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# Examining the Relationship between the Fear of COVID-19, Resilience and Religion

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#### ABSTRACT

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The relationship of fear of COVID-19, resilience, and religiosity in the COVID-19 Global Pandemic, which affects life in many areas of psychological, social, economic, cultural, religious, has been examined in this study. In this study, 337 people, including 219 women (65%) and 118 men (35%), participated. The present research was a descriptively based quantitative study based on the relational survey model. COVID-19 Fear Scale, Brief Resilience Scale and Religiosity Scale were used to collect data. In addition, a Personal Information Form was used to obtain information and opinions about COVID-19 and determine demographic characteristics. The t-test, correlation and regression analysis were used in statistical processes. The findings obtained in this research showed that women have more fear of COVID-19 than men, and men have higher resilience and religiosity scores than women. In addition, it was observed that there was a significant and negative relationship between the fear of COVID-19 and resilience, religiosity and age, a significant and positive relationship between resilience and religiosity and age, and a significant and positive relationship between religiosity and age. Finally, it was found that resilience, religiosity and age together were predictors of COVID-19 fear. However, when looking at the t-test results of the significance of the regression coefficients, it was seen that only resilience was a significant predictor of COVID-19 fear. The findings obtained are discussed in light of the literature.

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Resilience, religion, fear of COVID-19, pandemic, health.

#### 1. Introduction

It was reported to the World Health Organization (WHO) that unusual cases of pneumonia were seen on December 31, 2019, in Wuhan, Hubei province of China, and it was understood that a virus belonging to the Corona family caused diseases. This virus is named SARS-CoV-2, and the disease is named COVID-19. It spread many countries, such as Japan, Russia, Spain and England within a month and caused deaths. To prevent this spread, restrictions were made around the world and the Global Pandemic was declared in March 2020. March 11, 2020. Date of seen the first Covidien-19 cases in Turkey, followed by the holidays, schools, public events and public worship are prohibited, travel restrictions have been introduced, has begun to flexible working practices in the public and brought the curfew at various times. As of May 2020, the restrictions were lifted in a controlled manner and the transition to a controlled normal life was started in June (TÜBA, 2020).

The data in this study were collected during November 2020, that is, during the normalization process when not only the number of cases but the number of patients were announced and the dates for vaccination applications were not determined. During these days, the number of daily patients in our country is

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approximately 2000, the number of deaths is 70; it was announced that the total number of patients was approximately 360,000 and the number of deaths was 9800. As of December 22, there were of 2,062,960 cases, 18,602 deaths in our country. In the world, 77,856,238 cases and 1,715,749 deaths were seen (Worldometer, 2020). These figures show the rapid spread of the pandemic in our country and globally.

It is seen that this global pandemic is effective in social, psychological, economic, political, cultural and ecological areas as well as human health. Thus, states have been working on preventing, slowing down and controlling the pandemic, and have given importance to developing vaccines and drugs since the emergence of the virus. In addition to vaccine and drug studies, the psychological effects of the pandemic are also being investigated. Situations, such as inability to work due to pandemic, physical distance, isolation, uncertainty, being infected, and losing relatives may have a negative effect on people's psychology, cause secondary psychiatric disorders or exacerbation of primary psychiatric disorders (Bhuiyan, Sakib, Pakpour, Griffiths & Mamun, 2020; Brooks et al., 2020; Lima et al., 2020; Okur & Demirel, 2020; Sofuoğlu- Kılıç, 2020). It is thought that stress caused by COVID-19 affects problems, such as depression, anxiety, and somatization at different levels (Arslan & Yıldırım, 2020; Gunnell et al., 2020; Satici, Kayis, Satici, Griffiths, & Can, 2020). After this difficult process brought about by the pandemic, the concept of resilience, which means the ability to survive, to recover, to be in harmony, to overcome problems (Garmezy, 1993; Masten, 2014). Although there is no complete consensus in explaining the concept of resilience, some generally accepted concepts are used. The first of these concepts is the risk factor. It is defined as factors that increase the probability of a negative result to occur or cause an existing problem to continue (Kirby & Fraser, 1997). The emphasis here is to have or experience a risk factor to talk about the concept of resilience (Masten, 2014). Disability, loss of parents, exposure to natural disasters or health problems can be expressed as risk factors. In this study, COVID-19 Global Pandemic has been accepted as a risk factor. The pandemic does not only affect the infected people or their relatives but also affects other individuals in the society psychologically (Arslan, Yıldırım, Tanhan, invention, & Allen, 2020; Kasapoğlu, 2020). The concept that reduces the effects of the risk factor in the resilience or helps to cope with the risk factor is protective factors (Bonanno, 2005; Masten, 2014). These protective factors sometimes include external characteristics, such as family, school, or adult support. It can also include personal characteristics, such as intelligence, temperament, character, optimism and hope (Graber, Pichon, & Carabine, 2015; Pieloch, McCullough, & Marks, 2016). When these dimensions are brought together, the concept of resilience can be expressed as the ability of the individual to survive and recover with the effect of the protective factors he/she has despite the risk factors in his life.

Another important point that closely concerns both the social life and daily life of people is the individual's religious beliefs and activities. Religiosity is also defined as the level of preoccupation with the interest, belief or activities of the religion to which an individual belongs (Himmelfarb, 1975). There are different definitions of religiosity in the literature. In some other definitions, religious structure (Subaşı, 2002), the individual's expression of the relationship with the sacred entity or object, continuing, transforming or seeking identification (Cirhinlioğlu, 2010).

This study aims to examine the relationship between religiosity, resilience and fear of COVID-19. In addition, the descriptive views of the participants on the pandemic process and its effects were examined within the other scope of the study.

#### 2. Method

#### 2.1. Research Model

The research was a quantitative study based on the relational model. The purpose of this model is to describe the relationship between two or more variables, to make inferences about cause-effect or predictability (Büyüköztürk, Çakmak, Akgün, Karadeniz, & Demirel, 2018)

#### 2.2. Study Group

The data were obtained from participants between the ages of 18-73 with a mean age of 29.9. The questionnaire forms were collected using electronic form due to the pandemic, and the appropriate sampling method was

used. The data of 44 people out of 398 who participated in this study were excluded from this study with the control item. In addition, data belonging to 17 people who were out of the score range of  $\pm$  3.290 and accepted as extreme values as a result of converting the scale items to Z standard score were not included in the study. Data analysis was made with the results of the remaining 337 people.

## 2.3. Data Collection Tools

**2.3.1. Personal Information Form:** It was developed by researchers to determine the demographic characteristics of the participants, such as age and gender and to obtain their views on COVID-19.

**2.3.2. Fear of COVID-19 Scale:** Ahorsu et al. (2020) in Iranian culture, the scale was adapted to Turkish culture by Satici, Gocet- Tekin, Deniz and Satici (2020). The scale consisting of one-dimensional seven items is prepared as a five-point Likert. Internal consistency coefficient as  $\alpha = 0.82$  calculated. Item-total correlation is between 0.47 and 0.56, factor load values are between 0.66 and 0.74. As a result of the confirmatory factor analysis (CFA) performed in the adaptation studies, it was seen that the scale had acceptable fit indices [ $\chi 2$  (13, N = 1304) = 299.47, p < 05; SRMR = .061; GFI = .936; NFI = .912; IFI = .915; CFI = .915]. Satisfaction with Life Scale and Depression, Stress, Anxiety Scale were used for criterion validity. A negative significant relationship between COVID-19 Fear Scale and Life Satisfaction Scale (r = -0.20, p <.001); A positive and significant relationship was found with the dimensions of depression (r = 0.38, p <.001), stress (r = 0.47, p <.001) and anxiety (r = 0.55, p <.001). Cronbach's alpha ( $\alpha = 0.847$ ), Guttmann's lambda ( $\lambda 6 = 0.844$ ) and McDonald's Omega (= 0.849) values were found as  $\chi 2 = 17.587$  sd = 11 ( $\chi 2/df = 1.60$ ), AGFI = 0.95, GFI = 0.98, CFI = 0.99, RMSEA = 0.057 and RMR = 0.025. The Cronbach's alpha value was 0.86, and the item-total correlation varied between 0.60 and 0.72, and as a result of the analysis, the scale was valid and reliable.

**2.3.3. Brief Religiosity Scale:** The scale developed by Ayten (2009) consists of ten items and two subdimensions: belief-effect and knowledge-worship. The belief-effect dimension consists of six items related to the reflection of belief on the social life of the person, its effect on prosocial behavior, and the measurement of attitudes and behaviors in this direction. The knowledge-worship dimension consists of four items that measure the continuity of worshiping and the level of knowledge about religious life. The scale was developed as a four-point Likert, but later it was made a five-point Likert (Ayten & Yıldız, 2016). The psychometric values of the scale are as follows: KMO value (0.83), Bartlett's Test of Sphericity value ( $\chi 2 = 2325.27$ ; p = 000); Cronbach's alpha values scale general  $\alpha = 0.89$ , belief-effect dimension (fac-1)  $\alpha = 0.86$ , knowledge-worship dimension (fac-2)  $\alpha = 0.77$ . As a result of the CFA performed in this study, the goodness of fit values were found as  $\chi 2 = 76.983$ , df = 33 ( $\chi 2 / df = 2.333$ ) AGFI = 0.92, GFI = 0.95, CFI = 0.97, RMSEA = 0.063 and RMR = 0.034. Cronbach's alpha internal consistency value is general = 0.88, belief-effect = 0.86, knowledge-worship = 0.77; item-total correlation ranged from 0.43 to 0.70 in general, belief-effect sub-dimension between 0.47 and 0.72, knowledge-worship sub-dimension between 0.48 and 0.74.

**2.3.4. Brief Resilience Scale:** The scale, developed by Smith et al. (2008) and adapted to Turkish culture by Doğan (2015), consists of six items of five-point likert type. In the exploratory factor analysis (EFA) made in the adaptation phase, it was found that the single dimension of the scale explained 54% of the total variance, and the factor load values were between 0.63 and 0.79. According to the CFA results, the goodness of fit values of the scale (x2/df (12.86/7) = 1.83, NFI = 0.99, NNFI = 0.99, CFI = 0.99, IFI = 0.99, RFI = 0.97, GFI = 0.99, AGFI = 0.96, RMSEA = 0.05, SRMR = 0.03. Cronbach's alpha internal consistency coefficient was 0.83. As a result of the CFA performed in this study, the goodness of fit values were  $\chi 2 = 16.921$ , df = 8.031 ( $\chi 2/df = 2.115$ ), AGFI = 0.96, GFI = 0.98, CFI = 0.99, RMSEA = 0.058. and RMR = 0.042. Cronbach's alpha value was 0.86, and itemtotal correlation varied between 0.56 and 0.69, and as a result of the analysis, it was concluded that the scale was valid and reliable.

#### 2.4. Analysis of Data and Ethical Approval

Platform for Scientific Research from the Ministry of Health of the Republic of Turkey and Bolu Abant Izzet Baysal University Human Research in Social Sciences Ethics Committee approval was obtained. The data were collected in electronic form. SPSS 24 and AMOS 20 package programs were used for statistical analysis. The skewness and kurtosis coefficients of the COVID-19 Fear Scale, the Brief Resilience Scale and the Brief Religiosity Scale were examined to see if they showed a normal distribution. According to the skewness and kurtosis values, it was concluded that the data showed n normal distribution. Then, independent sample t-test, Pearson correlation, multiple regression analysis were performed.

## 3. Findings

The answers to some questions asked to obtain individuals' opinions about the COVID-19 pandemic are presented in Table 1.

Tablo 1. Descriptive Results for Participants

Variables	Sub Categories	Ν	Percent (%)
	Famale	219	65
Gender	Male	118	35
How has your /your family's economic	Stable	218	64,7
situation changed since the beginning	Got worse	109	32,3
of the pandemic?	Got better	10	3
	Yes	27	8
Have you been COVID-19 positive?	No	310	92
Have people you consider important			
(e.g., family and friends) been COVID- 19 positive?	No	115	34,1
Has anybody (e.g., family and friends)	Yes	60	17,8
whom you consider important lost their lives due to COVID-19?	No	277	82,2
	My diet has never changed.	116	34,4
Which statement is more appropriate	My diet has changed a little.	165	49
about your diet in the pandemic?	My diet has changed completely.	56	16,6
Which statement about your sleep	My sleep has not changed.	129	38,3
pattern in the pandemic is more	My sleep has changed a little.	142	42,1
appropriate for you?	My sleep has completely changed.	66	19,6
Do you think you have got the accurate	Yes	158	46,9
information about the pandemic?	No	179	53,1
Which of the following statements	I've been following these rules since the beginning of the pandemic.	261	77,4
regarding the rules defined as "mask- social distance-hygiene" in the fight against COVID-19 is more correct for	I was following the rules in the early stages of the pandemic. But with normalization, I have given up following the rules.	64	19
you?	I have barely obeyed the rules since the beginning of the pandemic.	12	3,6
	COVID-19 is a biological weapon produced in a laboratory environment.	165	49
	COVID-19 is a highly contagious virus that has emerged naturally like other viruses.	114	33,8
Which statement about the COVID-19 pandemic is more correct for you?	COVID-19 can be explained by religious and sacred reasons.	33	9,8
	It is the mechanism of nature to protect itself against human destruction.	17	5
	Other reasons	8	2,4

It was aimed to examine whether there was a significant difference between the scores obtained from the religiousness, resilience and fear of the COVID-19 scale regarding the gender variable. In this context, it was examined whether the scale scores showed normal distribution with skewness and kurtosis coefficients, and the findings obtained are given in Table 2.

Veriables	Sub-categories	Х	Sd	Median	Skewness	Kurtosis
Fear of COVID-19	Female	18,91	5,60	19	-,197	-,734
	Male	16,45	5,53	16	,225	-,691
Religiosity	Famale	39,84	6,42	41	-,829	,150
	Male	42,82	6,66	45	-1,209	,724
Resilience	Female	18,14	4,26	19	-,588	,334
	Male	20,26	4,53	20	-,096	-,172

**Tablo 2.** Skewness and Kurtosis Results according to Scores Obtained from the Fear of COVID-19 Scale, Brief Religiosity Scale and Brief Resilience Scale by Gender

When the skewness and kurtosis coefficients in Table 2 were examined, it was seen that the total scores of the scale were in the range of  $\pm 1$  according to the gender variable. It was seen that only in the male category of religiousness score, the value of skewness had a value other than -1. For a normal distribution, the coefficients of skewness and kurtosis in the range of  $\pm 1$  are considered sufficient (Büyüköztürk, 2010; Çokluk, Şekercioğlu, & Büyüköztürk, 2016). In addition, if the number of participants increases, it is accepted that the skewness and kurtosis coefficients for the normal distribution are in the range of  $\pm 2$  (George & Mallery, 2011; Kline, 2005). When evaluated from this point of view, it was accepted that the scale total scores had a normal distribution according to the gender variable. Thus, the t-test, one of the parametric techniques, was used to determine the difference in scale scores according to gender. The t-test results for fear of COVID-19, psychological resilience and religiosity scores regarding the gender variable are presented in Table 3.

Variables	Sub-categories	Ν	Х	Sd	df	t	р
Fear of COVID-19	Female	219	18,91	5,60	335	3,85	000
	Male	118	16,45	5,53	333	5,65	,000
Religiosity	Female	219	39,84	6,42	225	-4,26	000
	Male	118	42,82	6,66	335		,000
Resilience	Female	219	18,14	4,26	225	4 001	000
	Male	118	20,26	4,53	335	-4,001	,000

Tablo 3. t-Test Results for Fear of COVID-19, Religiosity and Resilience Scores by Gender

As shown in Table 3, the scores obtained from the Fear of COVID-19, Religiosity and Resilience Scales differed significantly according to gender. Female participants (X = 18.91) had a higher fear of COVID-19 score than male participants (X = 16.45). Male participants (X = 42.82) had a higher religiousness score than female participants (X = 39.84). In addition, male participants (X = 20.26) had higher resilience scores than female participants (X = 18.14).

,174\*

.479\*

,246\*

,479\*

Tablo 4. The Correlat	ion Results between Feu	ir 0j COVID-19, K	esilience, Religiosity unu	Age
Veriables	Fear of COVID-19	Resilience	Religiosity	Age
Fear of COVID-19	-	-,395*	-,152*	-,143*

,174\*

,246\*

Tablo 4. The Correlation Results between Fear of COVID-19, Resilience, Religiosity and Age

Resilience

Religiosity

Age

-,395\*

-,152\*

-,143\*

\*p<.01 When Table 4 is examined, negative and moderate relationship between fear of COVID-19 and resilience (r = -0.395, p <.01), negative and low relationship with religiosity (r = -0.152, p <.01), negative and low with age relationship (r = -0.143, p <.01) were seen. In this case, it can be said that the fear of COVID-19 decreases as endurance, religiosity or age increases. When the relationships of other variables with each other were examined, it was seen that resilience was positively and slightly correlated with religiosity (r = 0.174, p <.01) and age (r = 0.246, p <.01). Accordingly, when the level of religiosity or age increased, so did resilience. In addition, it was seen that there was a positive and moderate relationship between religiosity and age (r = 0.479, p <.01). Thus, it can be said that as age increased, religiosity also increased.

The results of the regression analysis regarding the prediction of the fear of COVID-19 according to the variables of resilience, religiosity and age, which are seen to be related to the fear of COVID-19, are given in Table 5.

Veriables	В	Standart Error <sup>b</sup>	β	Т	р	Binary-r	Partial-r
Constant	30,128	2,022	-	14,898	,000	-	-
Resilience	-,481	,066	-,378	-7,298	,000	-,395	-,371
Religiosity	-,069	,049	-,080	-1,404	,161	-,152	-,077
Age	-,006	,028	-012	-,202	,840	-,143	-,011
R= ,404	R <sup>2</sup> = ,163						
F(3,333)=	P=,000						

Tablo 5. Results of Multiple Regression Analysis Predicting COVID-19 Fear

When the binary and partial correlations in Table 5 were examined, there was a negative and moderate relationship (r =-, 395) between resilience and fear of COVID-19. When other variables are controlled, the correlation value between the two variables slightly reduced and r =-, 371 seemed to be. It can be said that there was a negative and low level of relationship (r = -152) between religiosity and fear of COVID-19, and a much lower relationship (r = -, 077) when other variables are controlled. There was a negative and low level correlation (r = -, 143) between age and the fear of COVID-19. When other variables were controlled, this relationship was r = - .011.

As shown in Table 5, resilience, religiosity and age variables together predicted the fear of COVID-19, these three variables together explained 16.3% of the fear of COVID-19. In addition, according to the standardized regression coefficient ( $\beta$ ), it can be said that the relative importance order of predictor variables on fear of COVID-19 was resilience, religiosity and age. However, when examining the t-test results of the significance of the regression coefficients, it was seen that only psychological resilience was a significant predictor of COVID-19 fear. It can be said that religiosity and age variables are not significant predictors of fear of COVID-19.

## 4. Conclusion and Discussion

Pandemics have important psychological effects in terms of creating an environment of uncertainty and causing many changes in people's lives with measures such as quarantine and isolation. Erdogan and Hocaoğlu (2020), citing the studies on the psychiatric consequences of pandemics, stated that the pandemic is related to symptoms, such as anxiety, anger, post-traumatic stress symptoms, insomnia and loneliness. The COVID-19 pandemic also causes a decrease in people's positive emotions and an increase in their negative emotions (Li et al., 2020).

In this study, the relationship between the participants' thoughts on the pandemic and the fear of COVID-19, religiosity and psychological resilience was examined. When the results obtained from the questions asked to the participants for this purpose were examined, 109 people (32.3%) stated that their economic conditions had deteriorated since the beginning of the pandemic. In this study, 8% of the participants stated that they and 65.9% of their relatives, such as family and friends, are COVID-19 positive; 17.8% of them stated that their relatives died due to COVID-19.

The pandemic process causes changes in the daily routines of individuals. Participants stated that there was a change in diet (65.6%) and sleep patterns (61.7%). In a study conducted in the first period of the pandemic, it is seen that these routines have changed more (Altundağ, 2021). In this case, it can be said that people have adapted to the epidemic and started to return to their routines. Changes in nutrition and sleep patterns cause disturbances in the daily life of the person, motivation, focus problems, and negativities such as anxiety and depression (Pandi-Perumal et al., 2020; Yu et al.2017; Zahra, Ford, & Jodrell, 2014). Thus, it is important for individuals to maintain their daily routines in terms of health.

Accessing the accurate information during the pandemic process can be effective in reducing uncertainties. Hence, the participants were asked about their opinions on reaching the correct information. 53.1% of the participants think that they have not reached the accurate information. In the first periods of the epidemic, this rate is seen to be 25.8% (Altundağ, 2021). This situation can be interpreted as decreasing the trust of individuals in information providers. Fast and secure information sharing of official sources will also help people take action against the pandemic. Participants were asked about their compliance with masks, social distance and hygiene rules, which are considered the basic means of protection against the COVID-19

pandemic. A significant portion of the participants (77.4%) state that they have followed the basic protection rules from the beginning of the pandemic. In another study, it was found that individuals in Turkish society frequently use these basic protection methods (Kaplan, Sevinç & İşbilen, 2020).

Opinions regarding the cause of COVID-19 were received. Approximately half of the participants (49%) think that the virus is a biological weapon produced in the laboratory, 33.8% occurs naturally, 5% think that nature is a self-protection mechanism against destruction. 9.8% explain it for religious reasons. Similar answers were obtained in another study. 30.6% stated that there was a political or economic global manipulation behind the epidemic, 22% stated that there was a natural epidemic, 26% was a divine test, and 9.5% stated that it was divine punishment (Kaplan, Sevinç and İşbilen, 2020). In the research of Kimter (2020), 45.70% of individuals described COVID-19 as the test of God and 3.26% as God's punishment of people, while 31.45% of them were human-made biological weapons, 19.60% think it is a naturally occurring disease. In the study conducted by Küçükcan and Köse (2000) after the 17 August earthquake, it was seen that the participants used concepts, such as God's work, warning, test, punishment, fate or fault breaking, natural event, nature's revenge while explaining the earthquake. Participants who explain the natural disaster for religious reasons see the earthquake as a punishment (22%) and a warning (16%).

When the change of COVID-19 fear, religiosity and resilience by gender was examined, it was found that the fear of COVID-19 was more in women. This finding is compatible with previous studies (Altundağ, 2021; Arpacioğlu, Baltaci and Ünübol, 2021; Bitan et al., 2020; Broche-Pérez, Fernández-Fleites, Jiménez-Puig, Fernández-Castillo and Rodríguez-Martin, 2020; Fitzpatrick, Harris & Drawve, 2020). This is consistent with studies that state that women experience psychological effects, such as stress, anxiety and depression caused by the COVID-19 pandemic more intensely (Liu et al., 2020; Rossi et al., 2020). When the level of religiosity is examined, it is seen that men are more religious. In some of the studies conducted in our country, women (Ayten, 2012; Baynal, 2015; Coştu, 2011; Çetin, 2010; Kalgı, 2020; Kımter & Köftegül, 2017; Öztürk, 2017; Uysal, 2015; Uysal & Turan, 2019; Yapıcı, 2013) some of them find that men (Kandemir, 2020; Turan, 2017; Yapıcı, 2006; Yıldız, 2014) are more religious, while in some studies there is no significant difference (Kızılgeçit, 2011; Korkmaz, 2018; Uysal, 2016; Yıldız- Türker, 2018) is seen. In meta-analysis studies about religiosity, different results were encountered, such as that there is no significant difference in religiosity according to gender (Yapıcı, 2012), differentiation is not strong (Yapıcı, 2016), and women are more religious (Korkmaz, 2020). Differentiation of resilience by gender is in favor of men. In other words, the resilience level of men is higher than women. In some of the previous studies, as in our research, it has been observed that men have higher resilience than women (Açıkgöz, 2016; Aydın, Öncü, Akbulut, & Küçükkılıç, 2019; Deniz et al., 2020; Erkoç & Danış, 2020; Karakış, 2019; Kımter, 2020; Sezgin, 2016; Taşkın et al., 2017; Yazıcı- Çelebi, 2020;), and in some, women than men (Atan & Ünver, 2019; Çutuk, Beyleroğlu, Hazar, Akkuş Çutuk, & Bezci, 2017; Durmuş & Okanlı, 2018; Kılıç 2014; Koç Yıldırım, Yıldırım, Otrar, and Şirin, 2015; Oktan, Odacı, and Berber-Çelik 2014; Özden, 2015; Tonbül, 2020). There are also studies showing that there is no difference in resilience level by gender (Akça, 2012; Alkım, Arı et al., 2020; Aydın, 2010; Aydın & Egemberdiyeva, 2018; Aydoğdu, 2013; Bektaş & Özben, 2016; Bolat 2013; Can & Cantez, 2018; Dursun & Özkan, 2019; Fingerless, 2019; Işık, & Çelik, 2020; Karal & Bicer, 2020; Karaırmak, & Güloğlu, 2014; Özer, 2013; Özkapu, 2019; Yıldız-Türker, 2018). The reason for the lower level of resilience of women is shown to be that women have more roles in society compared to men, this situation brings more difficulties for them and women to have a more emotional structure (Aydın, Öncü, Akbulut, & Küçükkılıç, 2019).

Correlations between the variables of fear of COVID-19, psychological resilience, religiosity and age were examined. In the findings obtained, there was a negative relationship between resilience, religiosity or age and the fear of COVID-19. In addition, a positive correlation was found between religiosity, resilience and age. Accordingly, it can be said that people who have high strength to resist and recover against difficulties are less afraid of the virus. In addition, it is seen that as the age increases, the fear of COVID-19 will decrease. Although the physical discomfort and deaths resulting from COVID-19 are more in the elderly, the fear of COVID-19 is lower. This result may be due to the increase in resilience and the increase in the level of religiosity, which seems to be associated with resilience with increasing age. Because according to the partial correlation results, it is seen that the relationship between age and fear of COVID-19 is not significant when the resilience and religiosity variable is controlled. In addition, given that a significant portion of the participants in this study consisted of young individuals, this may have led to this conclusion. In this study,

it is seen that with the increase in religiosity, resilience also increases (r = 0.174, p <.01). Similar results are observed in studies dealing with resilience and religiosity in our country (Atan & Ünver, 2019; Erdoğan, 2015; Koç, 2004; Korkmaz, 2018; Sezgin, 2016; Yağbasanlar, 2018). Kımter (2020), who investigated resilience according to the subjective perception of religiosity, also concluded that the level of resilience of non-religious people is lower than those who are slightly religious, religious, highly religious and highly religious. In addition, it has been observed that "those who pray and worship regularly" have higher resilience. With these findings, it can be concluded that religious beliefs and practices can be a source of power in dealing with difficult situations.

The last finding in the study is the predictive effect of resilience, religiosity and age on the fear of COVID-19. Together, these variables explain 16.3% of COVID-19 fear. However, it is seen that religiosity and age variables are not significant predictors of COVID-19 fear. In a new study, it is seen that religiosity has an indirect effect on resilience on anxiety in the COVID-19 process. However, resilience appears to have a negative effect, both directly and indirectly (Kasapoğlu, 2020). Similarly, in another model study, it was found that resilience was directly or indirectly effective on fear of COVID-19 and directly on subjective well-being (Satici et al., 2020). It was also reported in another study that resilience had a predictive effect on the fear of COVID-19. According to the results of this study conducted in the first period of the pandemic, 19% of the change in the scores related to the fear of COVID-19 is explained by resilience (Altundag, 2021). According to these findings, psychological resilience appears to be a protective factor for fear of COVID-19. Thus, there is a need for further studies and practices that will increase psychological resilience.

There are some limitations to the study. One of the limitations of this study is that this study was conducted in a normal population and not on patients or their relatives. Thus, it is not correct to generalize the findings obtained to clinical cases. Apart from that, study data were collected with scales based on self-expression. The collection of data electronically due to pandemic conditions can be considered another limitation. Conducting qualitative based studies related to the subject will contribute to a better understanding of research phenomena.

#### 5. References

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