



## Sosyal Bir Birey Olarak “Covid-19 ile Yaşamak ve Sosyal Yeterlilik”

### *A Social Person As “Living with Covid-19 and Social Competence”*

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#### Öz

Bu çalışmanın amacı, sosyal bir birey olarak üniversite öğrencilerinin sosyal yeterlilik ve sosyal sonuç beklentileri ile Covid-19 pandemisi korkusu arasında bir ilişkinin olup olmadığını analiz ederek belirlemektir. Bunun yanı sıra aynı zamanda çalışmada Covid-19 korkusu ve sosyal yeterlilik ve sosyal sonuç beklenti ölçeklerinin çalışmamıza katılan örnek grubu için yapı geçerlilik çalışmaları yapılmıştır. Ele alınan ölçeklerin yapı geçerlilikleri için doğrulayıcı faktör analizi kullanılarak değerlendirilerek yorumlanmıştır. Sosyal yeterlilik ve sosyal sonuç beklentisi ölçeği kullanılarak elde edilen veriler ile covid 19 korkusuna yönelik kullanılan ölçek ile elde edilen veriler arasında bir ilişkinin olup olmadığı ki-kare bağımsızlık testi kullanılarak test edilmiştir. Veriler gönüllük esasına dayalı olarak katılan üniversite öğrencilerinden elektronik ortamda elde edilerek değerlendirilmiştir. Yapılan çalışmaya 308 üniversite öğrencisinin katılımıyla örneklem grubu oluşturulmuştur. Bu çalışmaya katılan 308 üniversite öğrencisinin %37,7 si erkek ve % 62,3 ü kadın olarak tespit edilmiştir. Yine çalışmaya katılan öğrencilerin yaş dağılımları incelendiğinde %60,1 inin 18-20 yaş arasında %30,5 inin ise 21-23 yaş arasında olduğu belirlenmiştir. Elde edilen verilere yapılan analiz sonuçlarına göre; Covid-19 korkusu ile sosyal yeterlilik ve sosyal sonuç beklentileri arasında ve Covid-19 korkusu ile sosyal sonuç beklentileri arasında istatistiksel olarak anlamlı bir ilişki ortaya çıkmıştır. Çalışmada yer alan diğer değişkenlerin arasında ise istatistiksel olarak anlamlı bir ilişki çıkmamıştır.

**Anahtar Kelimeler:** Sosyal yeterlilik, sosyal sonuç beklentileri, covid-19, AFA, DFA

**Makale Türü:** Araştırma

#### Abstract

This study aims to determine whether there is a relationship between as a social person university students' social efficacy and social outcome expectations and the fear of the Covid-19 pandemic. In accordance with this purpose, construct validity tests of the Fear of Covid-19 Scale and the Social Efficacy and Social Outcome Expectations Scale were also conducted in the study. Confirmatory factor analysis (CFA) was utilized to examine the construct validity of the scales. Whether there was a relationship between social efficacy and social outcome expectations and the fear of Covid-19 was tested using the chi-square test of independence. The data were obtained electronically from university students on a voluntary basis. 308 university students participated in the study. This study was determined that 37.7% of the students participating in the research were male, and 62.3% were female. While 60.1% of the students were between the ages of 18-20, 30.5% of them were between the ages of 21-23. According to the results of the analysis on the data, a statistically significant relationship emerged between the students' fear of Covid-19 and their social efficacy and social outcome expectations, and also between the fear of Covid-19 and social outcome expectations, which was a dimension of the Social Efficacy and Social Outcome Expectations Scale.

**Keywords:** Social efficacy, social outcome expectation, covid-19, EFA, CFA

**Paper Type:** Research

#### Introduction

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University education has an important place in the lives of individuals. During this process, individuals also gain different experiences by attending various environments. University education, which is one of the turning points in their lives, both provides individuals with professional competencies and prepares them for life. When evaluated from this point of view, the university helps an individual to have self-efficacy, and therefore, to have social efficacy. This self-efficacy of the individual plays an essential role in terms of positive social outcome expectations both professionally and in private life.

Self-belief is important for a person to cope with the problems he/she encounters throughout his/her life. The person's belief in their capabilities to solve their problems in order to overcome problems is an indicator of the person's self-efficacy. Individuals' effort and success in initiating and maintaining interpersonal relationships show that they also have social efficacy.

The Covid-19 pandemic, which has emerged in the world and negatively affects humanity, is considered an extraordinary problem. In Turkey, as in all the world, this pandemic has caused changes and transformations in several areas. The outbreak has greatly affected our behaviors in terms of health, socioeconomic and psychological aspects, also our lifestyles, habits, and consequently our lives (Güney et al., 2020, s. 4947). In order to cope with this problem, people should have not only self-efficacy but also social efficacy. The social outcome expectations of individuals who have this competence will also reveal positive results.

### **1. Self-Efficacy, Social Efficacy and Social Outcome Expectations**

The concept of self-efficacy is based on Bandura's (1977) self-efficacy theory. Self-efficacy is a person's belief that they have adequate skills and competence to achieve their behavioral standards and goals (Bandura, 1977, s. 3). People with self-efficacy beliefs are effective and successful in decision-making processes cognitively and emotionally (Gömleksiz & Serhatlıoğlu, 2013, s. 202). Self-efficacy belief consists of four factors: personal experiences; indirect experiences, that is, conclusions drawn from the experiences of others; social persuasion; and the person's physiological and emotional state (Kurbanoğlu, 2004, s. 140). These factors are influential in the lives of individuals when experiencing and solving important events and problems. Individuals with low self-efficacy will be incompetent in solving their problems, as they will experience demotivation and demoralization. High self-efficacy should be perceived as an opportunity for the individual to perform challenging tasks and helping them gain experience (Öztekin & Bayraktar, 2019, s. 2).

When the literature is reviewed, it is observed that there are many concepts related to social efficacy, as in the few examples presented below. Social efficacy is an individual's confidence in their abilities in initiating and maintaining social relationships with their families, friends, and environment starting from infancy and perceiving themselves as competent (Premack, 1995; Topping, Bremner, & Holmes, 2000; Bakioğlu & Türküm, 2017; Wright, Wright, & Jenkins-Guarnieri, 2013). Social efficacy is important for individuals to establish and develop positive relationships with their environment (Zorlu Yam & Tüzel İşeri, 2019, s. 53). Social efficacy involves social awareness and social skills regarding the issues of how individuals maintain their relationships and the needs of others (Kaplan & Hocaoğulları, 2020, s. 4893).

For example, whether they have special needs or not, children's social relationships with their peers, social lives, and social competences are interrelated processes (Guralnick, 1994, s. 64).

Individuals live in a certain social environment of their choice. In this environment, they develop their social skills, such as participating in activities and belonging to a group. Individuals know that their behaviors will have certain consequences in their social environments, and accordingly, they engage in behaviors that will deliver positive results. In the

development of social efficacy expectations, achievements desired in social life, such as family relations, academic success, and learning skills, play an important role (Bilgin, 1999, s.8). The social efficacy expectation is an individual's self-confidence about the performance they displayed in their environment, based on their own capabilities. The individual's performance must have the self-efficacy and social efficacy to help achieve the results they want. Social outcome expectations are the result of the behaviors of individuals in the social environment. In other words, social outcome expectations are considered as individuals' beliefs and expectations that their engagement in social activities will deliver certain results related to social relationships.

Some studies conducted on social efficacy are summarized below.

In his article titled "Research Perspective on Social Competence", O'Malley (1977) summarized the perspectives toward social competence by examining the studies conducted in those years and research results.

Frey, Hirschstein, & Guzzo (2000) investigated that a program promoting social competence would be effective to prevent aggression, and they concluded that social and emotional skills could be taught, and even the acquisition of fundamental social and emotional competencies reduced aggressive behavior in young people.

In the study of Smith & Betz (2000), it was observed that social self-efficacy was highly associated with social confidence and enterprising confidence, but shyness posed a serious obstacle for young adults' career development processes.

DeWitz & Walsh (2002) concentrated on the association between self-efficacy (in terms of university, social and general) and university students' contentment level. It was determined that the self-efficacy measures defined as university-related, social and general were significantly related to university contentment.

Smith & Betz (2002) investigated social self-efficacy and the self-esteem pathways leading to depression among university students, and they concluded that career indecision and shyness were also directly associated with depressive symptoms, albeit at a low level.

Matsushima & Shiomi (2003) studied the association of social self-efficacy with interpersonal stress during adolescence. They found that the level of social self-efficacy was negatively associated with the interpersonal stress level and interpersonal stress coping level, and interpersonal stress rate, on the other hand, was positively associated with the interpersonal stress coping rate.

In their study, Caprara & Steca (2005) examined the relationship between perceived self-efficacy and perceived interpersonal self-efficacy in the regulation of positive and negative emotions. It was observed that interpersonal self-efficacy had a direct impact on prosocial behaviors and fully mediated the influence of emotional self-efficacy on these behaviors.

Hermann & Betz (2006) examined the association of instrumentality, expressiveness, and social self-efficacy with shyness and depressive symptoms among university students and they found a correlation between social self-efficacy and depressive symptoms.

In the study by Caprara & Steca (2007), intended for assessing individual self-efficacy beliefs, values, and prosocial behaviors, it was concluded that values of self-transcendence had a direct impact on prosocial behaviors, or an indirect impact by means of self-efficacy beliefs, in terms of regulating emotions and handling interpersonal relations.

DeWitz, Woolsey, & Walsh (2009) investigated the potential relationship between social self-efficacy and students at risk of dropping out of school. The study revealed that self-efficacy had a positive impact on the students' individual sense of life purpose, with the intention of increasing the retention rate of university students.

In their study, Wright & Perrone (2010) studied the associations among social self-efficacy, self-efficacy in career decision-making, and life satisfaction. It was determined that social self-efficacy and career decision self-efficacy were partly associated with life satisfaction among university students.

According to Di Giunta et al. (2010), it was determined that there were relationships between self-efficacy beliefs and psychological well-being, self-esteem, and coping strategies among young adults in different countries.

In their research, Akın & İskender (2010) analyzed the associations between social self-efficacy, internet addiction, and academic locus of control. The results showed that internal academic locus of control was positively associated with social self-efficacy. Besides, internet addiction was negatively associated with internal academic locus of control and social self-efficacy, yet it was positively associated with external academic locus of control.

The research conducted by Özbay et al. (2012) was aimed at explaining university students' subjective well-being through emotional regulation, social self-efficacy, humor, and stress coping strategies. As a result of the research, it was determined that emotional regulation, self-efficacy, humor styles, and coping strategies were significant variables in explaining students' well-being.

Traş and Arslan (2013), in their research, examined social efficacy among adolescents in terms of perceived social support. In the study, it was observed that there was a positive and significant correlation between social efficacy and perceived social support from friends, family, and teachers.

In their study, Zorlu Yam and Tüzel İşeri (2019) examined the association between perceived social support levels and social competence levels of the students from the faculty of education. According to the results, it was determined that the education faculty students' perceived social support and social competence levels were high. Besides, there was a positive relationship with a low level of significance between the overall score of perceived social support and the scores obtained from the family, friends, and special person subdimensions. Finally, the level of perceived social support in the subdimensions of family, friends, and a special person was a significant predictor of the education faculty students' social competence levels.

Bakioğlu (2019) analyzed social efficacy among university students in terms of perceived social support. According to the results of the research, it was observed that as the university students' perceived social support increased, their social efficacy levels also increased.

Gazo et al. (2020) studied the association between social self-efficacy, loneliness, and internet addiction. It was observed that social self-efficacy was negatively correlated with loneliness and internet addiction, and loneliness was positively correlated with internet addiction.

Yaşar et al. (2021) studied fears of Covid-19 among nurse's. According to the research, the fear of COVID-19 has a negative effect on their relationships.

Dikmen (2021) analyzed the association between levels of depression and social-media addiction students during Covid-19 of students'. Finally, It was observed that levels of depression was positively correlated with social-media addiction.

## **2. Method**

### **2.1. The Purpose and Importance of the Research**

Numerous measures have been taken to control the pandemic of a new type of coronavirus (Covid-19, which has taken hold of the whole world, including Turkey. One of

these measures is to conduct education and training online. Studies show that the Covid-19 virus reveals two types of health problems, physical and mental health (Aşkın, Bozkurt, & Zeybek, 2020). Besides, there has been a considerable increase in studies on the Covid-19 pandemic recently. This study aimed to determine whether there was a relationship between the social efficacy and social outcome expectations, apart from academic competencies, of university youth, which has a very important place for the future of our country, and the fear of Covid-19 pandemic. Besides this purpose, the fact that the construct validity examinations of the Fear of Covid-19 Scale and the Social Efficacy and Social Outcome Expectations Scale were also completed reveals the significance of our study and the considerable contribution it will make to the literature.

## 2.2. Research Method

In the study, in order to determine the impact of the Covid-19 pandemic on students' social efficacy and social outcome expectations (SESOE), the following scales were utilized: the Social Efficacy Scale (SES) consisting of 19 items, which was examined for validity and reliability in Turkish by Bakioğlu & Türküm (2017) ; Akın & Akkaya (2015); the Fear of Covid-19 Scale, which was examined for validity and reliability by Bakioğlu, Korkmaz, & Ercan (2020) & Ladikli et al. (2020) and which was used in different studies in the literature. The data obtained on the internet in about three months were assessed statistically. First, the demographic characteristics of the participants were examined. Later, the validity and reliability studies of the Fear of Covid-19 Scale and the SESOE Scale were performed again using the trial version of AMOS 26 software. In the study, it was questioned whether there was a statistically significant difference between the participants' fear of Covid-19 and SESOE. Ethical approval for this study was obtained from Kocaeli University Humanities and Social Sciences Research Ethics Committee on 29.07.2020, with No: 10017888-044.

## 2.3. Exploratory and Confirmatory Factor Analyses

CFA is a widely used technique in multi-method studies for scale validity and construct validity (Kandemir, 2019). EFA, on the other hand, is a multivariate statistical technique that converts a large number of correlated variables into fewer, significant factors that are independent of each other (Kalaycı, 2009). The fact that it is applied on a theoretical basis is a feature that distinguishes CFA from EFA (Bryne, 2010). In other words, EFA is used to create measurement tools such as questionnaires, and CFA, on the other hand, is used to test whether the models created with these measurement tools are verified on the sample studied (Akyüz, 2018). CFA is used especially in scale development and construct validity analyses or for verification of predetermined structure (Aytaç and Öngen, 2012). In order for CFA to be applied, there must be a predetermined theory. Good fit and acceptable fit values are presented below (Kandemir, 2019).

Good fit	Acceptable fit
$0 \leq \chi^2 / sd \leq 2$	$2 < \chi^2 / sd \leq 5$
$0 < RMSEA < 0.05$	$0.05 \leq RMSEA \leq 0.10$
$0.95 \leq NFI \leq 1$	$0.90 \leq NFI < 0.95$
$0.97 \leq CFI \leq 1$	$0.95 \leq CFI < 0.97$
$0.95 \leq IFI \leq 1$	$0.90 \leq IFI < 0.95$
$0.95 \leq GFI \leq 1$	$0.85 \leq GFI < 0.95$

The findings resulting from the analyses specified in the research method are presented below, respectively.

## 2.4. Results

The demographic characteristics of the participants are presented in Table 1.

Table 1. Demographic characteristics of participants

Demographic Characteristics		Frequency	%
Gender	Male	116	37.7
	Female	192	62.3
Age	18-20	185	60.1
	21-23	94	30.5
	24-26	12	3.9
	27+	17	5.5
Education Type	Formal Education	164	53.2
	Evening Education	144	46.8
Education	Associate	236	76.6
	Undergraduate	72	23.4
Program	Vocational School/Technical	89	28.9
	Vocational School/Social	147	47.7
	Undergraduate/Technical	52	16.9
	Undergraduate/Social	8	2.6
	Undergraduate/Health	12	3.9
Year	1 <sup>st</sup> Year	103	33.4
	2 <sup>nd</sup> Year	154	50.0
	3 <sup>rd</sup> Year	27	8.8
	4 <sup>th</sup> Year	5	1.6
	Graduation Delayed	19	6.2

308 individuals with an average age of  $20.70 \pm 2.60$  participated in the present research. According to Table 1, 116 (37.7%) of the participants were male, and 192 (62.3%) were female. 53.2% of the university students participating in the study were formal education students, and 46.8% were evening education students. 33.4% of the students who participated in the study were first-year, 50.0% second-year, 8.8% third-year, and 1.6% fourth-year students, and 1.6% were the students who extended their study period.

## 2.5. Validity and Reliability Results for the Fear of Covid-19 Scale

The study was conducted with the participants on a voluntary basis; before starting to answer the questionnaire, they were asked to declare that they would like to participate in the study. The 8-item scale was prepared using a 5-point Likert scale (1= strongly disagree; 5= strongly agree). Following the exploratory factor analysis (EFA) conducted for the scale, two dimensions were formed.

The results were obtained as  $KMO=0.865$ , Bartlett's test= 975.510,  $p= 0.000$ , and it was concluded that the data set was suitable for factor analysis. For the two dimensions reached, the total variance was obtained as 64.069%. Factor loadings of each item in the dimension to which they belong are presented in the table below.

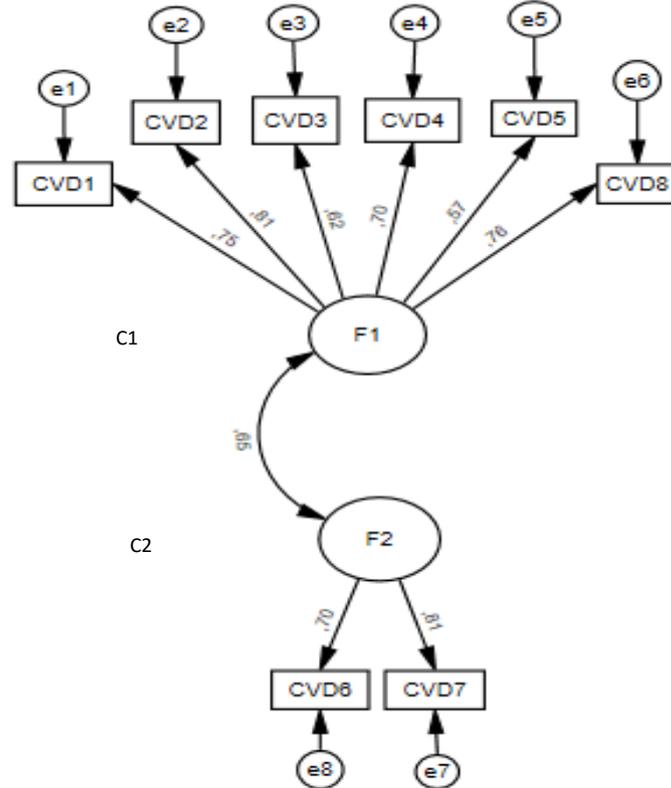
Table 2. Item loads of the scale by post-EFA dimensions

Items of the CVD_19 Scale	C1	C2
Covid-19 scares me. (CVD1)	0.806	
I feel very uncomfortable thinking about Covid-19. (CVD2)	0.802	
When I think of Covid-19, I feel my hands sweating. (CVD3)	0.719	
I fear that I will lose my life due to Covid-19. (CVD4)	0.826	
I am scared of losing my relatives due to Covid-19. (CVD5)	0.638	
Covid-19 highly affected my relationships with my friends. (CVD6)		0.884
Covid-19 affected my relationships with my family. (CVD7)		0.853
Visual and print media news about Covid-19 make me nervous and anxious. (CVD8)	0.746	

Following the factor analysis, it was obtained as Cronbach  $\alpha= 0.856$  for the Fear of Covid-19 Scale consisting of eight items, Cronbach  $\alpha= 0.854$  for the first dimension, and Cronbach  $\alpha= 0.722$  for the second dimension.

When the dimensions resulting for Covid-19 are examined, the items in the 1st dimension (C1) express the individuals' anxieties and fears caused by Covid-19, and the items in the 2nd dimension (C2) express the opinions of the individuals regarding the impact of Covid-19 on family and friend relationships. The path diagram for Confirmatory Factor Analysis (CFA) is presented in Figure 1.

Figure 1. The path diagram for fear of Covid-19



It is seen that the standardized factor loadings presented in Figure 1 are between 0.57 and 0.81 for C1 (1st dimension) and between 0.70 and 0.81 for C2 (2nd dimension). The results of the most commonly used fit indices in the literature were obtained as  $\chi^2/_{sd} = 3.920$ ;

RMSEA= 0.098; GFI= 0.943; NFI= 0.925; CFI= 0.942; IFI= 0.943, and the fit indices resulted within acceptable limits.

Table 3. Distribution regarding fear of Covid-19

Fear of Covid-19	Total		C1		C2	
	Frequency	%	Frequency	%	Frequency	%
Strongly Disagree	77	25	95	30.8	101	32.8
Disagree	47	15.3	18	5.8	-	-
Undecided	73	23.7	58	18.8	55	17.9
Agree	47	15.3	27	8.8	-	-
Strongly Agree	64	20.8	110	35.7	152	49.4

Examining the distribution regarding fear of Covid-19 presented in Table 3, while 30.8% of the participants stated that they certainly did not experience anxiety and fear due to Covid-19, 35.7% stated that they certainly experienced anxiety and fear due to Covid-19. When the emotions of the participants regarding the impact of Covid-19 on the individuals' relationships with family and friends were examined, 32.8% of them stated that it certainly did not affect family and friend relations, while 49.4% of them strongly agreed with the view that family and friend relationships were affected due to Covid-19.

## 2.6. Validity and Reliability Results for the Social Efficacy and Social Outcome Expectations Scale

The SESOE scale consisting of 19 items was prepared using a 5-point Likert scale (1= strongly disagree; 5= strongly agree). After the exploratory factor analysis (EFA) conducted for the scale, the results were obtained as KMO= 0.940 and Bartlett's test= 3889.418,  $p= 0.000$ , and it was concluded that the data set was suitable for factor analysis. For the two dimensions formed after EFA, the total variance was obtained as 60.529%. Factor loadings of each item in the dimension to which they belong are presented in the table below.

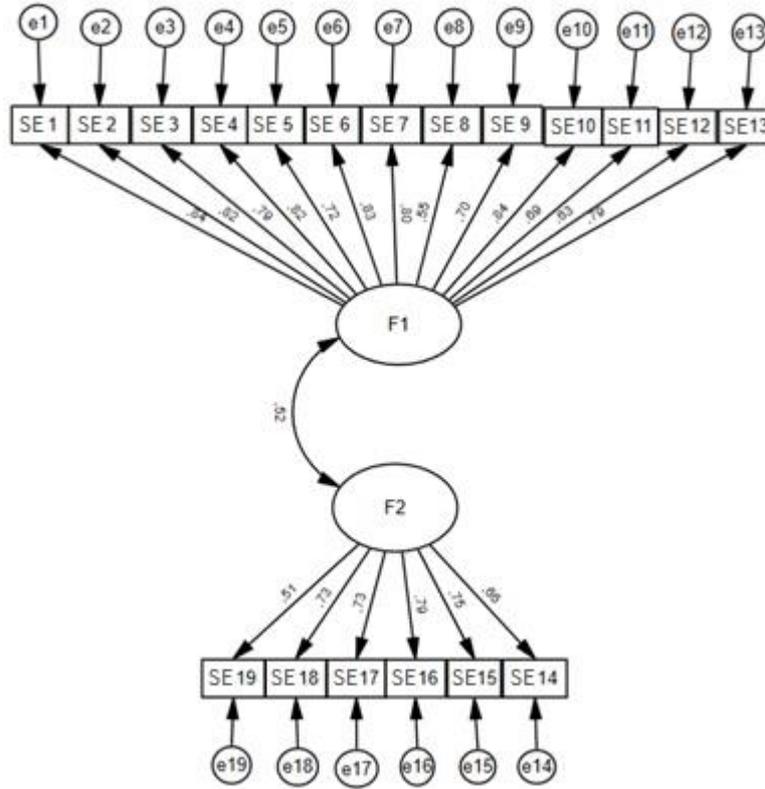
Table 4. Item loads of the scale by post-EFA dimensions

Items of the Social Efficacy Scale	F1	F2
I am sure I have the competence to be successful in social relationships. (SE1)	0.844	
I trust my skills in social relationships. (SE2)	0.825	
I am confident in expressing my opinions in social relationships. (SE3)	0.808	
I am sure that I have the competencies to build social relationships. (SE4)	0.833	
I trust my ability to share my feelings in social relationships. (SE5)	0.746	
I am sure of my skills required to interact in social relationships. (SE6)	0.838	
I trust my skills to maintain social relationships. (SE7)	0.821	
In social relationships, when I disagree, I trust my capability to say this. (SE8)	0.599	
In my social relationships, I have the ability to reach consensus. (SE9)	0.741	
I have the necessary skills to establish successful social relationships. (SE10)	0.859	
I trust my ability to maintain the happiness I have experienced in my social relationships. (SE11)	0.706	
I am sure of my skills for talking to others about the things that matter to me. (SE12)	0.657	
I am sure I have the skills necessary to improve social relationships. (SE13)	0.811	
Talking to other people improves my social relationships. (SE14)		0.689
Doing nice things for other people improves my social relationships. (SE15)		0.811
Exhibiting positive behaviors leads to successful relationships. (SE16)		0.811
Showing interest in other people leads to positive social relationships. (SE17)		0.804
Establishing a pleasant interaction with other people leads to positive social relationships. (SE18)		0.797
Sharing with others on an equal level improves my social relationships. (SE19)		0.573

It was obtained as Cronbach  $\alpha= 0.936$  for the SESOE scale consisting of 19 items, Cronbach  $\alpha= 0.945$  for the social efficacy expectations, which was the first dimension (F1), and Cronbach  $\alpha= 0.843$  for the social outcome expectations, which was the second dimension (F2).

The path diagram for the Confirmatory Factor Analysis (CFA) performed to verify the factors in the Social Efficacy and Social Outcome Expectations Scale after EFA is presented in Figure 2.

Figure 2. The path diagram for social efficacy



It is observed that the standardized factor loadings displayed in Figure 2 are between 0.5 and 0.84 for F1 (1st dimension) and between 0.51 and 0.79 for F2 (2nd dimension). The results of the most frequently used fit indices in the literature were obtained as  $\chi^2 /_{sd} = 2,663$ ;

RMSEA= 0,074; GFI= 0.88; NFI= 0.904; CFI= 0.938; and IFI= 0.939, within the limits of acceptable fit.

Table 5. Distribution regarding social efficacy and social outcome expectations

Social Efficacy	Total		1. Dimension		2. Dimension	
	Frequency	%	Frequency	%	Frequency	%
Strongly Disagree	60	19.5	58	18.8	50	16.2
Disagree	55	17.9	64	20.8	124	40.3
Undecided	69	22.4	59	19.2	-	-
Agree	61	19.8	58	18.8	71	23.1
Strongly Agree	63	20.5	69	22.4	63	20.5

When examining the distribution regarding social efficacy and social outcome expectations presented in Table 5, 39.6% of the participants stated that they did not agree with the statements about social efficacy expectations, while 41.2% stated that they agreed with the statements about social efficacy expectations. When examining the distribution for the individuals' opinions on social outcome expectations, 56.5% of them stated that they did not agree with the statements about social outcome expectations, and 43.6% stated that they agreed with the statements about social outcome expectations.

Whether there was a relationship between Covid-19 fears and social efficacy and social outcome expectations of the individuals participating in the research was examined by chi-square analysis. Test results are presented below.

Table 6. Results of Chi-Square analysis

Variables	$\chi^2$	p
Fear of Covid-19* SESOE	32.291	0.009
Fear of Covid-19* Social Efficacy	26.017	0.054
Covid-19* Social Outcome Expectations	21.628	0.042
Anxiety and Fear about Covid-19* SESOE	15.160	0.513
Anxiety and Fear about Covid-19* Social Efficacy Expectations	25.580	0.060
Anxiety and Fear about Covid-19* Social Outcome Expectations	16.114	0.186
Family and Friend Relationships during Covid-19* SESOE	5.528	0.70
Family and Friend Relationships during Covid-19* Social Efficacy Expectations	9.232	0.323
Family and Friend Relationships during Covid-19* Social Outcome Expectations	7.489	0.278

Anxieties and fears caused by Covid-19 and the emotions concerning family and friend relationships, which were also affected by Covid-19, together formed the variable of fear of Covid-19. Social efficacy expectations and social outcome expectations of individuals, on the other hand, created the variable of social efficacy and social outcome expectations. The results of the chi-square analysis performed by taking these variables into account are presented in Table 6. According to the results of the analysis made on the data obtained from the participants, a statistically significant relationship emerged between their fear of Covid-19 and their social efficacy and social outcome expectations and also between the fear of Covid-19 and social outcome expectations. When Table 6 was examined, there was no statistically significant relationship detected between other variables.

## Conclusion

The Covid-19 pandemic, which has taken hold of our country and the whole world, has affected societies in many aspects. One of these impacts is the social efficacy and social outcome expectations of individuals, which directly affect daily lives and relationships. Social efficacy is an individual's belief that they can successfully complete a job or a task, while belief about the outcome is expressed as social outcome expectation. Although these concepts are viewed as different expectations, both expectations are closely related to each other. In particular, it was intended to statistically investigate the relationship between the fear, anxiety, and interpersonal relationships caused by the restrictions required to be executed during the Covid-19 pandemic and by the Covid-19 pandemic, and the social efficacy and social outcome expectations. For this purpose, especially university students, who constituted an essential part of society in social terms, were included in the study. Findings obtained as a result of the analyses performed are presented below.

It was determined that 37.7% of the students participating in the research were male, and 62.3% were female. While 60.1% of the students were between the ages of 18-20, 30.5% of them were between the ages of 21-23. According to the type of education, 53.2% of the students were attending formal education, and 46.8% were attending evening education. It was determined that 76.6% of these students were associate degree students, and 23.4% were undergraduate students. Through the CFA conducted, it was observed that the Social Efficacy and Social Outcome Expectations Scale employed in this research gave results compatible with the literature examples, which were previously examined in terms of validity and reliability. Regarding the Fear of Covid-19 Scale, it was determined that the items related to the situations caused by this fear generated two distinct dimensions. It was determined that one of these dimensions included items expressing anxiety and fear, and the other dimension included items expressing the impact on relationships with family and friends. While 30.8% of the participants stated that they certainly did not experience anxiety and fear due to Covid-19, 35.7% stated that they certainly experienced anxiety and fear due to Covid-19. When the emotions of the

participants regarding the impact of Covid-19 on the individuals' relationships with family and friends were examined, 49.4% of them stated that it certainly affected family and friend relationships. When examining the distribution regarding social efficacy and social outcome expectations, 39.6% of the participants stated that they did not agree with the statements about social efficacy expectations, while 41.2% stated that they agreed with the statements about social efficacy expectations. When examining the distribution for the individuals' opinions on social outcome expectations, 56.5% of them stated that they did not agree with the statements about social outcome expectations, and 43.6% stated that they agreed with the statements about social outcome expectations. Finally, as a result of the chi-square test, a statistically significant relationship emerged between the fear of Covid-19 and social efficacy and social outcome expectations and also between the fear of Covid-19 and social outcome expectations.

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