is made with the experts' diagnosis based on the negative experiences and general health status of the person physically or mentally. The World Health Organization (WHO) states that the concept of health is not only related to the absence of any disease or disability in the person but also expresses complete well-being in the mental, physical and social life of the person (Svalastog et al. 2017; Yormaz et al. 2021). For a person to attain this good health, individuals should be able to benefit from the necessary health services when needed. It is a fact that healthcare services are not of the same quality throughout the world, and have different standards in different countries and regions. It is among the fundamental human rights that individuals should not be discriminated in terms of ethnic origin, religion, language, race, political opinion, age, and gender in their high level of benefit from current health standards (Budak and Korkmaz 2020).

The physical or mental discomfort of people is expressed as an illness. Since the beginning of humanity, people have encountered many different diseases and have developed various methods and drugs for their treatment. Diseases have evolved in the course of time and have emerged after diseases that had not existed before or some conditions have been defined as diseases (Scully 2004). In some cases, infectious diseases have been encountered that sometimes affect people in a region and sometimes in a wider area. The terms epidemic and pandemic are directly linked to infectious diseases. The epidemic of an infectious disease becomes an epidemic in a relatively limited area, that a region exceeds its borders and affects a large area, even the world is called a pandemic (Balkhair 2020). The pandemic process experienced in the world has emerged from time to time and affected a considerable number of people. It is seen that the pandemic is emerging today as did in the past. Covid-19, which currently affects the world, actually shows how strong nature is and how vulnerable people are against it (Arslan 2020).

Until December 2019, six strains of coronavirus were known. These viruses generally caused upper respiratory tract infections. However, it was determined that those who got a new type of coronavirus, which was first detected in Wuhan city of Hubei province of China in 2019, cause pneumonia-like symptoms with an incurable effect (Simsek, Yavuz, and Unal 2020; Xu 2019).

On March 11th of 2020, the World Health Organization (WHO) declared that the viral infection and subsequent outbreak of SARS-CoV-2 constituted a pandemic¹. In a very short time from January to May, it became an epidemic and affected the whole world, especially Europe and America, and caused the death of hundreds of thousands of people. The World Health Organization warned all countries about the pandemic and asked them to take the necessary precautions due to the spread of the epidemic worldwide and the lack of an effective drug or vaccine for its treatment (Budak and Korkmaz 2020; Demir et al. 2020). In this respect, quarantine measures were implemented in many countries across the world. These quarantines and restrictions have caused some negative costs in almost every field from tourism to education, from arts to sports, with their effects on social and business life.

The stagnation in many sectors during the pandemic period caused a decrease in production, and finally the closure of workplaces. In particular, sectors that cannot be run from home suffered from this situation, and many people have become unemployed. The loans withdrawn from banks could not be paid, and there were problems in the payment of the loans during this period, considering that the pandemic would have a short-term effect. To reduce the effects of this situation on the banking sector and people's lives as much as possible, governments have taken and continued to take various measures (Djurovic, Djurovic, and Bojaj 2020). With the increase in the number of unemployed people in the Covid-19 pandemic, there was a significant decrease in people's purchasing power. It seems that people have difficulties in meeting their food needs (Bochtis 2020). Besides, although the decrease in agricultural activities is at a lower level compared to other sectors, it has the risk of increasing food prices over time (Nicola et al. 2020). It is stated that mostly affected countries in case of a possible risk will become the countries with low-income levels (Bochtis 2020).

The manufacturing industry is one of the leading sectors directly affected by the pandemic. Various sectors perceived as independent from each other create a supply chain by influencing each other. Any deficiency in any link of this chain causes damage to all other links. In this context, the difficulties experienced in the supply of materials and the field of marketing during the pandemic period led to significant financial loss for employers and employees (Ivanov 2020). It is also stated that this process in the world may cause permanent changes in individuals' consumption behavior (Min and Jianwen 2020).

In the Covid-19 period, social distance and quarantine rules have been implemented in many countries. In this context, one of the most affected sectors is hotels, restaurants and cafes. In addition, as a result of postponing vacation needs within the framework of quarantine rules, the sectors serving in this field have incurred losses. This effect is particularly felt in countries whose income relies heavily on tourism (Djurovic, Djurovic, and Bojaj 2020). Postponements and cancellation decisions in almost every field of sports have caused negative results in terms of sports. Both players and sports clubs have undergone a very difficult process financially. Although governments have supported sports this was not at a sufficient level. Given the financial losses of the clubs, it is seen that this has reached record levels (Grix 2021). It is stated that particularly football, which is one of the most popular sports, is severely affected by this situation. In this sense, it is seen that the negative impact is inevitable unless football clubs develop a different infrastructure or content (Malcolm and Velija 2020).

Another area where the significant effects of the Covid-19 disease have been experienced is education. Educational institutions serving at all levels have been affected by this situation. Institutions were caught unprepared for these conditions and there were disruptions in education until the infrastructure for distance education was prepared. Before the pandemic, in the world where the comfort of the individual stands out, distance education was prominent in many areas and its implementation was discussed in many fields. However, with the pandemic, the necessity of the institution to make a rapid transition to this process has brought many problems in education. Students' access to the internet, the provision of necessary equipment, the curriculum suitable for distance education, and access to the courses are some prominent examples. Although face-to-face education practices started at the primary and secondary school levels, this was not possible due to the high rate of intercity transition at the university level. This situation has led students to students' lack of education who need to receive applied training, particularly at the professional competence levels (Chaturvedi, Vishwakarma, and Singh 2021).

¹ World Health Organization (2020). WHO announces COVID-19 outbreak a pandemic [online]. <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>.

It has been observed that the pandemic period has a profound effect on people's spiritual and social lives as well as on many different areas. Restrictions in social areas have impaired individuals' psychology and caused them to experience various mental problems. Particularly the lack of certain information about when this period will end and the uncertainty about the future cause disorder in the psychology of people. Anxiety due to the risk of developing a disease with fatal effects and the unclear effect of the treatment process also harm their psychology (Ozturk et al. 2020). There are many studies in the literature highlighting that quarantine affects people's mental states negatively (Bai et al. 2004; Sprang and Silman 2013). The mass quarantine applied in the Covid-19 pandemic has negative effects on the level of anxiety in people. However, the emergence of too much free time in this process is a situation that people do not prefer much (De Medeiros Carvalho et al. 2020). People's perception of leisure time, especially the telephone and the computer have caused them to spend more time on the internet. It is likely that digital addiction (Arslan 2020), especially seen in young people, will become widespread in almost every segment of society.

The negative impact of the Covid-19 pandemic across the world is indisputable. To take the necessary measures and intervene against these effects and diseases is necessary. In this context, meeting both the personnel and financial needs of health institutions and organizations has put a heavy burden on the governments' budgets (Milani 2021). Various systems have been used such as part-time flexible working and working from home to sustain the public order and meeting the necessary needs. It seems that some of the changes that Covid-19 has caused will continue. It is important to determine what differences exist in individuals' perceptions of this period in their personal and social lives before and after the pandemic. This study aimed to reveal what changes occurred in the lives of those who had the Covid-19 disease, and the participants were selected from those who survived the disease accordingly. In line with this determined purpose, a semi-structured form consisting of 23 questions was applied to the participants. The following findings of the disease were sought in three dimensions of the interview form:

- 1) Before the disease: Fear, overthinking, anxiety, avoiding hospital, fear of intensive care unit, fear of losing life, sweating in hands, trembling, and avoiding Covid-19 news.
- 2) During the disease: The way of transmission of the disease, the psychological condition, the thought of not being able to overcome the disease, the expectation from the family members, the mask, and the situation of distancing and cleaning.
- 3) After the treatment of the disease: Eating status, friend-environment relationship, advice to the society, opinion about vaccines, mask, change in distance and cleaning, attitude towards family members, and the anxiety of getting the disease again.

2. METHODS

2.1. Research group

The study group of the research consists of individuals who have caught Covid-19 disease and recovered at the end of treatment. In this context, face-to-face interviews were held with 150 participants. The research data were collected in accordance with the voluntary principle of the participants. Patients with Covid-19 disease, distribution of gender, smoking, walking habit, diet, and age are given in Figure 1.

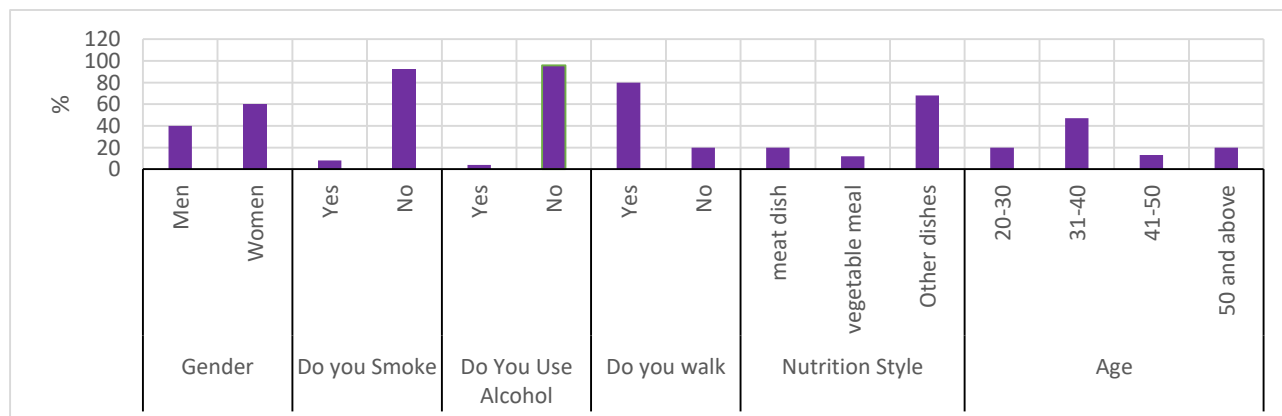


Figure 1. Distribution of patients with Covid-19 disease regarding gender, smoking, walking habit, diet, and age.

When the graphic in Figure 1 is examined, the rate of getting the disease in women is higher than that of men. Among the individuals who had the disease, it has been seen that the rate of smokers and alcohol users

is low, and the ratio of those who take mixed nutrition and walking is high. It has been also seen that the rate of getting the disease is above average in individuals between the ages of 31-40.

2.2. Data collection tools

Several steps have been taken to develop the COVID-19 questionnaire (Ahorsu et al. 2020). Firstly, a comprehensive literature review was conducted to evaluate all general scales and questionnaires related to the disease. A questionnaire consisting of three parts was prepared on what people with disease experienced before, during, and after the disease. Items with similar content or expressions in the questionnaire were omitted. A questionnaire form consisting of 23 items was obtained: 10 items for the condition of the person before the disease, 6 items for the disease period, and 7 items after the disease treatment. Three linguists evaluated the items to test whether the individuals understood the items, and the questionnaire was finalized by considering the necessary revisions. Then the questionnaire was administered using face-to-face interviews through the community service course undergraduate students to the people who have had the disease residing in different regions of Turkey.

2.3. Data analysis

A qualitative analysis technique was used in the analysis of the research data. First of all, the obtained data were collected separately under certain themes by the researchers, and similar expressions were combined and coded. Later, the codings of the researchers were brought together, the similarities and differences were determined and rearranged. The study was kept for two weeks and the codes were re-examined. The obtained codings were shown to another expert who was not included in the study in accordance with the principle of objectivity, and their opinions were coded and tabulated. The participants were coded under the participant privacy principle such as D-M-1 points to Disease-Men and participant number 1.

3. FINDINGS

In Table 1 below, there are items about determining the pre-illness conditions of the individuals and frequency analysis of the answers given by the participants.

Table 1. Reasons for Responses to The Items of the Covid-19 Scale Before Getting Infected (N=150)

Items	Reasons	N(%)
Item 1. I'm afraid of getting COVID-19 disease.	Having a fatal disease	120(80)
	Severe symptoms	105(70)
	No cure for the disease	105(70)
	Risk of transmission to older people	45(30)
	Leaving a lasting effect	30(20)
Item 2. Thinking of COVID-19 disease bothers me a lot.	Being a hot topic on social media	138(92)
	Social life restriction	135(90)
	Being fatal	105(70)
	Changing our lives' plans	60(40)
Item 3. Thinking about COVID-19 causes me a lot of anxiety and worry.	Having a fear of getting caught	135(90)
	Having a severe illness	129(86)
	Deaths in people we know	120(80)
	Risk of death for myself or loved ones	96(64)
Item 4. Those with COVID-19 disease mostly enter the intensive care period.	Difficulty in the intensive care process	138(92)
	Its respiratory distress	129(86)
Item 5. I think COVID-19 is an unpredictable disease	Unclear about where it will be transmitted	135(90)
Item 6. When I think of COVID-19 disease, I feel my hands are sweaty.	To be fearful and deadly	135(90)
	Infecting the household	129(86)
Item 7. I was afraid of losing my life due to the COVID-19 disease.	Being a severe illness	144(96)
	Increasing deaths	135(90)
	Leave a lasting effect	123(82)
Item 8. I get anxious when watching news and stories about COVID-19.	I think the disease will not end	144(96)
	I'm worried about getting caught	135(90)
	I'm afraid that the mortality rate in people is rising	120(80)
	I am afraid that family members will die	105(70)
Item 9. I can't sleep because I'm worried about getting COVID-19.	My heart palpates when I hear the condition of people in the intensive care unit	138(92)
	I'm shaking as I listen to the news	135(90)
	I'm afraid of losing my friends and friends	120(80)
Item 10. My heart starts to beat rapidly when I think of contracting COVID-19.	I'm afraid it will go heavy	135(90)
	I'm afraid of dying	120(80)
	It bothers me to know that I am responsible for infecting others	60(40)

When the expressions in Table 1 are examined, their responses to Item 1, were seen to be formed under four themes: "It is a fatal disease", "The symptoms are severe, there is no treatment", "There is a risk of transmitting elderly people" and "It has a permanent effect". Answers to Item 2; Four, Item 3 replies as "Speaking on social media", "Restricting social life", "Being fatal" and "Changing the plans of our life"; It has been categorized under four headings: "Having a fear of being caught", "Having a serious illness", "Having deaths in those we know", "Having the risk of dying or losing my loved ones". Answers in Item 4; The answers in Item 5 as "Difficulty in intensive care process" and "It causes respiratory distress"; The only answers in Item 6 as "It is not clear where it will be transmitted from"; Two themes in Item 7 as "fearful and deadly" and "infecting the household"; It has created three themes as "being a serious illness", "Increasing deaths" and "Having a permanent effect". Answers in Item 8; Four, Item 9 replies as "I think the disease will not end", "I worry about getting caught", "I fear that the mortality rate in people will increase", "I fear the death of family members"; It has been listed under three themes: "I feel my heart palpitations when I hear the situation of people in the intensive care unit", "I shake when I listen to the news", "I fear losing my friends and friends". The answers in Item 10 are; It has been categorized under two headings: "I'm afraid that it will go through, I'm afraid of dying" and "It bothers me to know that I am responsible for infecting others. An example statement regarding the answers given by the participants to the questions in this section is presented below. One participant:

D-M-7 "The fact that the people around me had this disease, and the feeling I received from them scared me a lot. I felt as if I was going to get this disease one day. I was thinking of my family more than myself. It would be much worse for me if I were infected. It is much worse to live with remorse. The ruin of someone else's life because of me, this is not only valid for my family, but even if I infect anyone who passes by, I would think that infection might happen. Living with this fear was a worse situation, and I realized this better when I got sick. " He conveyed his feelings and thoughts in the form.

In the second stage of the scale, questions about the condition of the patient at the time of having the disease were asked to the participants. There are 6 questions in this section. Participants' responses to this section are presented in Table 2.

Table 2. Reasons for Responses to the Items of the Covid-19 Scale During the Illness (N=150)

Item No	Reasons	N(%)
Item 11. How did you become infected with COVID-19?	In a shopping environment	144(96)
	I do not know where it got from	120(80)
	By contact (Secret attitude)	30(20)
	From my family	30(20)
Item 12. How was the psychological state during the course of COVID-19 disease?	My psychology is broken	135(90)
	I was in a very bad situation	120(80)
	I did not believe I would get better	120(80)
	I lived the fear of death	90(60)
	Intensive care was very difficult	30(20)
Item 13. What did you think about the COVID-19 disease most?	How long will the disease last?	123(82)
	Will I die?	120(80)
	When will my headache relieve?	30(20)
Item 14. What did you expect most from family members during the COVID-19 disease process?	More interest and relevance	120(80)
	Giving motivation	96(64)
	Not to put pressure on me	90(60)
	Give psychological support	90(60)
	Having the healthcare team with me	60(40)
Item 15. What were your expectations from family members during the COVID-19 disease process?	Giving morale	120(80)
	Not putting pressure	90(60)
	Morale support	60(40)
Item 16. Before you caught COVID-19, how much did you pay attention to the distance mask and cleaning rules?	I was not keeping up with the social distance	138(92)
	I was not paying attention to the use of disinfectants	135(90)
	I was not wearing a mask	30(20)

The responses of the participants to item 11 were grouped under three themes "I do not know where it was transmitted from in the shopping environment", "Through contact (secret attitude)", "From my family"; and the responses for item 12 were coded under five themes: "My psychology was disturbed", "I was in a very bad situation", "I did not believe that I would recover", "I had the fear of death" and "Intensive care was very difficult". Participants' responses to Item 13 were coded under three headings as "How long will the illness last?", "I will die" and "When will my headache relieve?", their responses to Item 14 were coded under five themes as follows; "Having more interest and attention", "Motivation", "Not putting pressure on me",

"Providing psychological support" and "Having the health team with me" are listed as five headings. Participant responses to Item 15 were grouped under three themes as "giving morale", "not putting pressure" and "morale support", and their responses to Item 16 were grouped under three themes: "I did not comply with social distance", "I did not pay attention to the use of disinfectants" and "I was not wearing a mask". Sample expressions from participant responses in Table 2 are given below. One participant;

D-W-3 "We went out for the wedding shopping with my family. We were paying attention to the hygiene of the mask, but the food places were open and there was not much security measure there, of course, or one of the people who came to visit the house was a Covid patient, he was not aware of it" another participant said;

D-M-80 "It was a terrible thing. There was no smell and taste and it was as if both ourselves and our home were stinking. We could not smell a tiny bit, and I wondered if someone from the outside came in and I was very nervous about how the house was. Everything looked disgusting to me, I saw very well what it was like. Our immunity was strong, we did not suffer seriously, there was no fear of death, thank God. Only my mother coughed too much, for us, the fear of losing her was there for a while. She was bad." and another participant stated. Yet another participant's thoughts are as follows;

DW-60 "I was wearing a mask, I was at work or unavoidably interacting with my normal environment, and there were times when I violated the mask in this environment, but I paid attention to this mask situation in the general public. I was changing when I arrived. " another participant stated as follows:

D-M-21 "I don't know how it came from but my aunt and her family got this disease one week before I got sick. I had the opportunity to meet them remotely 2 weeks ago, we did not have one-to-one contact, but we were in the same environment. I think it might be infected in this way, but I don't know exactly how it happened. " and another participant stated that;

D-W-24 "I've got it twice. The first was in an engagement ceremony, and the second was at home. I still have questions about my second illness. Because I haven't gone anywhere. I even do grocery shopping online. I do not understand how I got sick. " expressed in his words.

In the third part of the scale, the answers to this part consisting of 7 items and prepared regarding the condition of the participants after the illness are included in Table 3.

Table 3. Reasons for Responses to the Items of the Covid-19 Scale After Suffering Disease (N=150)

Items	Reasons	N(%)
Item 17. Has there been any change (increase/decrease) in your eating habits after you recovered from COVID-19?	No change happened	120(80)
	The irregularity continued for several weeks after the illness was over	30(20)
Item 18. Has there been any change (increase/decrease) in the level of relationship with your friends after you recovered from COVID-19?	It continued exactly	90(60)
	I started dating friends less	60(40)
	Friends kept away from me	30(20)
Item 19. After you recovered from COVID-19, what advice did you give to people and friends around you?	I advised them to be more careful	120(80)
	I wanted them to follow the social distance	60(40)
	Disinfectant should be used	90(60)
	When they feel weak, they should go to the hospital	90(60)
Item 20. What do you think about the vaccines developed for the COVID-19 disease?	Must be vaccinated	120(80)
	No need to vaccinate	30(20)
Item 21. Has there been any change in the level of attention to distance mask and cleaning rules after recovering from COVID-19 disease?	I pay more attention	135(90)
	I pay attention to social distance	30(20)
Item 22. Has there been any change in your relationship with family members after recovering from COVID-19?	No change in my family life	120(80)
Item 23. Are you afraid of getting COVID-19 again?	I am scared	135(90)
	I am not afraid	60(40)

When the expressions in Table 3 are examined, participants' responses to Item 17 under two themes such as "There was no change" and "The disorder continued for a few weeks after the disease ended"; item 18 was grouped under the themes as follows "It continued exactly", "I started to meet with friends less" and "Friends moved away from me". The responses of the participants included in the study to Item 19 were grouped as follows; "I advised them to be more careful", "I asked them to obey social distance", "Disinfectant should be used" and "They should go to the hospital when they feel tired"; Their responses to Item 20 were grouped as follows; "Absolutely must be vaccinated", "There is no need for vaccination"; the responses to Item 21 were

grouped as follows; "I pay more attention" and "I pay attention to social distance". The responses of the participants to Item 22 were gathered under the themes as follows: "Yes, I am afraid" and "I am not afraid because I passed it." Examples of the responses of the participants to this part of the questionnaire are given below. One participant to the questions regarding the post-illness period;

D-M-3 "I have positive thoughts about vaccines. I think this disease, like other diseases, will be overcome through vaccines." replied in the form. Another participant stated;

D-W-12 "I lost my sense of smell and taste. It has been over 6 months, although it has been replaced after weeks, and the smells are still disgusting. In perfume, onion, yogurt, cologne it is more evident in the harsh smells, which is disgusting. I can't eat fruit, yogurt, and onions. Since I cannot taste the food as much as before, I only eat it for eating and I cannot enjoy the taste of anything. I even forgot the taste and smell of many things."

D-M-38 "I am more attached to my family. Because Covid-19 disease showed me that life is short and I need to spend more time with my family. Therefore, my relationship with my family was stronger."

4. RESULTS AND CONCLUSION

Given the statements of the patients before they got infected, it seems that the disease is fatal, the symptoms are severe, and the lack of treatment causes considerable fears. Also, the distancing of people in the social environment, the possibility of dying if they get infected, and the anxiety of the household in the case of infection, and the impact of social media news, together with the impact of social media news, have caused them to be severely worried. Sleeping disorders and overthinking of this disease cause negativity in life. One of the outcomes of the disease is the fear of losing friends. Similar findings have been reached in studies on Covid-19 too. In the study conducted by (Lin 2020), it was determined that individuals were afraid of the possibility of contacting people with Covid-19 disease. However, it was found that panic situations caused the spread of the disease since individuals had physical contact with many people in large crowds when individuals tend to stock food as a precaution particularly before the disease. The main reason why people are afraid of Covid-19 disease has been stated as the contagiousness and the rapid spread of the disease (Cao et al.2020; Sanche et al. 2020). This situation has revealed the waves of severe fear around the world (Asmundson and Taylor 2020; Lin 2020). The reason why this fear wave is seen in infectious diseases is rather high compared to other diseases is directly related to the transmission rate and death risk. Due to factors such as not knowing where it comes from, not knowing exactly how it is transmitted, and a high rate of fatality, infectious diseases have triggered fear in people when they occur.

During the illness, patients were found to need psychological treatment, lose their hope of recovery, and expect more sensitive behavior and attitude from their families, and these patients were seen to seek healthcare teams to be close to them rather than to be pressured. It is seen that the leading cause of transmission of the disease is the ignorance of the social distance and the use of masks. In the period of Covid-19 disease, the fear of death has a large negative impact on the psychology of individuals (Simsek, Yavuz, and Unal 2020). It is naturally seen that individuals are afraid of getting this disease due to the high level of infection and death rates seen in individuals caught with Covid-19. It has been also stated that Covid-19 also causes psychosocial difficulties due to stigmatization in society, discrimination, and loss of relatives (Assaf, Haddadin, and Akour 2021). The thoughts and reactions of Covid-19 will not be clear and rational due to the high level of fear of individuals.

Since the emergence of Covid-19, the focus has been on the development of treatments and vaccines that will eliminate this disease all over the world, reduce the risk of infections and minimize the mortality rate (Dong et al. 2020; Wang et al. 2020). In addition to the effects of the disease on human health, people's economic, psycho-social, communicative, and educational situations are considerably affected. However, since the priority in research on the disease focused on diagnosis and treatment, the social effects and psycho-social aspects of the disease will be revealed more clearly with further research. After the relatively epidemic of the disease is prevented, it is important to carry out studies on other effects. It is a fact that people who experience significant material and moral loss in different areas of their lives will need support since the fear of Covid-19 can lead to permanent anxiety disorders in individuals. Misinformation, myths, and false news that are randomly put forward during the pandemic period also trigger this situation. In this context, it is important for the health of their citizens that all states create an action plan for the post-Covid-19 period. Besides, scientists need to develop psychometric instruments related to changes in fear, anxiety, emotions, and behaviors during the Covid-19 period. The development of valid and reliable tools should be

provided as soon as possible. Because the degree of fear and anxiety experienced by people is not determined and treated in time, it may leave permanent effects on people. In this direction, health institutions can implement units for the fear and anxiety effect of Covid-19.

Another important finding among the remedies of the patients who had the treatment of the disease and those who survived the disease is that they recaptured the disease even though they did not go out and did not come into contact with anyone. High-level measures also appear to be insufficient in some cases. That individuals who survive the disease do not make frightening statements to the individuals around the disease can prevent an atmosphere of fear and panic. However, it is important to give information about the points to be considered and possible situations that may arise without fear. One of the most important issues discussed in the world is the Covid-19 vaccine. It is seen that besides those who advocate the vaccine, there are also anti-vaccine individuals, calling people not to be vaccinated, and spreading negative news about vaccination on social media. However, it is important that 80% of people who have had the Covid-19 disease positively react to the vaccine. Although there are concerns about the safety of vaccines that are developed and are still being developed, it should be taken into account that no other treatment is available yet. Most of the institutions working in the field of health worldwide have focused on the current treatment of Covid-19, infection control, vaccine, and cure therapies (Dong et al. 2020; Wang et al. 2020).

Given that this epidemic is dangerous for human life, various measures have been taken by governments around the world. To prevent the spread of Covid-19, some protective measures such as quarantine and social distance rules have been implemented in many countries around the world. These measures have a high cost. Resources that had to be used in other areas were transferred to the expenses in the Covid-19 period due to necessity. Many institutions and organizations have been partially or completely closed. This has caused a heavy financial burden for governments and organizations. Apart from its financial costs, it is seen that Covid-19 has many negative effects in terms of spirit. It has a devastating effect particularly on people who work actively in the Covid-19 pandemic. The biggest burden is on healthcare workers who serve during very long and uninterrupted working hours. During the pandemic, many healthcare workers have been infected during their services and some of them died of this reason. This situation may cause fear, anxiety disorders, panic, even suicidal thoughts among healthcare workers.

There are health-related measures to be taken in the Covid-19 period. Individuals with high health literacy can understand and apply this information more easily. It has been stated that health literacy is also important in protecting mental health. In this sense, healthcare professionals need to have a high level of health literacy (Aslan, Ilman, and Arslan 2019). Because it is important for healthcare professionals to meet their own needs at a high level and to strengthen their self-management skills in terms of providing a better quality service to patients. In particular, healthcare professionals should carry out awareness-raising activities such as encouraging people about masks, distance, and hygiene and warn those who have to work to take the necessary measures. Healthcare professionals determine the individuals who have serious traumas in their psychology due to Covid-19. The first intervention in this regard is fear, anxiety, and panic. Patients need to take control of their situation.

Another issue that needs to be addressed is the training of healthcare professionals. After this pandemic, regulations should be made for healthcare professionals to receive detailed training, particularly on epidemic diseases. The education that health students can receive in this regard, primarily protecting themselves and providing services will save many lives, given the world has been caught unprepared for this epidemic. For this reason, it is imperative to take the necessary precautions for the next risks.

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