



The Effect of Fear of Death in The Elderly Creating FoMO on The Perception of Health News Published on Social Media

Yaşlılarda Ölüm Korkusunun Sosyal Medyada Yayınlanan Sağlık Haberleri Algısında FoMO Oluşturma Etkisi

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ABSTRACT: Death anxiety is an anxiety that occurs throughout people's lives and precedes other fears, and is formed by the thought that the person will no longer exist and disappear. This fear can be seen in the minds of people in a severe and painful way, as well as in an emotional and soft way. The main thing here is the anxiety about the person's disappearance or the unknown after death. FoMO, on the other hand, is the concern of people not knowing or missing news, developments, and information in daily life. FoMO is increasing with technological developments and advances in communication technology. Within the scope of this study, it is aimed to bring a different dimension to the field by focusing on the increase in death anxiety with old age in the follow-up of health news and the effect of this situation on the formation of FoMO. In this sense, the aim of the research is to examine whether the fear of death of the elderly leads to FoMO in monitoring and perceiving health news. The research was carried out by applying a questionnaire to people over the age of 65 in Istanbul. The results obtained from the analysis revealed that the fear of death caused behavioral changes in the follow-up of health news and their belief in health news, and there were positive significant relationships between fear of death and FoMO behaviors.

Anahtar Kelimeler: Social Media, Health News, FoMO, Death Anxiety, Aging

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Öz: Ölüm kaygısı, kişilerin yaşamları boyunca olan ve diğer korkularından önce gelen, kişinin kendisinin artık olmayacağı ve yok olacağı düşüncesiyle oluşan bir kaygıdır. Bu korku şiddetli ve acılı bir şekilde kişilerin zihninde canlanabileceği gibi duygusal ve yumuşak bir şekilde de görülebilmektedir. Burada temel olan kişinin yok olacağı ya da ölümden sonraki bilinmezlikten duyduğu kaygıdır. FoMO ise insanların günlük yaşamdaki haberleri, gelişmeleri ve bilgileri bilmeme veya kaçırmama endişesidir. FoMO teknolojik gelişmelerle ve iletişim teknolojisindeki ilerlemelerle artış göstermektedir. Bu çalışma kapsamında sağlık haberlerinin takibinde yaşlılıkla birlikte ölüm kaygısının artması ve bu durumun FoMO oluşumuna etkisi üzerinde durularak alana farklı bir boyut kazandırılması amaçlanmaktadır. Bu anlamda araştırmanın amacı, yaşlıların ölüm korkusunun sağlık haberlerinin takibi ve algılanmasında FoMO'ya yol açıp açmadığını incelemektir. Araştırma, İstanbul'da 65 yaş üstü kişilere anket uygulanarak gerçekleştirilmiştir. Analizden elde edilen sonuçlar, kişilerin ölüm korkusunun sağlık haberlerinin takibinde ve sağlık haberlerine olan inançlarında davranış değişiklikleri oluşturduğunu ve ölüm korkusu ile FoMO davranışları arasında pozitif yönde anlamlı ilişkiler olduğunu ortaya koymuştur.

Anahtar Kelimeler: Sosyal Medya, Sağlık Haberleri, FoMO, Ölüm Kaygısı, Yaşlanma

INTRODUCTION

In recent years, new communication technologies have reshaped the way individuals interact. While this situation has led to the emergence of new tools to adhere to the social while developing new relationships, it has revealed mutual and continuous forms of interaction between individuals regardless of time and space (Roberts and David, 2019, p.2). However, when individuals are offline in social media channels, when they seem reluctant to communicate, or when they are reluctant to communicate, they are preoccupied with lost opportunities, which has created FoMO (Coget, Yamauchi & Suman, 2012, p.183). Because the concept of FoMO is defined as the fear of individuals not being able to achieve what others have or experience what they want to happen (Hetz, Dawson & Cullen, 2015, p.261). In this case, FoMO, which is caused by a psychological deficiency in the need for social connection, leaves negative effects such as lack of sleep, decreased life efficiency, movement tension, suicide attempt, and anxiety in individuals (Twenge, Joiner, Rogers & Martin, 2018, p.3). Especially due to the widespread use of technological tools and social media, various forms of influence of FoMO have emerged in different age groups. In this sense, the effect of FoMO, which is seen in different age groups, is more visible in the young population than in the elderly population. (Alt, 2015, p.112). However, the concerns and expectations about the physical, mental and personal losses left by the fear of death in the elderly population are based on the efforts of these individuals to live longer (Lasher and Faulkender, 1993, p.250). This situation led to the realization of the theory of terror management created by individuals to get rid of death anxieties (Greenberg, Solomon & Pyszczynski, 1997, p.70;). In this sense, individuals turn to news that are compatible with their own expectations in health news in order to get rid of the pathological effects of FoMO and reduce the anxiety of death (Griffin, Loh & Hesketh, 2013, p.93). In this context, the effect of individuals' fear of death due to aging on current FoMO concerns in terms of both demographic variables and behavior change in health news follow-up is the basis of this research. In order to make sense of the fear of death, which is at the root of these relationships, first of all, the conceptual discussion of FoMO was examined within the scope of this research.

1. Conceptually FoMO

Everyday life is not only about our practices, but also about what others do. Because individuals are also internally interested in what others are doing. As a matter of fact, one of the main factors that makes the individual a social animal is this feature (Alutaybi, Al-Thani, McAlaney & Ali, 2012, p.27). This situation led individuals to desire to stay connected with what others are doing and to worry about others having a good time without them (Coget et. al., 2012, p.183). However, this situation has become pathological by showing continuity and problematic behavior patterns have emerged. One of the structures that emerge as a result of these behavioral patterns is the phenomenon of FoMO, which is described as the fear of kidnapping.

The concept of FoMO, which emerged as a result of the combination of the initials of the words Fear of Missing Out, is defined as the fear of individuals not being able to obtain what others have or not experiencing what they want (Hetz et. al., 2015, p.261). The basis of this fear is uncertainty about choosing the "best" one due to the abundance of choice among social activities or experiences, or future anxiety about the options that are not chosen (Milyavskaya, Saffran, Hope, & Koestner, 2018, p.726; Hodkinson, 2016, p.72). For example, a student who decides to go on a date instead of going to a fraternity party may wonder what he missed by not going to the party despite enjoying the date he went on, and may repeat this choice in the future (Elhai, Yang, & Mon-

tag, 2020, p.203). Therefore, FoMO, which is defined as a widespread concern that others may have rewarding experiences that they do not have, is characterized by the need to constantly stay in touch with what others are doing (Riordan et. al., 2020, p.1215). In this case, the phenomenon of FoMO (Przybylski, Murayama, DeHaan, & Gladwell, 2013, p.1843; Baker, Krieger, & LeRoy, 2016, p.278) resulting from the lack of social and psychological need satisfaction causes loneliness, low self-esteem, social anxiety, and low self-understanding. Thus, FoMO has a positive relationship with anxiety and depression in individuals (Werner, Jazaieri, Goldin, M., Heimberg & Gross, 2012, p.543). FoMO is the manifestation of a large number of negative life outcomes. Anxiety seems to be one of them. In the field, specifically, Blackwell, Leaman, Trampusch, Osborne & Liss (2017, p.70) and Liu & Ma (2019, p.27) found that anxiety is associated with FoMO, but in the field, the study measuring the severity of the relationship between death anxiety and FoMO does not appear to be much. While literature on anxiety and FoMO is sparse, there is a lot of commonality between these concepts regarding the use of social media to provide the first justification for the work to be done on these topics. Similar to FoMO, anxiety linking is also associated with frequent social media use (Holte and Ferrero, 2020, p.2). In addition, social media offers users the opportunity to get social support at any time. Anxious people seek the support of others to reduce negative thoughts (Wei, Russell and Zakalik, 2005, p.602). For this reason, social media provides people with this opportunity, because social support can be provided without a spatial and temporal limitation. The study by Liu and Ma (2019, p.27) found that FoMO mediates the relationships between anxiety and the desire for online social support. Therefore, social media is not only for social support by anxious people, but FoMO also seems to be a driving force in this relationship. Given that anxiety about losing is associated with distress such as anxiety (Dhir, Yossatorn, Kaur & Chen, 2018, p.143; Elhai, Levine, Dvorak & Hall, 2016, p.510; Elhai, Gallinari, Rozgonjuk & Yang, 2020, 1), anxious people appear to be looking for a social network satisfaction. In the studies carried out, (Elhai, 2019, p.1). FoMO found that anxiety was associated with daily negative affective assessments. In this sense, the practices of FoMO, which is related to behavioral and cognitive status, to maintain social connections and not miss rewarding experiences (Elhai et. al., 2020, p.203) are now taking place through social media tools instead of real daily life in the modern world.

Social media, which has been reshaping how people interact, has provided new tools to build relationships and maintain social connections. This situation has accelerated more mutual and continuous interaction between individuals regardless of time and place (Cham et al., 2019, p.925; Roberts and David, 2019, p.2). However, such new social communication methods have revealed several pathological consequences, virtual communities function differently from traditional communication and the existence of new norms of interaction is seen by individuals (Hetz et. al., 2015, p.11; Blackwell, Leaman, Trampusch, Osborne, & Liss, et al., 2017, p.58). One of these problems is FoMO, where people using social media are preoccupied with missed opportunities whether they are willing to connect with other people or not (Alutaybi et. al., 2012, p.27). Because while it can be claimed that social media provides a way for individuals to meet some of their needs, it also reminds individuals which experiences they missed in real time, causing FoMO to deepen even more (Lamblin, Murawski, Whittle, & Fornito 2017, p.61; Kim & Lee, 2011, p.362). Thus, FoMO, which is caused by a lack of satisfaction of psychological needs such as the need for social connection, has negative effects on social media users such as lack of sleep, decreased life activity, movement tension, suicide attempt, and anxiety (Buglass, Binder, Betts, & Underwood, 2017, p.2651; Twenge et. al., 2018, p.3). This situation has revealed various forms of influence of FoMO in different age groups, especially due to the widespread use of technological tools and social media.

The effect levels of FoMO differ significantly according to the age variable. Especially in the studies conducted, FoMO levels decrease as the age levels of the participants increase. In this case, the FoMO level of the young population was found to be higher than the elderly (Arslan, Tozkoparan, & Kurt, 2019, p.248). Factors such as anxiety about the future, low academic motivation, and peer competition are effective in increasing the effect of FoMO on the young population (Alt, 2015, p.112). However, the level of effect created by FoMO varies according to the conditions of the individual. Because, in the study conducted by Hoşgör, Koç-Tütüncü, Gündüz-Hoşgör & Tandoğan (2017, p.218), it was determined that there was no significant variation between FoMO and age variable due to the selection of a homogeneous sample. In this context, the study focuses on the relationship between FoMO and elderly individuals. For this reason, elderly individuals, who are afraid of death, focus on following the health news constantly in order to eliminate or reduce these anxieties. Thus, in order to understand the anxiety levels of elderly individuals who miss health-related news and its effects on FoMO, it is necessary to discuss death anxiety first.

2. Death Anxiety

Death anxiety, which lasts throughout human life, develops after understanding the concept of death, tells that life will end, and the person himself will disappear and become nothing (Karakuş, Öztürk & Tamam, 2012, p.42). Ciciirelli (1999, p.571) associates death anxiety with pain and defines the anxiety of people about a painful death as death anxiety. In addition, death anxiety includes the anxiety of the unknown after death. People put fear as a reaction against the consciousness that they will die, and this indicates a painless awareness of death as long as they do not feel any threat (Russac, Gatliff, Reece, & Spottswood, 2007, p.550). In other words, death anxiety is an anxiety that people carry throughout their lives (Ayten, 2009, p.88).

Death anxiety is examined from two perspectives. There are congenital death anxiety that people do not know. (Benton, Cristopher, & Walter, 2007, p.339). As death anxiety has many dimensions such as fear of uncertainty and loneliness, fear of losing relatives, fear of punishment after death, fear of suffering, fear of worrying about the rest, fear of losing one's body (Karaca, 2000), lifestyle, gender, religiosity, education, social It can also be predicted that the extent of anxiety can be predicted by variables such as support and self-esteem (Azaiza, Ron, Shoham & Gigini, 2010, p.354).

Fear of death is also particularly associated with aging anxiety. Anxiety about aging describes people's concerns about both physical and mental deterioration (Lasher and Faulkender, 1993, p.250). Kotter-Grühn, Grühn & Smith (2010, p.296) reported that the personal views of people about their age status were significantly related to the perception of death. In addition, in older adults, subjective assessments of longer life expectancy (ie, the perception of having a longer time to live longer) reduce their overall life expectancy and anxiety levels (Griffin et. al., 2013, p.93).

As people face both physical and emotional and social realities with aging, their concerns about their lifespan increase. In this context, people may experience fears about aging and death. (Carmel & Mutran, 1997, p.1720). Quinn and Reznikoff (1985, p. 205) found that older women (aged 60-85 years) felt closer to death and their death anxiety increased as time progressed and got older. At this point, people emphasize being healthy in order to prolong their lives, and as they get older, the rate of people following health news or health-related developments increases.

When the studies investigating the relationship between old age and fear of death are examined, it is found whether there is a relationship between these two cases or not. For example, Pollak (1980, p.111) did not find a significant relationship between death anxiety scores and age in samples up to the age of 50, while, Templer (1971, p.522) stated that the 60-83 age group had a significantly lower fear of death than young people. This supports the alternative common-sense view that older people will fear death more because they will remember death more often and be their own death. In addition, there are some studies that do not support this view (Wong, Reker, & Gesser, 1994, p.140).

Aging favors life-threatening and fragile illnesses that remind seniors that they are vulnerable to death. At this stage, the theory of how to manage terror is becoming increasingly important. According to the theory of the management of terrorism, individuals use the validation of the cultural vision of the world, the improvement of self-esteem, and close relations as criminal mechanisms to manage their fear of death. It can be assumed that the variables associated with reducing anxiety through respect for cultural values, enhancing self-esteem, and maintaining close relationships (intergenerational support and religion) reduce death anxiety (Greenberg et. al., 1997, p.70; Pyszczynski, Solomon, & Greenberg, 2015, p.20; Greenberg, Solomon, & Pyszczynski, 1991, p.105).

Terror management theory postulates that individuals can use several defense mechanisms to address death and death-related anxieties. Two unconscious defenses can be activated in such situations. First, individuals can demonstrate validation of the cultural vision of the world or adhere to cultural or religious beliefs and values to make their lives meaningful. Second, they can increase their self-esteem by increasing the sense that they continue their lives successfully according to cultural and social norms (Greenberg, Pyszczynski, Solomon, Simon, & Breus, 1994, p.631).

According to terror management theory (Martens, Greenberg, Schimel, & Landau, 2004, p. 1530), the elderly recall their mortality, as aging tends to be associated with greater susceptibility to disease, impairment of bodily functions, and death. This may lead to reports of discriminatory attitudes towards older adults. In a more recent study, Bodner and Cohen-Fridel (2014, p.426) showed that fear of death was positively associated with age discrimination.

Gender is a factor examined in studies on death anxiety in the literature. Some of the studies examining the relationship between gender and death anxiety have concluded that women have higher death anxiety than men (Azaiza et. al., 2010, p.359; Say Şahin and Örnek Büken, 2020, p.22; Singh Madnawat and Singh Kachawa, 2007, p.766; Krause, Pargament and Ironson, 2018, p.700). However, Mohammadpour et al. (2018, p.407), in his study named “Investigating the role of perception of aging and related factors in death anxiety in the elderly”, did not find a relationship between gender, death anxiety and perception of aging.

In the study of Falkenhain and Handal (2003, p.71), which measured the relationship between religion and death anxiety, death anxiety scores for the high, moderate and low intrinsic religious groups reached statistically significant results, but it did not reflect clinically significant differences between them and the variables did not indicate significant differences. In the study conducted by Azaiza et. al. (2010, p.360), no relationship was found between religiosity and death anxiety, but a relationship was found between education and death anxiety. In line with the research data, it was concluded that people who are not educated are more likely to experience death anxiety than those who have received at least some education. Another demographic variable that can affect death anxiety is living conditions. Singh Madnawat and Singh Kachawa (2007, p.766) concluded in their study that cultural variables such as living with one’s family have an effect on death anxiety.

As can be seen, the size of death anxiety can vary depending on many factors and variables. Depending on the subject, method, and sample of the studies on death anxiety, the results obtained from the mentioned factors and variables may also differ.

3. Method

This study aims to examine whether this is a factor in following health news and whether this situation creates FoMO in following health news on social media by focusing on death anxiety related to old age in people over 65 years of age. In this respect, within the scope of the study, three hypotheses were determined:

- H1, people over the age of 65 have death anxiety.
- H2, People with death anxiety follow health news and developments related to health more intensely.
- H3, Intensive follow-up of health news mediated by death anxiety creates fear of missing out on health issues.

3.1. Study Group

This study is based on survey data collected in different districts of Istanbul. The respondents were selected using the purposive sampling procedure, which takes into account both the over-65s and their use of social media. In this sense, the sample is limited to active social media users over the age of 65. Only people over the age of 65 who have social media accounts, use social media more than 1 minute a week, and have more than one friend on social media were included in the study. As a result, the data of 392 active social media users who voluntarily participated in the study were included in the analysis. Demographic variables and the distribution of participants according to these variables are shown in Table 1.

3.2. Data Collection Tools

The questionnaire form, which was created in the collection of research data, was created by making use of 3 studies. First, the items used to measure people’s fear of missing out on health news on social media were created using the study of Przybylski et. al., (2013) “Fear of Missing Out Scale: FoMOs”. On the other hand, the items used to measure the death anxiety of individuals were created by benefiting from the study of Templer, D. (1970) “The Construction and Validation of a Death Anxiety Scale”. In addition, in order to measure the behavior change people are exposed to through health news on social media, abuse in health behaviors and their belief in health

news. Çınar, Şengül, Çapar, Çakmak, & Bilge, (2018) "Health News Perception: A Scale Development Study". Reliability and validity tests of the substances used were carried out in the relevant studies. The scales used in this respect have high reliability and validity.

3.3. Analysis of Data

The data obtained in the research were evaluated in a computer environment through SPSS 22.0 statistical program. Frequency and percentage analyzes were used to determine the descriptive characteristics of the participants, and mean and standard deviation statistics were used to analyze the scale. The relationships between the dimensions determining the scale levels of the participants were examined through correlation, regression, and t-test analyses.

3.4. Ethics Committee Permission

Within the framework of the decision taken at the meeting of the Scientific Research and Publication Ethics Committee of Beykent University for Social and Human Sciences, dated 09/09/2022; The study does not contain any ethical problems.

3.5. Findings

Findings regarding the descriptive characteristics of the participants are given below.

Table 1: Distribution of Participants by Descriptive Characteristics

Groups	Frequency(n)	Percent (%)
Gender		
Female	196	50,0
Male	196	50,0
Monthly Income		
Less than 4000 TL	50	12,8
Between 4001-6000 TL	92	23,5
Between 6001-8000 TL	97	24,7
Between 8001-10000 TL	94	24,0
10001 TL +	59	15,1
Level of Education		
Under High School	49	12,5
High School	95	24,2
Associate Degree	88	22,4
Bachelor's Degree	101	25,8
Postgraduate	59	15,1
Interest in Health Issues		
Not at all interested	42	10,7
I don't interested a little	84	21,4
I am undecided	98	25,0
I'm a little interested	94	24,0
I'm very interested	74	18,9
Fear of Missing Health News		
Yes	234	59,7
No	158	40,3

Table 2: Scale Score Averages

	N	Mean	SD	Min.	Max.	Kurtosis	Skewness	Alpha
Death Anxiety	392	2,938	0,621	1,470	4,870	-0,213	0,146	0,858
FoMO	392	2,666	0,689	1,000	5,000	0,090	0,380	0,884
Behavior Change	392	3,488	0,702	1,290	5,000	-0,137	-0,336	0,861
Abuse of Health Behavior	392	3,098	0,684	1,170	5,000	-0,065	-0,250	0,804
Belief in Health Journalism	392	2,619	0,857	1,000	5,000	0,029	0,330	0,830

The mean “death anxiety” of the participants was 2.938±0.621 (Min=1.470; Max=4.8870), the mean of “FoMO” was 2.666±0.689 (Min=1; Max=5), the mean of “behavior change” was weak 3.488±0.702 (Min= .2901; Max=5), mean of “exploitation of health behavior” was moderate 3.098±0.684 (Min=1,170; Max=5), mean of “belief in health journalism” was weak 2.619±0.857 (Min=1; Max=5).

Table 3: Correlation Analysis Between Scale Scores

		FoMO	Death Anxiety	Behavior Change	Abuse of Health Behavior	Belief in Health Journalism
FoMO	r	1,000				
	p	0,000				
Death Anxiety	r	0,334**	1,000			
	p	0,000	0,000			
Behavior Change	r	0,137**	0,044	1,000		
	p	0,007	0,383	0,000		
Abuse of Health Behavior	r	0,118*	0,034	0,084	1,000	
	p	0,020	0,502	0,096	0,000	
Belief in Health Journalism	r	0,479**	0,244**	0,105*	0,048	1,000
	p	0,000	0,000	0,038	0,341	0,000

*<0,05; **<0,01; Pearson Correlation Analysis

When the correlation analyzes between the scores of “Death Anxiety”, “FoMO”, “Behavioral Change”, “Abuse of Health Behavior”, “Belief in Health Journalism” are examined; Between “FoMO” and “Death Anxiety” r=0.334 positive weak (p=0.000<0.05), between “FoMO” and “Behavior Change” r=0.137 positive weak (p=0.000<0.05), “FoMO” and “Health Behavioral Abuse” with r=0.118 positive weak (p=0.000<0.05), between “Belief in Health Journalism” and “Death Anxiety” r=0.244 positive weak (p=0.000<0.05), between “Belief in Health Journalism” and “Death Anxiety”. There was a r=0.479 positive weak (p=0.000<0.05) correlation between “FoMO” and a r=0.105 positive weak (p=0.000<0.05) correlation between “Belief in Health Journalism” and “Behavioral Change”. Correlation relationships between other variables were not statistically significant (p>0.05).

Table 4: Regression Analysis Between Death Anxiety, Fomo, and Health Journalism Scale

The Dependent Variable	Independent variable	β	t	p	F	Model (p)	R ²																																																																												
FoMO	Fixed	1,579	9,925	0,000	48,827	0,000	0,111																																																																												
	Death Anxiety	0,370	6,988	0,000				Behavior Change	Fixed	3,342	19,450	0,000	0,764	0,383	0,002	Death Anxiety	0,050	0,874	0,383	Abuse of Health Behavior	Fixed	2,988	17848	0,000	0,452	0,502	0,001	Death Anxiety	0,037	0,673	0,502	Belief in Health Journalism	Fixed	1,631	8,009	0,000	24,646	0,000	0,059	Death Anxiety	0,337	4,964	0,000	Behavior Change	Fixed	3,116	22,132	0,000	7,483	0,007	0,019	FoMO	0,140	2,735	0,007	Abuse of Health Behavior	Fixed	2,787	20,274	0,000	5,468	0,020	0,014	FoMO	0,117	2,338	0,020	Belief in Health Journalism	Fixed	1,031	6,768	0,000	116,124	0,000	0,229	FoMO	0,596	10,776	0,000	Lineer Regression Analysis			
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	FoMO	0,140	2,735	0,007				Abuse of Health Behavior	Fixed	2,787	20,274	0,000	5,468	0,020	0,014	FoMO	0,117	2,338	0,020	Belief in Health Journalism	Fixed	1,031	6,768	0,000	116,124	0,000	0,229	FoMO	0,596	10,776	0,000	Lineer Regression Analysis																																																			
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	FoMO	0,117	2,338	0,020				Belief in Health Journalism	Fixed	1,031	6,768	0,000	116,124	0,000	0,229	FoMO	0,596	10,776	0,000	Lineer Regression Analysis																																																															
Belief in Health Journalism	Fixed	1,031	6,768	0,000	116,124	0,000	0,229																																																																												
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Regression analysis to determine the cause-effect relationship between “Death Anxiety” and “FoMO” was found to be significant ($F=48,827$; $p=0.000<0.05$). 11.1% of the total change in “FoMO” level is explained by death anxiety ($R^2=0.111$). “Death Anxiety” increases the “FoMO” level ($\beta=0.370$).

The regression analysis performed to determine the cause-effect relationship between “Death Anxiety” and “Belief in Health Journalism” was found to be significant ($F=24.646$; $p=0.000<0.05$). 5.9% of the total change in the level of Belief in health reporting is explained by death anxiety ($R^2=0.059$). Death anxiety increases the level of belief in health journalism ($\beta=0.337$).

The regression analysis performed to determine the cause-effect relationship between “FoMO” and “Behavioral Change” was found to be significant ($F=7,483$; $p=0.007>0.050$). The total change in the level of behavior change is explained by FoMO at a rate of 1.9% ($R^2=0.019$). FoMO increases behavior change ($\beta=0.140$).

The regression analysis performed to determine the cause and effect relationship between “FoMO” and “Health Behavior Abuse” was found to be significant. ($F=5.468$; $p=0.020>0.050$). The total change in the level of abuse of health behavior is explained by FoMO at a rate of 1.4% ($R^2=0.014$). FoMO increases health behavior abuse ($\beta=0.117$).

Regression analysis to determine the cause-effect relationship between “FoMO” and “Belief in Health Journalism” was found to be significant ($F=116,124$; $p=0.000<0.05$). The total change in the level of Belief in health reporting is explained by “FoMO” at a rate of 22.9% ($R^2=0.229$). “FoMO” increases the level of belief in health journalism ($\beta=0.596$).

Table 5: Differentiation of Scale Scores by Descriptive Characteristics

Demographic Characteristics	n	Death Anxiety	FoMO	Behavior Change	Health Behavior Abuse	Belief in Health Journalism
Gender		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Female	196	2,995±0,605	2,882±0,666	3,498±0,704	3,057±0,684	2,666±0,795
Male	196	2,881±0,633	2,450±0,643	3,478±0,702	3,138±0,687	2,537±0,915
t=		1,815	6,528	0,277	-1,169	1,080
p=		0,235	0,985	0,634	0,628	0,014
Monthly Income		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Less than 4000 TL	50	2,680±0,660	2,634±0,756	3,648±0,639	3,073±0,661	2,433±0,844
Between 4001-6000 TL	92	2,825±0,590	2,459±0,623	3,441±0,702	2,858±0,700	2,492±0,803
Between 6001-8000 TL	97	2,871±0,580	2,673±0,625	3,396±0,796	3,135±0,678	2,625±0,768
Between 8001-10000 TL	94	3,061±0,611	2,775±0,731	3,452±0,602	3,200±0,678	2,673±0,905
10001 TL +	59	3,248±0,567	2,828±0,698	3,636±0,715	3,268±0,615	2,881±0,96
F=		8,385	3,597	1,907	4,497	2,603
p=		0,000	0,007	0,108	0,001	0,036
PostHoc=		5>1, 5>3, (p<0.05)	5>2, 4>2, 4>1 (p<0.05)	5>2	3>2, 4>2, 5>2 (p<0.05)	
Level of Education		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Under Highschool	49	2,649±0,647	2,538±0,749	3,472±0,719	2,894±0,718	2,333±0,713
Highschool	95	2,630±0,512	2,586±0,592	3,490±0,733	3,036±0,658	2,666±0,825
Associate Degree	88	3,013±0,577	2,585±0,653	3,581±0,694	3,113±0,734	2,602±0,855
Bachelor's Degree	101	3,125±0,608	2,813±0,704	3,401±0,682	3,212±0,652	2,696±0,927
Postgraduate	59	3,241±0,549	2,767±0,769	3,510±0,689	3,146±0,645	2,678±0,875
F=		16,993	2,560	0,788	2,093	1,728
p=		0,000	0,038	0,534	0,081	0,143
PostHoc=		3>1, 5>1, 4>2, (p<0.05)	4>1, 3>2, 5>2 (p<0.05)			

Interest in Health Issues		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Not at All Interested	42	2,647±0,800	2,531±0,830	3,418±0,669	3,162±0,746	2,222±0,784
I Don't Interested a Little	84	2,714±0,515	2,526±0,648	3,455±0,631	2,962±0,712	2,511±0,752
I'm Undecided	98	2,968±0,510	2,683±0,620	3,551±0,743	3,122±0,695	2,656±0,821
I'm a Little Interested	94	3,024±0,577	2,697±0,615	3,340±0,715	3,092±0,671	2,687±0,802
I'm Very Interested	74	3,208±0,665	2,837±0,788	3,586±0,725	3,191±0,606	2,833±1,036
F=		9,849	2,521	1,021	1,301	4,050
p=		0,000	0,041	0,396	0,269	0,003
PostHoc=		3>1, 3>2, 4>1, (p<0.05)	5>1, 4>2, 5>1, 5>2 (p<0.05)			3>1, 4>1, 5>1 (p<0.05)

Fear of Missing Health News		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Yes	234	3,267 ±0,523	2,832±0,698	3,499±0,736	3,141±0,660	2,688±0,901
No	158	2,451±0,393	2,420±0,597	3,472±0,651	3,033±0,715	2,519±0,779
t=		16,637	6,061	0,366	1,535	1,920
p=		0,000	0,000	0,715	0,126	0,056

F: Anova Test; t: Independent Groups T-Test; PostHoc:Tukey

3.6. Gender

The belief scores of the participants in health journalism differ significantly according to gender (t=1080; p=0.014<0.05). The reason for the difference is that women's belief in health news scores (x=2.666) is higher than men's faith in health news scores (x=2,537) (t=1.080; p=0.014<0.05).

3.7. Monthly Income

The death anxiety scores of the participants differ significantly according to their monthly income (F=8,385; p=0.000<0.05). The reason for the difference is that the death anxiety scores of those with a monthly income of 10001 and above are higher than the death anxiety scores of those with a monthly income of less than 4000 TL (p<0.05). Those with a monthly income of 10001 and above have higher death anxiety scores than those with a monthly income of 4001-6000 TL (p<0.05). The death anxiety scores of those with a monthly income of 10001 and above are higher than the death anxiety scores of those with a monthly income of 6001-8000 TL (p<0.05). The death anxiety scores of those whose monthly income is between 8001-10000 TL are higher than those whose monthly income is less than 4000 TL (p<0.05).

The FoMO scores of the participants differ significantly according to their monthly income (F=3.597; p=0.007<0.05). The reason for the difference is that the FoMO scores of those whose monthly income is between 8001-10000 TL are higher than the FoMO scores of those whose monthly income is between 4001-6000 TL (p<0.05). The FoMO scores of those with a monthly income of 10001 and above are higher than the FoMO scores of those with a monthly income of 4001-6000 TL (p<0.05).

Health behavior abuse scores of the participants differ significantly according to monthly income (F=4.497; p=0.001<0.05). The reason for the difference is that the health behavior abuse scores of those with a

monthly income of 10001 and above are higher than the belief in health journalism scores of those with a monthly income of 4001-6000 TL ($p < 0.05$). The health behavior abuse scores of those with a monthly income between 8001-10000 TL are higher than the health behavior abuse scores of those with a monthly income between 4001-6000 TL ($p < 0.05$). Those with a monthly income of 6001-8000 TL had higher health behavior abuse scores than those with a monthly income of 4001-6000 TL ($p < 0.05$). In addition, the belief scores of the participants in health journalism differ significantly according to their monthly income ($F = 2.603$; $p = 0.036 < 0.05$).

3.8. Level of Education

The death anxiety scores of the participants differed significantly according to their education level ($F = 16,993$; $p = 0.000 < 0.05$). The reason for the difference is that the death anxiety scores of associate degree students are higher than the death anxiety scores of those with an education level below high school ($p < 0.05$). The death anxiety scores of undergraduates are higher than those of those with less than high school education ($p < 0.05$). The death anxiety scores of postgraduate graduates are higher than the death anxiety scores of those with an education level below high school ($p < 0.05$). The death anxiety scores of associate degree students were higher than those of high school graduates ($p < 0.05$). The death anxiety scores of undergraduate graduates are higher than the death anxiety scores of high school graduates ($p < 0.05$). Death anxiety scores of postgraduate graduates are higher than those of high school graduates ($p < 0.05$).

The FoMO scores of the participants differ significantly according to the education level ($F = 2,560$; $p = 0.000 < 0.05$). The reason for the difference is that the FoMO scores of the graduate students are higher than the FoMO scores of the high school students ($p < 0.05$).

3.9. Interest in Health Issues

The death anxiety scores of the participants differed significantly according to their interest in health issues ($F = 9,849$; $p = 0.000 < 0.05$). The reason for the difference is that the death anxiety scores of those who are undecided are higher than those who are not interested at all ($p < 0.05$). Those who were slightly interested had higher death anxiety scores than those who were not at all interested ($p < 0.05$). The death anxiety scores of those who are very interested are higher than those who are not interested at all ($p < 0.05$). The death anxiety scores of those who were undecided were higher than those who were slightly unconcerned ($p < 0.05$). Those who were slightly interested had higher death anxiety scores than those who were slightly uninterested ($p < 0.05$). The death anxiety scores of those who are very interested are higher than those who are slightly uninterested ($p < 0.05$).

The FoMO scores of the participants differ significantly according to their interest in health issues ($F = 2.521$; $p = 0.041 < 0.05$). The reason for the difference is that the FoMO scores of those who are very interested are higher than those who are not at all interested ($p < 0.05$). Those who are very interested have higher FoMO scores than those who are slightly uninterested ($p < 0.05$).

The belief scores of the participants in health journalism differ significantly according to their interest in health issues ($F = 4,050$; $p = 0.000 < 0.05$). The reason for the difference is that the belief scores in health journalism of those who are undecided are higher than those who are not interested in health journalism ($p < 0.05$). The belief scores of those who are slightly interested in health journalism are higher than those who are not interested in health journalism ($p < 0.05$). The belief scores of those who are very interested in health journalism are higher than those who are not interested in health journalism ($p < 0.05$).

3.10. Fear of Missing Health News

The death anxiety scores of those who were afraid of missing the health news ($x = 3,267$) were higher than the death anxiety scores ($x = 2,451$) of those who were not afraid of missing the health news ($t = -16,637$; $p = 0.000 < 0.05$).

The FoMO scores of those who are afraid of missing health news ($x = 2.832$) were higher than the FoMO scores ($x = 2,420$) of those who are not afraid of missing health news ($t = 6.061$; $p = 0.000 < 0.05$).

CONCLUSION

FoMO, known as the fear of missing out on enhancements, is explained as the fear that arises as a result of individuals wanting to achieve something and not being able to achieve it. In addition to this situation, the future concerns of individuals can also constitute FoMO. However, it can be caused by the inability of people to satisfy their needs and as a result, effects such as loneliness, low self-esteem and social anxiety can occur in individuals.

Today, FoMO can maintain its influence with the use of social media media and tools as well as its own practices. While individuals using social media meet some of their needs with these environments; some of them may miss. At this point, social media environments that remind individuals that they are missing experiences or needs can cause FoMO to form or deepen. As a result of this situation, effects such as alienation from the social environment, insomnia, increase in anxiety levels can be seen. As a result of these effects, the relationship between FoMO and elderly individuals and the effects of death anxiety levels of elderly individuals on FoMO were investigated in this study.

Death anxiety is explained as an anxiety that occurs as a result of encountering a painful death, which arises with the feeling of the end of life. The basis of death anxiety is many anxiety situations such as fear of uncertainty and loneliness, fear of losing relatives, fear of being punished after death, fear of pain, fear of losing one's body. The anxieties that arise as a result of these fears can be predicted by demographic variables. In this respect, the study focused on the death concerns of elderly individuals, and examined whether this situation was a factor in following health news and its effect on FoMO creation.

The study was conducted using the survey technique to individuals over the age of 65 who used social media. A total of 392 questionnaires were conducted, of which 196 (50%) were male and 196 (50%) were female. When the relationships in the study were examined, a positive significant relationship was found between death anxiety and belief in FoMO and health news. Accordingly, the fear of death increases people's FoMO behavior and belief in health news. In addition, FoMO creates behavior change in people, leads to abuse of health behavior, and directs individuals to consume the content of health journalism. The findings supporting this situation are also evident in the study by Alutaybi, Al-Thani, McAlaney, Raian & Ali (2012, p. 26). Because in the study, it was found that users need some extra functions in social media design in order to effectively manage FoMO concerns. Thus, in both studies, it is seen that individuals with FoMO anxiety are in search of reducing their anxiety levels.

When the other results of the research are examined, women believe in health news more than men in terms of belief in health news in terms of gender. Similar findings are similar to the study on nursing home residents by Azaiza, Ron, Shoham & Gigin (2010, p. 353). In this study, it was determined that women experienced a higher level of fear of death than others. The findings supporting the fact that women have more FoMO influence than men are similar to the study on the elderly in Israel by Carmel & Mutran (1997, p.1720). However, there are some differences in the result of FoMO behavior with untrained people. Because in the study conducted on nursing home residents, it was seen that FoMO behavior was high in individuals with low education level; In this research, it is observed that as the education level of the people surveyed increases, death anxiety increases and FoMO behaviors increase accordingly. In addition, when looking at monthly income, it is found that death concerns increase as people's monthly income increases. As a result, FoMO behaviors are increasing, and thus the rates of abuse at the point of health behavior are becoming visible.

When people's interest in health issues is examined, it is found that as their interest in health issues increases, death anxiety, FoMO and belief behaviors in health journalism become evident. But the results in the study by Weisskirch & Crossman (2022, p. 2) differ with the findings obtained. Because in the study, it is determined that the concerns and anxieties of individuals who receive education for death regarding the fear of death are reduced. In addition, as people's death concerns and FoMO behaviors increase, their fear of missing out on health news also increases.

As a result, the increasing mortality anxiety of individuals with aging increases the follow-up and belief in health news and this situation is effective in creating fear of missing health news and developments. In addition, it is revealed that socio-demographic structures differ in the discussions about the death anxiety of individuals. Future studies may expand the field by extending the concept of FoMO to other fields such as science, technology, magazines, etc., and to different age groups.

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- **Yazar katkı oranları:** "The Effect of Fear of Death in The Elderly Creating FoMO on The Perception of Health News Published on Social Media" başlıklı bu çalışmada birinci yazar (Mihrali Köselieren) %40, ikinci yazar (Cihan Çakır) %30, üçüncü yazar (Sevcan Beşikci) %30 oranında katkı sağlamıştır.
- **Çıkar çatışması:** Çıkar çatışması bulunmamaktadır.

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- **Ethics committee approval:** Within the framework of the decision taken at the meeting of the Scientific Research and Publication Ethics Committee of Beykent University for Social and Human Sciences, dated 09/09/2022; The study does not contain any ethical problems.
 - **Author contribution rate:** In this study titled "The Effect of Fear of Death in The Elderly Creating FoMO on The Perception of Health News Published on Social Media" the first author (Mihrali Köseliören) contributed 40%, the second author (Cihan Çakır) contributed 30% and the third author (Sevcan Beşikci) contributed 30%.
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Bu çalışma araştırma ve yayın etiğine uygun olarak gerçekleştirilmiştir.
This study was carried out in accordance with research and publication ethics.