Emotional Changes Caused by Coronavirus Epidemic

Hakan ALAN[1], Furkan KARACA[2], Batuhan TAY[3]

[1, 2, 3] First And Emergency Aid Master, Canakkale Onsekiz Mart University, Canakkale, TURKEY
[1]Correspondig Author's Email Adress: *hakan.alan_17[at]hotmail.com*

Abstract: *Purpose: In this study, it was aimed to investigate whether some variables (gender, age, etc.) that individuals have about the SARS-Cov-2 (COVID 19) virus that emerged in Wuhan, China in 2019 and affected the whole world in a short time, make any difference on people's feelings or not. Materials and Methods: The sample of the study was made up of public and private sector employees and students.A survey prepared by the researchers was used as a data collection tool.In the research, the data were also examined with chi-square analysisfor descriptive statistics such as frequency, percentage and possible differences. Findings: Significant findings were found that gender, the sector in which individuals work and age make a difference and are relatedin the emotions caused by coronavirus. Results: The majority of participants are in negative feelings in coronavirus outbreak in Turkey. Women, students, and people aged 21-40 are more psychologically affected by this outbreak.In the face of the coronavirus epidemic,providing psychological support to people mainly women and studentswith using online tools due to social isolation or mobile, by maintaining social contact, will be good for the individuals.*

Keywords: Coronavirus, Emotions that people have

1. Introduction

The new type of coronavirus disease (Covid-19) was first seen in the last days of December in Wuhan, China. On 31.12.2019, it was announced to the world that a new outbreak occurred by the People's Republic of China National Health Commission and the China People's Republic of Disease Control and Protection Center as a result of the occurrence of pneumonia cases of unknown etiology in the people working in Wuhan South China Seafood Market. The cause of this epidemic was defined as a new type of coronavirus, which has never been seen in humans on 07.01.2020. There are 7 different types of Coronavirus. These are; HCUV-229E, HCoV-OC43 and HCoV-NL63, which also cause classical cold symptoms in humans, HKU1-CoV, again a classic cold agent, SARS-CoV, identified in 2003, causing Severe Acute Respiratory Syndrome (SARS) and MERS-CoV causing Middle East Respiratory Syndrome (MERS), defined in 2012. The etiological agent of the new type of coronavirus has been identified as SARS-CoV 2 due to its close resemblance to the SARS-CoV(ER & ÜNAL, 08.02.2020).

The new type of coronavirus disease has spread to many countries in a short time and has become a very serious and urgent public health problem. An international public health emergency was declared by the World Health Organization on 31 January 2020. The new type of coronavirus disease was declared epidemic by the World Health Organization on March 11, 2020 as the epidemic gradually increased and was seen in most countries of the world(T.C Sağlık Bakanlığı COVİD-19 Pandemi Bilim Kurulu, 2020).

The transmission time and the time to withstand the external environment of the new type of coronavirus has not been clarified yet. Coronaviruses are generally not very resistant to the external environment. There is a lifetime that varies depending on the ambient temperature and factors such as the contaminated surface texture. It is accepted that it generally loses its activity in a few hours on inanimate surfaces. The incubation period of the disease was accepted as 2-14 days, since the case could be seen even though there were no symptoms for two weeks. The main way of transmission of the disease is droplet. The virus is transmitted through contact with the nose, mouth, and eye mucosa from the surfaces that are contaminated by droplets that are caused by coughing or sneezing(T.C Sağlık Bakanlığı COVİD-19 Pandemi Bilim Kurulu, 2020). The most common symptoms of the new type of coronavirus are; high fever, dry cough, breathing difficulties, fatigue, headache, sore throat, muscle and joint pain.It is more fatal in the elderly and people with comorbid disease (BURUK & ÖZLÜ, 2020). Fatality rate is 3.8% in the new type of Coronavirus (Covid-19) epidemic where as it is 11% in SARS-CoV epidemic and 35-50% in MERS-CoV epidemic (T.C Sağlık Bakanlığı COVİD-19 Pandemi Bilim Kurulu, 2020). Any medication and vaccine has not yet been developed for for the new type of coronavirus. Especially after the World Health Organization declared international public health international emergency, many pharmaceutical companies started to cooperate with public institutions for the production of medicines and vaccines (Toplum Sağlığını Geliştirme ve Koruma Bilim Alanı Biyolojik Hareket ve Evrim Bilim Alanı, 2020). There is no definitive treatment for new type of coronavirus disease. Treatments such as oxygen support, conservative fluid management, and empirical antibiotics are applied to patients. In addition, intensive care support is provided when it is necessary (Uluslararası Göğüs Hastalıkları Uzmanları COVID-19 Konsensus Grubu, 2020).

All states worldwide have had to take some precautions against this virus due to the rapid spread of the new type of coronavirus disease, especially in the European continent, affecting the whole world and increasing deaths every day. Some countries have taken measures such as closing public entertainment venues, playing sports events or postponing them while some states have imposed curfews. International travel restrictions have been introduced across the world and

many organizations such as education, religion and entertainment fields, especially international sports organizations, have been postponed or canceled (GÜMÜŞGÜL & AYDOĞAN, 2020).

While trying to prevent the spread of the virus and treating patients, on the other hand scientific studies are carried out on the disease and approaches are constantly updated. In the light of constantly updated data and renewed information, the public must constantly renew itself in terms of measures. In such cases, the biggest enemy of these informations is the discourses of people who are not experts in the subject or put forward false information for provocation. Some wrong information and applications that are not useful are recommended with television, radio, newspaper and social media tools. These misinformation causes fear and anxiety in the public.In this context, it is necessary to follow scientific evidence and check the source of the transferred information to reach the right information(ALICILAR & ÇÖL, 2020). In order to prevent an epidemic or prevent the growth of its consequences, people should be conscious and their emotions such as fear and anxiety should be prevented (ÇULTU KANTAROĞLU, YILDIRIM, & CEYHAN, 2007).

In the face of the disease, people generally have emotional chaneges such as sadness, anger, helplessness, loss of hope, anxiety, closure, inability to fulfill their social roles, self-indulgence, fear and depression (ÖZDEMİR & TAŞÇI, 2013).

The results of the researches about health and social media use show that; social media is stronger and more effective than other communication ways. It has a great and direct effect on public health, as people use social media very effectively on health as well as on other issues(DARI, 2017). In written and visual content offered by digital media, it is very important that these informations is reliable and accurate because of the excessive knowledge about healthin terms of public health (HÜLÜR, 2016). The outbreaks that people could not know about their size before coming to the places where people lived a few centuries ago, create a serious worry and fear worldwide even when the first deaths started in the global world. Epidemics are always included in the news headlines of the media, but this increases more the real fear and anxiety caused by epidemic diseases. Expressing the culture and habits of a particular society related to the source of epidemic diseases creates the opinion that the outbreak can be stopped by excluding that society.

This very common belief causes hate and repulsion against the values and symbols of that society. The best example for this situation is that a newspaper in Denmark portrays the stars of the Chinese flag as a virus. In such a case, in an epidemic such as Coronavirus, travels to China stop, people do not prefer Chinese restaurants, the homes of people who have families in China are not visited, and children who have families in the affected area are not admitted to schools (BALTA, 2020).

The coronavirus outbreak triggers fear and it urgently needs to be given importance to the mental health status of the society. Previous research has indicated thatduring infectious outbreaks, a deep and wide range of psychosocial effects occur on the individual, the community, and people at the international level. Individually, people have a sense of desperation because they are afraid of getting sick or dying. During an influenza outbreak, about 10% to 30% of the public was much or quite worried about the possibility of getting infected the virus. Due to the closure of schools and businesses, the negative emotions of individuals come together. During the SARS epidemic, many studies have investigated the psychological impact on the uninfected community and revealed increased significant psychiatric morbidities associated with younger age and blaming themselves. It has been determined that older people, female genders, higher educated people have higher anxiety levels in SARS outbreak (Wang, et al., 2020).

Currently, there is no known information about the psychological impact and mental health of the general public during the peak of the coronavirus epidemic. This is particularly related to the uncertainty surrounding such an epidemic. In this period, it is seen that studies on patients and infected individuals intensified. Most related research focuses on identifying the epidemiology and clinical features of infected individuals and patients, genomic characterization of the virus, and challenges for global health management. However, there is no research article examining the psychological impact of the Coronavirus on the general population in Turkey.

The purpose of this study isexamining whether some variables (gender, age, etc.) that individuals have about the SARS-Cov-2 (COVID 19) virus that emerged in Wuhan, China in 2019 and affected the whole world in a short time, make any difference on people's feelings or not.

2. Material and Methods

This research is a cross-sectional and quantitative study which made for the purpose of examining the feelings of the students, public servants and private sector workers in Turkeyagainst the coronavirus.

2.1 Population and sample

The sample of the study consists of public employees, private sector employees and students. These sectors were preferred because the precautions taken in the study were taken mostly on the basis of students as the first measure by closing the schools and in the public sector to the private sector employees. The measures taken in the study were mostly taken on the basis of private sector employeesin the public sector, and on the basis of students as a first measure, with the closing of schools. That's why these sectors were preferred. In the study, all public employees, private sector employees and students were tried to be reached. However, random sampling (haphazard) sampling was used because participation in the study was voluntary and it was difficult to reach to the all people. In cases where the researcher cannot reach the determined sample size, choosing any part of the universe in any way and sampling without probability is random sampling(KILIÇ, 2013). Within the scope of the research, a total of 1139 (417 (36.6%) public employees, 75 (6.6%) public retirees, 280 (24.6%) private sector

employees, 12 (1.1%) private sector retirees and 355 (31.2%) students) people have been reached.

All applications within the scope of the research were conducted with the approval of Çanakkale Onsekiz Mart University, Clinical Research Ethics Committee dated 08.06.2020 and numbered 18920478-050.01.04-E.2000072143.

2.2 Data Collection Tools and its Method

The "Corona Virus (Sars-Cov-2 / Covid-19) Survey" developed by the researchers was sent to 1139 people via the internet. Internet-based surveys are less costly than traditional surveys and more people can be reached in less time. In addition, faster response, sending reminders to the responders, simpler implementation of data processing and low rates of errorsare other positive aspects of internet-based surveys (KARAKOYUN & KAVAK, 2008). For this reason, the questionnaire was conduct on an internet basis. In this period, the clinical researches and ethics committee of many universities only approve the surveys to be applied online. Because the reduction of contact with people as much as possible and the principle of isolation has been taken into account.

A microbiology specialist, an infection specialist, a statistical specialist and two psychiatrists were consulted when creating the survey. In the questionnaire, 5 factual questions and 19 emotion questions were asked.

The survey consists of two parts. First part; consists of factual questions that determine the demographic characteristics of the responders. In this part, 5 factual questions were asked to the survey responders.

In the second part, 2-degree related questions were used to learn the emotions experienced by the participants about the coronavirus. The answers of the responders are obtained as "yes" and "no". In this section, responders choose 19 items.

During the data collection process, the researchers reached the responders via e-mail or mobile phones and provided information.

2.3 Analysis of Data

The data obtained in the research were transferred to statistical package programs. First of all, the frequency and percentages of the answers given by 1139 participants to the questions were analyzed as descriptive statistics.In this way, it was determined which feelings were experienced more frequently and which were less frequent. On the other hand, it was investigated whether there are differences in the emotions experienced by individuals according to some variables (such as gender, age) or not. In the research, information about the variables was obtained categorically (for example, gender; men and women, and for emotions; yes and no). The analysis that should be used when examining whether there are significant differences in the relationships between two different and categorical variables is chi-square analysis. Therefore, possible differences that

may occur in the study were examined by chi-square analysis (ÖZDAMAR, 2013).

3. Findings

3.1 Experienced Emotions of Individuals Against CoronaVirus

1139 individuals from different age groups and different sexes working in various sectors attended to the study. The emotions experienced by these individuals against the coronavirus were examined.

The results are summarized in Table 1.

Table 1
The number of people who are concerned about the coronavirus outbreak is 964 (84.6%), while the number of people who are sad is 810 (71.1%). In addition, the number of people who are unhappy and afraid of this situation is 716 (62.9%). Only 58 (5.1%) of the surveyed stated that they admire this epidemic. The number of people who enjoy the coronavirus, one of the biggest epidemics experienced by humanity, is 99 (8.7%).

3.2. Emotions Experienced According to the Gender

Are there any differences between feelings of individuals in the face of the epidemic according to gender? Within the scope of the research, an answer was sought for this question. The results are given in the table below.

Table 2

When Table 2 is examined, the results found according to gender are as follows: It was determined that it did not make a significant difference according to the feeling of "anger". $(X^2 (3) = 0.571, p > .05)$

a) It is understood that it creates a significant difference according to the feeling of "hopelessness" $(X^2 (3) = 36,092 \ p < .05)$. It is understood that women are more hopeless in the face of the epidemic than men.

b) It is understood that gender creates a significant difference according to the feeling of "fear" $(X^2 (3) = 108,114 \ p < .05)$. It is understood that women are more afraid of coronavirus than men compared to 2 times.

c) It is understood that it creates a significant difference according to the feeling of "worry" $(X^2 (3) = 45,393 \ p < .05)$. It is understood that women are more concerned than men.

d) It was determined that it did not make a significant difference according to the feeling of "excitement" $(X^2 (3) = 0.933, p > .05)$. It is understood that women are more unhappy than men in the face of the epidemic.

e) It is understood that it creates a significant difference according to the feeling of "Helplessness" $(X^2(3) = 8,950, p < .05)$. It was understood that women felt more helpless than men in the face of the epidemic.

f) It was determined that there was no significant difference according to the "regret" feeling $(X^2 (3) = 1.202, p > .05)$.

g) It is understood that it creates a significant difference according to the feeling of "sadness" $(X^2 (3) = 39,451, p$

<.05). It is understood that women are more upset than men in the face of the epidemic.

h) It is understood that it creates a significant difference according to the feeling of "weariness" (X^2 (3) = 12,069, p <.05). It was understood that women felt more weary than men in the face of the epidemic.

i) It is understood that it creates a significant difference according to the feeling of "courage" (X^2 (3) = 38,346, p <.05). It is understood that men take a bolder stance than women compared to this situation.

j) It is understood that it creates a significant difference according to the feeling of "pleasure" (X^2 (3) = 13,396, p <.05). It is understood that men enjoy this situation more than women.

k) It was determined that it did not make a significant difference according to the feeling of "curiosity" (X^2 (3) = 1,314, p> .05).

l) It is understood that it creates a significant difference according to the feeling of "tension" (X^2 (3) = 20.993, p <.05). It is understood that women feel more nervous in the face of the epidemic than men.

n) It is understood that it creates a significant difference according to the feeling of "Trust" (X^2 (3) = 22,266, p <.05). It has been understood that men feel safe from the epidemic compared to women.

o) It is understood that it creates a significant difference according to the feeling of "calmness" (X^2 (3) = 7,834, p <.05). It was understood that the epidemic created more serenity in men than women.

p) It is understood that it creates a significant difference according to the feeling of "horror" (X^2 (3) = 23,604, p <.05). It was understood that women were horrified at about twice more than men.

q) It was determined that there was no significant difference according to the feeling of "Disgust" (X^2 (3) = 0.885, p> .05).

r) It is understood that it creates a significant difference according to the feeling of "admiration" (X^2 (3) = 6.491, p <.05). It is understood that men admire this epidemic compared to women

3.3 Emotions of the Participants According to the Sector They Work

Is there any difference in emotions felt against coronavirus according to the sector that individuals work? Within the scope of the research, answers to these questions were sought. The results are given in the table below.

Table 3

When Table 3 is examined, the results found according to the sector in which people work are as follows :

a) It was determined that it did not make a significant difference according to the feeling of "Hopelessness" (X^2 (3) = 5,227, p> .05).

b) It was determined that it did not make a significant difference according to the feeling of "Fear" (X^2 (3) = 4,115, p> .05).

c) It was determined that it did not make a significant difference according to the feeling of "Anger" (X^2 (3) = 4,688, p> .05)

d) It was determined that it did not make a significant difference according to the feeling of "Worry" (X^2 (3) = 0.062, p> .05).

e) It was determined that it did not make a significant difference according to the feeling of "Excitement" ($X^2_{(3)}$ =0,880, p>.05)

f) It has been determined that it does not make a significant difference according to the feeling of "Unhappiness" (X^2 (3) = 5,049, p> .05).

g) It is understood that it creates a significant difference according to the feeling of "Impotence" (X^2 (3) = 7,112, p <.05). It is understood that people working in the public sector feel more helpless in this epidemic than the people who work other sectors.

h) It was determined that it did not make a significant difference according to the "Regret" feeling (X^2 (3) = 0.395, p> .05).

i) It was determined that it did not make a significant difference according to the "Sadness" ($X^2_{(3)}$ =0,645, p>.05).

j) It is understood that it creates a significant difference according to the feeling of "Tedium" (X^2 (3) = 14,387, p <.05). It was understood that the students felt more weary than the groups working in the face of the epidemic.

k) It was determined that it did not make a significant difference according to the feeling of "Courage" (X^2 (3) = 0.823, p> .05).

l) It has been determined that it does not make a significant difference according to the feeling of "Pleasure" (X^2 (3) = 2.789, p> .05).

m) It is understood that it creates a significant difference according to the feeling of "Curiosity" (X^2 (3) = 15,762, p <.05). It was understood that the students were more curious about the general situation of this epidemic than the working group.

n) It was determined that it did not make a significant difference according to the feeling of "Tension" (X^2 (3) = 4.808, p> .05).

o) It was determined that it did not make any significant difference according to the feeling of "Trust" (X2 (3) = 4.786, p> .05).

p) It was determined that it did not make a significant difference according to the feeling of "Calmness" (X^2 (3) = 2.886, p> .05).

q) It was determined that it did not make any significant difference according to the "Horror" feeling. (X^2 (3) = 0.218, p> .05)

r) It was determined that it did not make a significant difference according to the feeling of "Disgust". (X^2 (3) = 3.701, p> .05)

s) It is determined that it does not make a significant difference according to the feeling of "Admiration". (X^2 (3) = 3.839, p> .05)

3.4 Feelings of the Participants According to Age Range

Is there any difference in emotions felt in the face of coronavirus according to age range? Within the scope of the research, answers to these questions were sought. The results are given in the table below.

Table 4

When Table 4 is examined, the results found according to the age ranges are as follows:

a) It is understood that it creates a significant difference according to the feeling of "Anger" $(X^2 (3) = 13,786$, p <.05). It is understood that people between 0-20 years old feel more angry in the epidemic than other age groups.

b) It is understood that it creates a significant difference according to the feeling of "Despair" $(X^2 (3) = 13,172$ p <.05). It has been understood that people aged 21-40 are more hopeless in the face of the epidemic than other age groups.

c) It is understood that it creates a significant difference according to the feeling of "Fear" $(X^2 (3) = 16,840$ p <.05). It has been understood that people aged 21-40 are more afraid than other age groups in the face of the epidemic.

d) It is determined that there was no significant difference according to the feeling of "Anxiety" $(X^2 (3) = 3,421$, p> .05).

e) It has been determined that it does not make a significant difference according to the feeling of "Excitement" $(X^2 (3) = 2.199$, p> .05).

f) It is determined that it did not make a significant difference according to the feeling of "Unhappiness" $(X^2 (3) = 1,794$ p> .05).

g) It is understood that it creates a significant difference according to the feeling of "Helpless" $(X^2 (3) = 9,073$, p <.05). It has been understood that people aged 21-40 feel more helpless than other age groups.

h) It is understood that it creates a significant difference according to the feeling of "Regret" $(X^2 (3) = 20,551$, p <.05). It has been understood that people aged 21-40 feel more regretful than other age groups.

i) It is determined that it did not make a significant difference according to the feeling of "Sadness" $(X^2 (3) = 2,053$, p <.05).

j) It has been determined that it creates a significant difference according to the feeling of "Tedium" $(X^2 (3) = 25,126$, p <.05). It has been understood that people between 0-20 years old feel more weary than other age groups.

k) It is understood that it does not make a significant difference according to the feeling of "Courage" $(X^2 (3) = 3,461$, p> .05).

l) It is understood that it does not make a significant difference according to the feeling of "Pleasure" $(X^2 (3) = 0.887$, p> .05).

m) It was determined that it did not make a significant difference according to the feeling of "Curiosity" $(X^2 (3) = 0,189$, p> .05)."

n) It is understood that there is no significant difference according to the feeling of "Tension" $(X^2 (3) = 4,391$, p> .05).

o) It is understood that it does not make a significant difference according to the feeling of "Trust" $(X^2 (3) = 1.334$, p> .05).

p) It is understood that it creates a significant difference according to the feeling of "Calmness" $(X^2 (3) = 8,367$, p <.05). It is understood that people between the ages of 41-64 feel more calm than other age groups.

q) It is understood that it creates a significant difference according to the "Horror" feeling $(X^2 (3) = 11,284$, p <.05). In the face of the epidemic, it was understood that people between the ages of 21-40 are more terrified than other age groups.

r) It has been determined that it creates a significant difference according to the feeling of "Disgust" $(X^2 (3) = 7,386$, p <.05). It was understood that people aged 21-40 felt more disgust than other age groups.

s) It is understood that it creates a significant difference according to the feeling of "Admiration" $(X^2 (3) = 0,129$, p> .05).

4. Discussion

People have a complex emotional structure. While the human brain directs the individual to think and learn, the individual is also under the influence of his emotional factors (ÇEÇEN, 2002). Epidemic and pandemic is a periodic phenomenon. People in the community face various challenges during these periods. The effects of outbreaks and outbreaks are often intense, which can negatively affect the mental well-being of a particular population. Negative emotions such as fear and anxiety about outbreaks and epidemics also affect the behavior of people in the community (Roy, Tripati, Kar, Sharma, Verma, & Kaushal, 2020).

In the study conducted, the number of people who are concerned is 964 (84.6%). In studies conducted in China and India, the rate of those concerned is 75.2% for China and 72% for India(Roy, Tripati, Kar, Sharma, Verma, & Kaushal, 2020)(Wang, et al., 2020). In the study, it was found that the number of people concerned was higher than China and India. Because it is thought that the first cases in these two countries were detected before our country and thus the Turkish people were more concerned by seeing the epidemic course in other countries. The survey shows that the participants are most concerned about the coronavirus outbreak, but the number of people who feel regretful is only 157 (13.8%). Although so many people are concerned, the number of people who feel regretful is very few. This shows that people do not regret the epidemic but are worried.Among those who have regrets, those who feel the most regretful are 134 (16.7%) aged 21-40. The reason for this is that these people may be more regretful because these people are mostly carriers, people who are not sick or who are not adversely affected by the disease, but especially in the age group with a high percentage of transmission to the elderly. 431 (60.2%) women and 285 (39.8%) men stated that they were unhappy because of the coronavirus. Women are more afraid than men about 2 times. At the same time, the proportion of women who are worried and unhappy is almost the same. This shows that the feeling of anxiety causes unhappiness.

In the study, the number of people who did not despair in the face of the epidemic by saying no to the feeling of hopelessness is 738 (64.8%). In a study conducted in China, the rate of those who do not despair against the coronavirus is 69.2% (Wang, et al., 2020).When examining the feeling of despair according to gender, 67.8% of those who are hopeless in the face of the epidemic are women.In

extraordinary events, women seem to be more in despair. In addition, almost half of the people (49.3% of women, 50.7% of men) gave 'no' as an answer to the question of despair. This shows that people are still not in despair in the face of the epidemic. When it is analyzed according to the age ranges, it is determined that the people who felt the most hopelessness were between 21-40 years old, 307 (38.3%) people. People with the most hope in the face of the epidemic are those between the ages of 41-64. 172 (74.5%) people. It is thought that people between the ages of 41-64 are the most hopeful ones in the face of coronavirus is because they have life experience.

In this study, the total number of people who afraid is 716 (62.9%). In the study conducted in India, the rate of those who are afraid of coronavirus is 41% (Roy, Tripati, Kar, Sharma, Verma, & Kaushal, 2020). The fear rate of the participants was high compared to the research in India. It can be tought that the people who live in Turkey are more susceptivethan those people who live in India. When the issue of fear is examined, the number of scared women is 484 (67.6%) and the number of scared men is 232 (32.4%). It can be understood from here that women are more afraid of coronavirus than men. When the age rangeis examined, the age group which has feeling of fear most is between 21-40 years old with 531 (66.3%) people.

In terms of sadness, 500 (61.7%) women and 310 (38.3%) men stated that they were upset. Women are more upset than men. 58.7% of men stated that they were not upset about the coronavirus outbreak. It was found that the rate of women who were upset and that of men who were not upset was very close to each other. This epidemic caused feeling of tedium 303 (61.7%) in women and 188 (38.3%) in men. When the sector they work in and age groups are examined; 187 (52.7%) students and 52 (48.6%) people between the ages of 0-20 stated that they felt tired. 373 (46.6%) people aged 21-40 and 66 (28.6%) aged 41-64 stated that they were weary.It is understood that while age increases, participants' rate of weariness decreases. According to the survey data, it was also determined that the people who were sad were feeling the same amount of tiredness. According to this, it is understood that the people who feel sad, also have the feeling of weariness in the face of the epidemic.

The number of people who feel angry with the corona virus outbreak is 551 (48.4%). When it is analyzed according to age groups, he stated that people between the ages of 0-20 are angry with this epidemic. The number of these people is 58 (54.2%). 406 (50.7%) people aged 21-40 and 87 (37.7%) people aged 41-64 stated that they were angry. It is understood from this that the rate of anger decreases while age increases.

The number of people who feel helpless of the epidemic is 417 (36.6%). When it is analyzed according to gender, 257 (61.6%) women and 160 (38.4%) men feel helpless. When it is examined according to the sector they work in, it is the public employees who think that they are helpless of the epidemic. The number of these people is 177 (42.4%). The age group that thinks that they are helpless is between 21-40 years old, 311 (38.8%) people .

The number of people who feel bold in the face of coronavirus is 449 (39.4%). When it is analyzed according to gender, it is seen that men feel more courageous than women. The number of men who feel brave in the face of the epidemic is 249 (55.5%) and the number of women is 200 (44.5%).

People who are pleasure because of the pandemic are 99 (8.7) people. 61 (61.6%) of the people who get pleasure are men. Men stated that they enjoyed this epidemic at twice the rate of women.

Those who wonder about the situation of the outbreak are 696 (61.1%) people. Students are the one who feel curiosity most. The studentsconstitute of (69.6%) of the curious ones with 247 people.

The number of people who are stressful because of the coronavirus is 683 (60%). When it is analyzed according to gender, the number of stressful women is 419 (61.3%). Men who feel stressed are 264 (38.7%) people. It is understood that women feel approximately two times more stressed than men. It seems that the proportions of those who are worried and feel stressful are close to each other.

The number of people who feel safe in the face of coronavirus is 291 (25.5%). In the study in India, 60% of the participants were reported that they feel safe (Roy, Tripati, Kar, Sharma, Verma, & Kaushal, 2020). In the research conducted in China, this rate is 46.5% (Wang, et al., 2020). When it is analyzed according to gender, it is understood that 163 (56%) men and 128 (44%) women feel safe.

When the sense of calmness was examined, 244 (21.4%) of the participants stated that they felt still calm. When it is analyzed according to gender, 127 (52%) of men and 117 (48%) of women feel calm. It is understood that men feel calmer than women. When it is analyzed according to the age groups, 65 (28.1%) people between the ages of 41-64 feel calm. 18 (16.8%) people between the ages of 0-20 and 161 (20.1%) between the ages of 21-40 stated that they felt calm. It is understood that the calmness rate increases with age.

In this research, the number of people who are in a sense of horror is 350 (30.7%). In a study conducted in India, it is reported that 33 percent of the participants are in horror (Roy, Tripati, Kar, Sharma, Verma, & Kaushal, 2020). When we examine the feeling of horror according to gender, the number of women who are horrified is twice more than the number of men who are horrified. 233 (66.6%) women and 117 (33.4%) men. Among the age groups, the most terrified ones are 270 (33.7%) people aged 21-40.

Among all participants, 436 (38.3%) people feel a sense of disgust in the face of coronavirus epidemic. Among these people, 325 (40.6%) people aged 21-40 are the people who feel the most disgust.

Outbreaks affect people intensely, which can negatively affect the psychological situation of certain groups and individuals. In such cases, fear and anxiety affect the behavior of people in the community. Since the outbreaks

began, scientists have been conducting research on its epidemiology, treatment, and preventing transmission ways. The literature shows us this. Understanding the general psychological situation of people and how they feel in the face of an epidemic and trying to cure them is as important as treating it. Because a community whose emotional situation is known is more easily controlled and the authority can easily implement its decisions.

Our findings show that women and students were more negatively affected by the epidemic. A research in China also supports our findings. According to the results, it is stated that women and students have negative emotions in the face of the epidemic. Gender is effective on stress, anxiety, and depression, and shows that women have a small amount of stress, anxiety, and depression than men (Wang, et al., 2020). The first of the measures to be taken in this regard is to prevent women's negative feelings. 49% of Turkey's population are women (Türkiye İstatistik Kurumu, 2019). Family physicians are the first contact points for the health of the entire population, including women. The application rate to Family Medicine is 33% (T.C Sağlık Bakanlığı, 2019). In case of application to family physicians, psychological support can be provided by protecting social isolation in a mobile way. Mobile support is recommended because people practice social isolation. Another method is to create a call center for psychological support, and provide online support by psychologists in Community Mental Health.

The disruption of the education of the students during the epidemic and the uncertainty of how long this disruption would negatively affected the mental health. Therefore, Turkey has started in online education since 23 March 2020 (T.C Milli Eğitim Bakanlığı, 2020). It should be ensured; online education continues regularly and students feel that their education life is not interrupted. In addition, online training can be provided by the Psychological and Counseling Guidance Service of the schools online, and psychological support can be provided against the epidemic.

5. Conclusion

The majority of responders have negative feelings in the early days of the epidemic coronavirus in Turkey. Women, students and people aged 21-40 are psychologically more affected by this outbreak. People's worries and fears are increasing day by day. There is no study evaluating the emotions of people in the coronavirus epidemic. The findings can be used to increase mental health and psychological resilience and to formulate psychological interventions during the coronavirus outbreak.

References

[1] ALICILAR, H. E., & ÇÖL, M. (2020). *Yeni Koronavirüs Salgını: Korunmada Etkili Yaklaşımlar.* Halks Sağlığı Uzmanları Derneği (HASUDER).

[2] BALTA, E. (2020, Şubat 20). *Uluslararası İlişkiler Konseyi.* Retrieved Mart 03, 2020, from Uluslararası İlişkiler Konseyi Panorama dergisine: https://www.uikpanorama.com/blog/2020/02/10/kara-vebadan-koronaviruse-kuresellesme/

[3] BURUK, K., & ÖZLÜ, T. (2020). Yeni Koronavirus: SARS-CoV-2. *Mucosa* , 1-4.

[4] ÇEÇEN, R. (2002). Duygular İnsan Yaşamında Neden Vazgeçilmez ve Önemlidir? *Çukurova Üniversitesi Sosyal Bilimler Enstitüsü Dergisi* , 9 (9), 164-170.

[5] ÇULTU KANTAROĞLU, Ö., YILDIRIM, İ., & CEYHAN, M. (2007). Halkın (bir üniversite çocuk hastanesine başvuran hasta yakınlarının) avian influenza (kuş gribi) konusunda bilgi ve bilinç düzeyi. *Çocuk Sağlığı ve Hastalıklar Dergisi* , 180-185.

[6] DARI, B. A. (2017). Sosyal Medya ve Sağlık. *21. Yüzyılda Eğitim Ve Toplum Eğitim Bilimleri Ve Sosyal Araştırmalar Dergisi , 6* (18), 731-758.

[7] ER, A. G., & ÜNAL, S. (08.02.2020). 2019 Koronavirüs Salgını – Anlık Durum ve İlk İzlenimler. *Flora İnfeksiyon Hastalıkları ve Mikrobiyoloji Dergisi* , 2-3.

[8] GÜMÜŞGÜL, O., & AYDOĞAN, R. (2020). Yeni Tip Koronavirüs-Covid 19 Kaynaklı Evde Geçirilen Boş Zamanların Ev İçi Rekreatif Oyunlar İle Değerlendirilmesi. *Spor Eğitim Dergisi , 4* (1), 107-114.

[9] HÜLÜR, B. (2016). Sağlık İletişimi Medya ve Etik: Bir Sağlık Haberinin Analizi. *Celal Bayar Üniversitesi Sosyal Bilimler Dergisi , 14* (1), 156-178.

[10] KARAKOYUN, F., & KAVAK, M. (2008). Web Anketin Yararları ve Bir Uygulama Örneği Olarak Fizik Tutum Ölçeğine Uygulanması. *Dicle Üniversitesi Ziya Gökalp Eğitim Fakültesi Dergisi* , 129-141.

[11] KILIÇ, S. (2013). Örnekleme Yöntemleri. *Duygudurum Bozuklukları Dergisi , 3* (1), 44-6.

[12] ÖZDAMAR, K. (2013). *Paket Programlar ile İstatistiksel Veri Analizi-I* (9. Baskı ed.). Eskişehir: Nisan Kitapevi.

[13] ÖZDEMİR, Ü., & TAŞÇI, S. (2013). Kronik Hastalıklarda Psikososyal Sorunlar ve Bakım. *Erciyes Üniversitesi Sağlık Bilimleri Fakültesi Dergisi , 1* (1), 57-72.

[14] Roy, D., Tripati, S., Kar, S. K., Sharma, N., Verma, S. K., & Kaushal, V. (2020, Nisan 8). Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian Journal of Psychiatry* .

[15] T.C Milli Eğitim Bakanlığı. (2020, Mart 19). *T.C Milli Eğitim Bakanlığı.* Retrieved Nisan 21, 2020, from T.C Milli Eğitim Bakanlığı Web Sitesi: https://www.meb.gov.tr/bakan-selcuk-23-martta-baslayacak-uzaktan-egitime-iliskin-detaylari-anlatti/haber/20554/tr

[16] T.C Sağlık Bakanlığı COVİD-19 Pandemi Bilim Kurulu. (2020, Nisan 02). *Halk Sağlığı genel Müdürlüğü.* Retrieved Nisan 11, 2020, from https://covid19bilgi.saglik.gov.tr/tr/: https://covid19bilgi.saglik.gov.tr/depo/rehberler/COVID-19_Rehberi.pdf

[17] T.C Sağlık Bakanlığı. (2019). *Sağlık İstatistikleri Yıllığı 2018.* Ankara: T.C Sağlık Bakanlığı.

[18] Toplum Sağlığını Geliştirme ve Koruma Bilim Alanı Biyolojik Hareket ve Evrim Bilim Alanı. (2020). *Yeni Koronavirüs (2019-nCov) Salgınında Güncel Durum.* Bilim ve Aydınlanma Akademisi.

[19] Türkiye İstatistik Kurumu. (2019). *Türkiye İstatistik Kurumu.* Retrieved Nisan 22, 2020, from Türkiye

İstatistik Kurumu: http://www.tuik.gov.tr/UstMenu.do?metod=temelist

[20] Uluslararası Göğüs Hastalıkları Uzmanları COVID-19 Konsensus Grubu. (2020). *Medimagazin Gazetesi Ortadoğu Reklam Tanıtım Yayıncılık Turizm Eğitim İnşaat Sanayi Ve Ticaret A.Ş.* Ankara.

[21] Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., et al. (2020). Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China. *International Journal of Environmental Research and Public Health , 17* (5).