



COVID-19 Related Fear and Anxiety: A Systematic Review and Meta-Analysis

COVID-19 ile İlişkili Korku ve Kaygı: Sistematiik Derleme ve Meta-Analiz

Eyüp Sabır ERBİÇER^[1] Ahmet METİN^[2] Sedat ŞEN^[3]

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ABSTRACT

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Studies showed that COVID-19-related fear and anxiety were correlated with varying psychological issues such as depressive and anxiety disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and generalized anxiety disorder. This systematic review and meta-analysis aim to estimate the pooled raw mean of COVID-19-related fear and anxiety. The second purpose of this study is to clarify the role of potential moderators in COVID-19-related fear and anxiety. For these reasons, the studies were searched in various databases (e.g., Google Scholar, PubMed, Web of Science, and SCOPUS). The study's findings revealed that the pooled mean of fear of COVID-19 was 18.96, and the pooled mean of 2.50 was for COVID-19 anxiety. Moderator analyses revealed that culture and continent were significant moderators for COVID-19-related fear; continent and target population for COVID-19-related anxiety. Meta-regression analyses found that none of the continuous moderators (i.e., age and female proportion) were significant predictors of COVID-19-related fear and anxiety.

Keywords: fear of COVID-19, COVID-19 anxiety, meta-analysis

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ÖZ

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Çalışmalar, COVID-19 ile ilişkili korku ve kaygının; depresif ve kaygı bozuklukları, obsesif-kompulsif bozukluk (OKB), travma sonrası stres bozukluğu (TSSB) ve yaygın anksiyete bozukluğu gibi çeşitli psikolojik sorunlarla ilişkili olduğunu göstermiştir. Bu sistematiik derleme ve meta-analiz çalışması, COVID-19 ile ilişkili korku ve kaygının birleştirilmiş ham ortalamasını tahmin etmeyi amaçlamaktadır. Bu çalışmanın ikinci amacı ise, COVID-19 ile ilişkili korku ve kaygı düzeylerinde potansiyel moderatörlerin rolünü açıklığa kavuşturmadır. Bu nedenlerle, çalışmalar Google Scholar, PubMed, Web of Science ve SCOPUS gibi çeşitli veri tabanlarında taranmıştır. Çalışmanın bulguları, COVID-19 korkusunun birleştirilmiş ortalamasının 18.96, COVID-19 kaygısının birleştirilmiş ortalamasının ise 2.50 olduğunu ortaya koymuştur. Moderatör analizleri, COVID-19 ile ilişkili korku açısından kültür ve kıtanın; COVID-19 ile ilişkili kaygı açısından ise kıta ve hedef popülasyonun anlamlı moderatörler olduğunu ortaya koymuştur. Meta-regresyon analizleri ise, yaş ve kadın katılımcı oranı gibi sürekli moderatörlerin, COVID-19 ile ilişkili korku ve kaygının anlamlı yordayıcıları olmadığını göstermiştir.

Anahtar Kelimeler: COVID-19 korkusu, COVID-19 kaygısı, meta-analiz

Atıf
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^[1] Res. Assist. | Hacettepe University | Ankara | Türkiye | ORCID: 0000-0001-8253-7212 | eyuperbicer@gmail.com

^[2] Res. Assist. | Erciyes University | Kayseri | Türkiye | ORCID: 0000-0001-6519-2523

^[3] Professor | Harran University | Şanlıurfa | Türkiye | ORCID: 0000-0001-6962-4960

INTRODUCTION

The COVID-19 outbreak led to an increase in psychological issues, such as fear and anxiety related to COVID-19 (Metin et al., 2021; Rehman et al., 2020). The COVID-19-related fear and anxiety were correlated with varying psychological issues such as depression (Erbicer et al., 2021; Rodríguez-Hidalgo et al., 2021), anxiety (Bakioğlu et al., 2021), obsessive-compulsive disorder (Khosravani et al., 2021a; Khosravani et al., 2021b; Wheaton et al., 2021), PTSD (Kira et al., 2020; Tsur & Abu-Raiya, 2020), and generalized anxiety disorder (Gambin et al., 2020; Nwachukwu et al., 2020). However, studies focusing on the mean of COVID-19-related fear and anxiety have yielded inconsistent results. For instance, Rodríguez-Hidalgo et al. (2021) indicated that the mean of COVID-19-related fear was 14.37, whereas Akbari et al. (2021) found that COVID-19-related fear was 29.91. Additionally, the studies conducted to determine the mean of COVID-19-related anxiety found that the highest and lowest scores were 14.75 and 0.60, respectively (Kurata et al., 2021; van de Venter et al., 2021). Therefore, it would be useful to carry out a systematic review and meta-analysis to shed light on the pooled mean of COVID-19-related fear and anxiety. Based on all these, the primary purpose of the present study is to conduct a systematic review and meta-analysis on COVID-19-related fear and anxiety.

Potential Moderators

Various variables may have affected the mean of COVID-19-related fear and anxiety. The studies included in this meta-analysis were conducted with different age groups (e.g., Nguyen et al., 2020; Camacho et al., 2020; Giordani et al., 2021a; Sharifi et al., 2021; Pegorari et al., 2021; Albery et al., 2021; Huo, 2021). Hence, the average age of the sample was included as a potential moderator. Another potential moderator was the female proportion. Psychological disorders related to fear and anxiety were found to be higher in females than males (Kessler, 2003; Pigott, 1999). A systematic review study revealed that mental health symptoms such as anxiety and stress were more prevalent in females (Afifi, 2007). This may lead to higher levels of COVID-19-related fear and anxiety in females. The studies included in this meta-analysis were carried out with different groups. For example, to estimate COVID-19-related fear and anxiety, the studies included were conducted with different populations such as hospital staff (Gélinas et al., 2021; García-Reyna et al., 2020), teachers (Kukreti et al., 2021), older adults (Mistry et al., 2021; Yadav et al., 2021; Sharifi et al., 2021), and general population (Yalçın et al., 2021; Midorikawa et al., 2021; Montefinese et al., 2021), teenagers (Vu & Bosmans, 2021), parents (Kubb & Foran, 2020; Fard et al., 2021), medical patients (Yurttaş et al., 2021) and clinical patients (Khosravani et al., 2021a). Therefore, the target population was included in this meta-analysis as a potential moderator. Another potential moderator of the meta-analysis was continent. Finally, culture was added as a potential moderator. Individuals in collectivist cultures interact more with both family

members and other members of society than individualistic ones (Shulruf et al., 2007; Singelis et al., 1995) and may experience more fear and anxiety of contagion due to close relationships with family members, friends, or other members of their community (Fincher et al., 2008; Murray et al., 2011). This may lead to differences in COVID-19-related fear and anxiety. Overall, female proportion, age, target population, continent, and culture were considered potential moderators. Based on all these, the second purpose of the current study is to examine the effect of the potential moderators on the mean of COVID-19-related fear and anxiety. For these purposes, the following questions were addressed in the present study:

Research Question 1 (RQ1): What are the pooled means of COVID-19-related fear and anxiety?

Research Question 2 (RQ2): How do the pooled means of COVID-19-related fear and anxiety change as a function of moderators?

METHOD

Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Page et al., 2021) was followed in reporting this systematic review and meta-analysis.

Literature Search

Various databases, including SCOPUS, Google Scholar, PubMed, and Web of Science databases, were searched by two authors to identify studies that might be relevant. To estimate the mean of COVID-19-related fear and anxiety, published articles cited “The Fear of COVID-19 Scale” (FCV-19S; Ahorsu et al., 2020) and “Coronavirus Anxiety Scale” (CAS; Lee, 2020) were searched separately in these databases. Additionally, the references of the studies included were examined to identify relevant articles. The FCV-19S was used to estimate the mean of COVID-19-related fear, and the CAS was used to calculate the mean of COVID-19 anxiety.

The following keywords were used in the search for COVID-19-related fear: “COVID-19 Related Fear”, “COVID-19 Fear”, “Fear of COVID-19”, “COVID-19 Fear”, and “Fear of COVID-19 Scale”; for COVID-19 related anxiety: “COVID-19 Anxiety Scale”, “COVID-19 Anxiety”, “Coronavirus Anxiety Scale”, and “Coronavirus Anxiety”.

The following criteria were used to include the studies in the systematic review and meta-analysis: a) Studies examining COVID-19-related fear or anxiety, b) Publications reporting the mean and standard deviation of the FCV-19S or CAS, c) Quantitative publications, d) Cross-sectional publications, e) Papers published in English, and f) Studies translating the scales (i.e., the FCV-19S and CAS) to different languages. Exclusion criteria: Studies did not use the FCV-19S or CAS, b) studies published in non-English languages, c) Master’s or Doctoral theses, d) Longitudinal

or cohort studies, e) Qualitative studies, and f) Articles without the data to estimate the mean of COVID-19-related fear or anxiety. The literature search diagram is shown in Appendix Figure 1.

Screening Tools Used for Outcomes

The Fear of COVID-19 Scale (FCV-19S) was developed and validated by Ahorsu et al. (2020) to assess the fear of coronavirus. The scale was a seven-item unidimensional scale, and each item was rated on a 5-point scale (1= strongly disagree – 5= strongly agree). Higher scores on the FCV-19S indicate a more severe fear of COVID-19. Some of the scale items were as follows: *“My heart races or palpitates when I think about getting coronavirus-19,”* and *“I am afraid of losing my life because of coronavirus.”*

Lee (2020) developed the Coronavirus Anxiety Scale (CAS) to assess dysfunctional anxiety associated with the COVID-19 crisis. Each item was rated on a 5-point scale (0= not at all – 4= nearly every day). Higher scores on the CAS indicate a more dysfunctional anxiety-related COVID-19 pandemic. Some scale items were as follows: *“I felt dizzy, lightheaded, or faint when I read or listened to news about the coronavirus,”* and *“I felt paralyzed or frozen when I thought about or was exposed to information about the coronavirus.”*

Quality Assessment and Coding

We used the Quality Assessment Tool for Cross-Sectional Studies (AXIS) to determine the quality of the publications included in the present study (Downes et al., 2016). The assessment tool consisted of 20 items and was coded as Yes “1”, No “0” and Unclear/Not Known “0”. The scores obtained from the individual studies were higher than 65% for fear of COVID-19 and 70% for COVID-19 anxiety. Two authors (E.S.E. and A.M.) performed quality assessments independently, and the disagreements were resolved by arbitration (third author).

Coding sheets were developed for each outcome (i.e., COVID-19-related fear and anxiety) to facilitate the analysis of the studies included in the meta-analysis. The first author's name, publication year, sample size (n), country, continent, target population, the mean age of the sample, female proportion (%), culture, and the percent of quality of studies were entered into the coding sheets. Also, to estimate the pooled mean of the outcomes (i.e., COVID-19-related fear and anxiety), mean and standard deviation (SD) values were entered into the sheets. Two independent authors coded the sheets, and then the sheets were compared to avoid errors in data entry. The interrater agreement rates for continuous moderators were between 89% and 98%. For categorical variables, we computed a series of interrater agreement index (i.e., Kappa) as suggested by Landis and Koch (1977). Kappa values ranged from 0.45 to 0.91, indicating moderately good to very satisfactory interrater agreement. All disagreements between the two raters were resolved before proceeding to the analyses.

Data Analysis

This study used a random-effects meta-analysis model to estimate pooled raw mean scores of fear of COVID-19 and COVID-19 anxiety. Raw means, SDs, and sample sizes were collected from the individual studies to estimate the pooled mean scores for COVID-19-related fear and anxiety. Q test and I^2 values were used to assess heterogeneity between the studies included in the meta-analysis (Borenstein et al., 2011).

Analog to the ANOVA and meta-regression analyses were conducted with moderators to detect the possible sources of heterogeneity between the studies. Possible categorical moderators were continent, target population, and culture, and continuous moderators were age and female proportion. Subgroup analyses of categorical moderators (i.e., continent, culture, and target population) were conducted with analog to the ANOVA approach. The association of the mean scores with continuous moderators (i.e., age and female proportion) was examined with multiple and separate meta-regression analyses using a restricted maximum likelihood estimation method (Langan et al., 2015).

This meta-analysis assessed the possibility of publication bias using Rosenthal's fail-safe N , Funnel plot, and Egger's regression test (Egger et al., 1997). The calculated Fail-safe N value $< 5k + 10$ (k = the number of included studies) indicates that the meta-analysis result may be susceptible to publication bias (Rosenthal, 1979). Nonsignificant p -values obtained from Egger's regression test indicate the lack of publication bias. In the funnel plot, a symmetrical distribution suggests the lack of publication bias (Borenstein et al., 2011). All analyses were performed using the Comprehensive Meta-Analysis (CMA Version 3.0) software package.

Results

Detailed information about the studies included is presented in Appendix Table 1.

Publication Bias

Before proceeding to the main findings of the meta-analyses, the possibility of publication bias was assessed using three different methods. First, the fail-safe N number was calculated to be 2959 and 861 for fear and anxiety, respectively (see Appendix Table 2). These fail-safe numbers were greater than $5k + 10$ and indicated the lack of publication bias. Second, the results of Egger's regression test indicated that publication bias was not statistically significant ($p > .05$) for COVID-19-related fear and anxiety. In addition, the funnel plots for the standard error vs. raw mean scores demonstrated a weak publication bias for fear and anxiety (see Appendix 1). Overall, we can conclude that publication bias would not be a concern in this study.

Heterogeneity and Meta-Analyses of Raw Means

The main results of the meta-analyses of COVID-19 fear and anxiety are presented in Appendix Table 2. Cochran's Q-statistics for heterogeneity was estimated to be 24,271.36 and 59.08 for fear and anxiety, and were found to be significant. I^2 values were high for fear (99.52%). However, a small I^2 value was calculated for anxiety (32.30%). In the present study, the pooled mean of fear of COVID-19 was found to be 18.96 (95% CI: 18.43–19.50), and the pooled mean of COVID-19 anxiety was found to be 2.50 (95% CI: 1.75–2.25). In addition, the prediction intervals for the pooled means were 12.59–25.33 and 0.55–4.36 for fear of COVID-19 and COVID-19 anxiety, respectively. In addition, forest plots can be examined to see the mean of each study included in this current study (see Appendix 2).

Moderator Analyses

The pooled raw means between different subgroups of three categorical moderators (continent, target population, and culture) were examined using random effects models and presented in Appendix Table 3. The study's findings revealed that there were statistically significant differences in the mean of fear of COVID-19 in terms of continent ($Q_B=16.32$, $p < .01$) and culture ($Q_B=9.08$, $p < .05$), but there was no a significant difference by target population ($Q_B=9.13$, $p > .05$). According to the results of subgroup analyses based on continent, the highest and lowest pooled means of fear of COVID-19 were reported in the studies conducted in Middle East (20.86, 95% CI: 18.72–22.99) and Europe (17.58, 95% CI: 16.96–18.55), respectively. In addition, the pooled raw mean of fear of COVID-19 was higher in collectivist cultures (19.25, 95% CI: 18.70–19.80) than in individualistic orientations (Hofstede et al., 2005).

According to the results of subgroup difference test reported in Appendix Table 3, there were statistically significant differences in the mean of COVID-19 anxiety in terms of continent ($Q_B=17.50$, $p < .01$) and target population ($Q_B=8.95$, $p < .05$), but there was no a significant difference by culture ($Q_B=0.00$, $p > .05$). According to the results of subgroup analyses based on the continent, the highest and lowest pooled means of COVID-19 anxiety were reported in the studies conducted in the Middle East (3.87, 95% CI: 0.78–6.96) and Asia (1.12, 95% CI: 0.88–1.35), respectively. In addition, the pooled raw mean of COVID-19 anxiety was higher in hospital staff (5.35, 95% CI: 1.32–8.97) than in other populations.

The results of multiple meta-regression analyses are presented in Appendix Table 4. As shown in Appendix Table 4, none of the continuous moderators (i.e., sample age and female proportion) significantly predicted fear of COVID-19 and COVID-19 anxiety. In addition, separate meta-regression analyses were conducted with each moderator for fear and anxiety. Individual meta-regression analyses showed that none of the moderators was a statistically significant

predictor of the mean fear of COVID-19. Individual meta-regression analyses with anxiety studies demonstrated that only the female proportion was found to be a significant predictor ($b = 0.041$, $p < .01$).

DISCUSSION

The current meta-analysis showed that the pooled means were 18.96 and 2.50 for COVID-19-related fear and COVID-19-related anxiety, respectively. The relevant literature revealed that the fear of COVID-19 was positively correlated with depression, anxiety, and stress (Erbicer et al., 2021). Similar findings were also found in the studies for COVID-19 anxiety (e.g., Padovan-Neto, 2021; Skalski et al., 2021). In other words, as the level of COVID-19 anxiety increases, mental health issues also increase.

The moderator analyses revealed that COVID-19-related fear was higher in collectivistic orientation than in individualistic orientation. As collectivist cultures are characterized by higher interaction and interdependence, such as close relationships with family members, friends, country, ethnic group, or other members of the community (Chun et al., 2006; Shulruf et al., 2007; Singelis et al., 1995), individuals in collectivist cultures due to the higher risk of infecting others and infection may feel more COVID-19 related anxiety and fear. Germani et al. (2020) found that collectivistic dimensions were positively correlated with COVID-19-related anxiety and stress. Another study revealed that as collectivist dimensions increase, COVID-19 anxiety also increases (Shekriladze et al., 2021). Moreover, Khalifeh et al. (2021) showed that those with higher collectivism were more likely to have COVID-19-related fear. Additionally, the highest and lowest scores of COVID-19-related fear and anxiety were in the Middle East and European samples, respectively. Middle East countries (e.g., Saudi Arabia, UAE, Egypt, Jordan, and Lebanon) were characterized by Arab culture (Hofstede et al., 2005). This culture, which is generally based on a collectivist orientation expecting to ask for help from family in any difficulties or troubles, is centered on the belief that problems should be resolved within the family and emphasizes a stronger commitment to their organization (Fakhr El-Islam, 2008; Hofstede et al., 2005; Schwartz & Bilsky, 1990). Interconnection and interdependence, which are associated with a higher risk of infection, may have caused the scores of COVID-19-related fear and anxiety to be high in these samples. As consistent with our result, Kimhi et al. (2020), comparing Arab and Jewish samples, revealed that Arab respondents expressed higher levels of COVID-19 distress and a sense of danger. Additionally, the highest and lowest COVID-19-related anxiety scores were in hospital staff and general population samples, respectively. Considering situations such as at the forefront in the fight against the COVID-19 outbreak, close contact with infected or hospitalized patients, inadequate protective equipment, and long working hours (Alnazly et al., 2021; Couto et al., 2021; García-Reyna et al., 2020; Majeed et al., 2021; Mahmoud et al., 2021; Spoorthy et al., 2020; van de

Venter et al., 2021; Xiaoming et al., 2020), the scores of COVID-19-related anxiety are expected to be the highest for hospital staff.

The results of meta-regression analyses also revealed that the female proportion and age were not significant predictors for the scores of COVID-19-related fear and anxiety. We also found no significant difference by culture for COVID-19-related anxiety and by target population for COVID-19-related fear. The source of heterogeneity may result from different variables or reasons in this current study. A meta-analysis on this issue stated that heterogeneity might arise from the quality of studies, migration, or economic growth (Erbicer et al., 2021).

Limitations

This current study has some limitations. First, we excluded some studies that met our inclusion criteria because of insufficient data to calculate the mean and SD. To handle this issue, we sent e-mails to the authors who carried out the relevant studies, but we did not get a reply to the e-mails. Similarly, we excluded some studies that met our criteria as they did not specify whether they reported findings based on average or total scores. Second, we only included the studies published in English; the studies in other languages (e.g., French, German, Spanish, Arabic) were not included. Third, to assess the average mean of COVID-19-related fear and anxiety, we solely used the FCV-19S (Ahorsu et al., 2020) and CAS (Lee, 2020). Other screening tools, which assess fear, distress, and dysfunctional anxiety associated with the COVID-19 crisis, were not included in the systematic review and meta-analysis. Finally, data collection dates could have been a possible moderator. However, the date interval of the individual studies was unclear. The data collection time, therefore, was not considered as a potential moderator.

Conclusion

This systematic review and meta-analysis determined the pooled mean of COVID-19-related fear and anxiety. Although the current study has a few limitations, results revealed that COVID-19-related fear and anxiety were high but not excessive based on cut-off studies conducted for the FCV-19S (Ahorsu et al., 2020) and CAS (Lee, 2020). In addition, we found additional evidence of higher COVID-19-related fear in collectivistic orientation and the Middle East, and higher COVID-19-related anxiety in hospital staff and the Middle East.

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EXTENDED ABSTRACT

Giriş

COVID-19 ile ilişkili korku ve kaygının depresyon (Erbicer vd., 2021; Rodríguez-Hidalgo vd., 2021), anksiyete (Bakioğlu vd., 2021), obsesif-kompulsif bozukluk (Khosravani vd., 2021a; Khosravani vd., 2021b; Wheaton vd., 2021), TSSB (Kira vd., 2020; Tsur ve Abu-Raiya, 2020) ve yaygın anksiyete bozukluğu (Gambin vd., 2020; Nwachukwu vd., 2020) gibi çeşitli psikolojik sorunlarla ilişkili olduğu ortaya konulmuştur. Bu çalışmanın temel amacı, COVID-19 ile ilişkili korku ve kaygı üzerine bir sistematik bir inceleme ve meta-analiz çalışması yürütmektir. İkincil amacı ise bazı demografik ve metodolojik moderatörlerin (ör., çalışmalardaki kadın oranı, yaş, kültür) COVID-19 ile ilişkili korku ve kaygı düzeyleri üzerindeki etkisini incelemektir.

Yöntem

İlgili olabilecek çalışmaları belirlemek amacıyla SCOPUS, Google Scholar, PubMed ve Web of Science veri tabanları dahil olmak üzere çeşitli veri tabanları taranmıştır. Mevcut çalışmaya dahil edilen yayınların kalitesini belirlemek için Kesitsel Çalışmalar için Kalite Değerlendirme Aracı (AXIS) kullanılmıştır (Downes vd., 2016). Değerlendirme aracı 20 maddeden oluşmakta ve Evet “1”, Hayır “0” ve Belirsiz/Bilinmiyor “0” olarak kodlanmıştır. Bireysel çalışmalardan elde edilen puanlar COVID-19 korkusu için %65'ten ve COVID-19 kaygısı için %70'ten yüksek olduğu belirlenmiştir.

Bu çalışmada COVID-19 korkusu ve COVID-19 kaygısının ortalamasını tahmin etmek için rastgele etkiler modeli kullanılmıştır. Meta-analize dahil edilen çalışmalar arasındaki heterojenliği değerlendirmek amacıyla Q testi ve I2 değerleri kullanılmıştır. Dahil edilen çalışmalar arasındaki olası heterojenliğin kaynağını saptamak için ise analog ANOVA ve meta-regresyon analizleri yapılmıştır. Olası kategorik moderatörler kıta, hedef popülasyon ve kültüdü ve sürekli moderatörler ise yaş ve çalışmalardaki kadın katılımcı oranıydı. Yayın yanlılığını belirlemek için ise Rosenthal's fail-safe N, Funnel plot ve Egger regresyon testi kullanılmıştır.

Bulgular

Çalışma bulguları incelendiğinde, heterojenliğe ilişkin Cochran Q-istatistikleri COVID-19 ile ilişkili korku ve kaygı için sırasıyla 24.271 ve 59.08 olarak tahmin edilmiş ve anlamlı bulunmuştur. I2 değerlerinin korku için yüksek düzeyde olduğu tespit edilmiştir (%99,52). Ancak, kaygı için I2 değerinin düşük düzeyde olduğu bulunmuştur (%32,30). Mevcut çalışmada, COVID-19 korkusunun birleştirilmiş ortalaması 18.96 (95% CI: 18.43-19.50) ve COVID-19 kaygısının birleştirilmiş ortalaması 2.50 (95% CI: 1.75-2.25) olarak tespit edilmiştir.

Moderatör analizleri incelendiğinde, COVID-19 korkusu ortalamalarında kıta ve kültür açısından istatistiksel olarak anlamlı farklılıklar olduğu, ancak hedef popülasyona göre anlamlı bir fark olmadığı ortaya konulmuştur. COVID-19 kaygısı ortalamalarında ise kıta ve hedef popülasyon açısından istatistiksel olarak anlamlı farklılıklar olduğu, ancak kültüre göre anlamlı bir fark olmadığı bulunmuştur.

Tartışma ve Sonuç

Bu sistematik inceleme ve meta-analiz çalışması ile COVID-19 ile ilişkili korku ve kaygının birleştirilmiş ortalaması ortaya konulmuştur. Mevcut çalışmanın birkaç sınırlılığı olmasına rağmen, sonuçlar COVID-19 ile ilişkili korku ve kaygının yüksek düzeyde olmadığını ortaya koymuştur. Ek olarak, kolektivist yönelimli kültürlerde ve Orta Doğu'da daha yüksek COVID-19 ile ilişkili korku saptanırken, hastane personeli ve Orta Doğu'da daha yüksek COVID-19 ile ilişkili kaygıya dair ek kanıtlar bulunmuştur.

APPENDIX

Table 1

Study characteristics

Author	N (sample size)	Country	Continent	Target population	Sample age (mean)	Female (%)
Studies included in the meta-analysis for the mean of COVID-19 related fear						
Nguyen et al., 2020	5423	Vietnam	Asia	University Students	22.00	52.10
Bharatharaj et al., 2021	95	India	Asia	General Population	31.07	49.00
Doshi et al., 2020	1499	India	Asia	General Population	N.A.	54.40
Broche-Perez et al., 2020	772	Cuba	North America	General Population	36.00	73.70
Barbosa-Camacho et al., 2020	1216	Mexico	North America	Hospital Staff	37.50	61.00
García-Reyna et al., 2020	2860	Mexico	North America	Hospital Staff	N.A.	57.38
Zolotov et al., 2020	370	Israel	Europe	University Students	25.2	78.1
Martinez-Lorca et al., 2020	606	Spain	Europe	University Students	21.59	82
Gritsenko et al., 2020	939	Belarus and Russia	Europe	University Students	21.80	80.80
Haktanır et al., 2020	668	Türkiye	Europe	General Population	31.04	72.00
Bakioğlu et al., 2020	960	Türkiye	Europe	General Population	29.74	69.1
Akbari et al., 2021	541	Iran	Asia	Infected Population	41.3	52.3
Aksoy et al., 2021	1060	Türkiye	Europe	General Population	29.76	66.5
Alharbi et al., 2021	803	Saudi Arabia	Middle East	General Population	29.1	69.5
Ali et al., 2021-1	545	Bangladesh	Asia	General Population	N.A.	N.A.
Ali et al., 2021-2	111	Australia	Oceania	General Population	N.A.	N.A.
Ali et al., 2021-3	123	Canada and USA	North America	General Population	N.A.	N.A.
Ali et al., 2021-4	121	Sweden and UK	Europe	General Population	N.A.	N.A.
Ali et al., 2021-5	225	UAE	Middle East	General Population	N.A.	N.A.
Ali et al., 2021-6	130	Egypt	Middle East	General Population	N.A.	N.A.
Alnazly et al., 2021	365	Jordan	Middle East	Hospital Staff	N.A.	55.6
Alothman et al., 2021	554	Saudi Arabia	Middle East	General Population	34.5	82.86
Al-Shannaq et al., 2021	725	Jordan	Middle East	General Population	33.7	56.4
Aluh et al., 2021	1011	Nigeria	Africa	General Population	N.A.	62.6

Antonio & Elizabeth, 2021	438	Mexico	North America	General Population	N.A.	74.4
Asgari Ghoncheh et al., 2021	696	Iran	Middle East	Older Adults	69.56	57.9
Aslam et al., 2021	250	Pakistan	Asia	General Population	24.02	35.6
Aslan & Dinç, 2021	845	Türkiye	Europe	Hospital Staff	N.A.	72.2
Ayandele et al., 2021	1172	Nigeria	Africa	General Population	22.9	54.5
Aygör & Çayır, 2021	243	Türkiye	Europe	Hospital Staff	31.07	80.2
Barbosa-Camacho et al., 2021	1216	Mexico	North America	General Population	37.5	61
Barua et al., 2021	370	Bangladesh	Asia	Hospital Staff	30.5	39.7
Belen, 2021	304	Türkiye	Europe	University Students	22.37	71.6
Cervantes-Guevara et al., 2021	1529	Mexico	North America	School Personnel	N.A.	56.5
Chodkiewicz & Gola, 2021	756	Poland	Europe	General Population	31.91	79.1
Couto et al., 2021	227	Brazil	South America	Hospital Staff	33.01	67.8
De los Santos & Labrague, 2021	385	Philippines	Asia	Hospital Staff	32.65	84.2
De Los Santos et al., 2021	261	Philippines	Asia	Healthcare Students	20.7	81.2
Deniz Günaydın, 2021	447	Türkiye	Europe	General Population	39.44	62.9
Deniz, 2021	667	Türkiye	Europe	General Population	31.22	30.3
Doğan et al., 2021	135	Türkiye	Europe	Medical	47.39	33.3
Elyased & Ghazi, 2021	275	Egypt	Middle East	Healthcare Students	N.A.	65.1
Ercan et al., 2021	156	Türkiye	Europe	Older Adults	71.86	46.2
Flora et al., 2021	88	Greece	Europe	Academics	N.A.	78.4
Ghaderi et al., 2021	457	Iran	Middle East	General Population	37.86	44.9
Golabi et al., 2021	200	Iran	Middle East	Medical	57.11	15
Gözpınar et al., 2021	381	Türkiye	Europe	Teenager	15.36	49.4
Grande & Doyle-Baker, 2021	680	Canada	North America	University Students	23	73.4
Green et al., 2021	608	Pakistan	Asia	University Students	24.76	58
Gélinas et al., 2021-1	191	Canada	North America	Hospital Staff	41.03	93.2
Gélinas et al., 2021-2	1517	Canada	North America	Hospital Staff	41.11	86.3
Günaydın, 2021	513	Türkiye	Europe	University Students	N.A.	81.9
Gündoğan, 2021	430	Türkiye	Europe	University Students	22.3	64.9
Hasan et al., 2021	756	Bangladesh	Asia	General Population	22.24	41
Hwang et al., 2021-1	186	South Korea	Asia	General Population	39.19	44.1

Hwang et al., 2021-2	17	South Korea	Asia	Clinical	40.6	23.5
Izhar et al., 2021	626	Pakistan	Asia	General Population	N.A.	88
Kakodkar et al., 2021	198	India	Asia	University Students	N.A.	60.1
Karadem et al., 2021	527	Türkiye	Europe	Hospital Staff	35.7	55
Karahan et al., 2021	138	Türkiye	Europe	Hospital Staff	37.6	47.8
Karataş et al., 2021	1186	Türkiye	Europe	General Population	41.042	57.8
Karawekpanyawong et al., 2021	244	Thailand	Asia	Healthcare Students	20.7	75
Kardaş, 2021	679	Türkiye	Europe	General Population	26.7	68.8
Kayış et al., 2021	773	Türkiye	Europe	General Population	24.36	71.9
Kukreti et al., 2021	2603	China	Asia	Teachers	N.A.	71.6
Kuru Alıcı & Öztürk Çopur, 2021	234	Türkiye	Europe	Healthcare Students	20.12	32.1
Landa-Blanco et al., 2021	595	Honduras	North America	General Population	25.1	62.02
Mahmoud et al., 2021	382	Egypt	Middle East	Hospital Staff	33.83	68.6
Majeed et al., 2021	487	Pakistan	Asia	Hospital Staff	N.A.	62.2
Mamun, 2021	10052	Bangladesh	Asia	General Population	26.95	43.8
Matsushima et al., 2021	558	Japan	Asia	Postpartum Women	N.A.	100
Mekori-Domachevsky et al., 2021-1	44	Israel	Europe	Medical	14.62	54
Mekori-Domachevsky et al., 2021-2	40	Israel	Europe	Medical	48.24	80
Mistry et al., 2021	1032	Bangladesh	Asia	Older Adults	N.A.	34.5
Montag et al., 2021	932	China	Asia	University Students	21.1	74.6
Montefinese et al., 2021	71	Italy	Europe	General Population	26.2	88.7
Mosazadeh et al., 2021	734	Iran	Middle East	General Population	33.97	51.9
Olapegba et al., 2021	1172	Nigeria	Africa	General Population	22.9	54.5
Osagiator Ariyo et al., 2021	413	Nigeria	Africa	Hospital Staff	38.7	52.1
Oti-Boadi et al., 2021	209	Ghana	Africa	University Students	21.54	35.9
Gerçeker et al., 2021	402	Türkiye	Europe	Parents	40.24	89.1
Altınayak & Yılar Erkek, 2021	1749	Türkiye	Europe	General Population	32.9	53.6
Pavlenko et al., 2021	907	Ukrania	Europe	Healthcare Students	20.6	82.2
Peker & Cengiz, 2021	827	Türkiye	Europe	General Population	29.18	62.4
Piqueras et al., 2021	1146	Spain	Europe	General Population	35.39	75.2
Raslan et al., 2021	220	Egypt	Middle East	Medical	40.1	N.A.

Rodriguez-Hidalgo et al., 2021	640	Ecuador	South America	University Students	21.69	72
Sharifi et al., 2021	350	Iran	Middle East	Older Adults	69.91	62.6
Siddique et al., 2021	521	Bangladesh	Asia	General Population	24.78	49.70
Soares et al., 2021	1203	Portugal	Europe	General Population	41.7	68
Sotomayor-Beltran et al., 2021	449	Peru	South America	General Population	40.75	51.2
Suhail et al., 2021	163	India	Asia	General Population	26.64	53.37
Sürme et al., 2021	639	Türkiye	Europe	Medical	46.12	46.6
Takeda et al., 2021	871	Japan	Asia	University Students	N.A.	N.A.
Tan et al., 2021	352	Türkiye	Europe	University Students	20.04	65.7
Teng et al., 2021	170	China	Asia	Hotel Employees	N.A.	58.2
Terzic-Supic et al., 2021	1722	Serbia	Europe	Healthcare Students	22.26	70.8
Ullah et al., 2021	1034	Pakistan	Asia	Young Adults	22.17	71.9
Ünver & Yeniğün, 2021	202	Türkiye	Europe	Hospital Staff	35.54	71.3
van de Venter et al., 2021	248	South Africa	Africa	Hospital Staff	N.A.	89.9
Van Pham et al., 2021	807	Vietnam	Asia	University Students	N.A.	78.7
Wakashima et al., 2020	450	Japan	Asia	General Population	48.13	65
Yadav et al., 2021	847	Nepal	Asia	Older Adults	N.A.	48.9
Can & Bayar, 2021	171	Türkiye	Europe	Hospital Staff	N.A.	45.6
Yıldırım & Güler, 2021	168	Türkiye	Europe	Hospital Staff	29.19	63.1
İlkteç et al., 2021	495	Türkiye	Europe	General Population	32.3	69.1
Midorikawa et al., 2021	6750	Japan	Asia	General Population	N.A.	63.50
Stănculescu, 2021	809	Romania	Europe	General Population	32.61	65.4
Morales-Rodriguez., 2021	180	Spain	Europe	University Students	20.76	61.00
Abuhammad et al., 2021	1655	Jordan	Middle East	General Population	29.5	63.8
Giordani et al., 2021a	4638	Brazil	South America	General Population	41.50	75.40
Giordani et al., 2021b	387	Mozambic	Africa	General Population	34.50	51.70
Gasparro et al., 2020	735	Italy	Europe	Hospital Staff	44.8	32.7
Salehi et al., 2020	222	Iran	Middle East	Pregnant Women	29.1	100
Kaya et al., 2020	1012	Türkiye	Europe	General Population	28.3	81.7
Cavalheiro & Sticca, 2020	354	Brazil	South America	General Population	34.9	54
Yalçın et al., 2021	588	Türkiye	Europe	General Population	30.42	55.3

Studies included in the meta-analysis for the mean of COVID-19 related anxiety

Oğraş & Yıldırım, 2021	30	Türkiye	Europe	Medical	39.73	N.A.
Mohanty et al., 2021	254	India	Asia	General Population	N.A.	47.60
Özsoy et al., 2021	70	Türkiye	Europe	Medical	50.04	74.60
Pressley et al., 2021	329	USA	North America	Teachers	N.A.	N.A.
Aydın et al., 2021	692	Türkiye	Europe	Hospital Staff	29.24	77.70
Chen et al., 2021	1011	China	Asia	General Population	41.20	61.20
van de Venter et al., 2021	248	South Africa	Africa	Hospital Staff	N.A.	89.90
Sarıgedik & Ölmez, 2021	407	Türkiye	Europe	General Population	29.54	63.90
Abroshan et al., 2021	198	Belgium	Europe	General Population	N.A.	62.60
Ranieri et al., 2021	529	Italy	Europe	University Students	21.80	79.60
Alshehry et al., 2021	1170	Saudi Arabia	Middle East	Healthcare Students	21.31	54.60
Faramawy & Abd El Kader, 2021	60	Egypt	Middle East	Hospital Staff	N.A.	68.30
Fard et al., 2021-2	118	Iran	Middle East	Mother	N.A.	100.00
Bhattacharya et al., 2021	128	Nepal	Asia	Hospital Staff	44.31	50.80
Eşkut et al., 2021	247	Türkiye	Europe	Medical	45.95	64.00
Vinaccia et al., 2021	421	Columbia	South America	General Population	26.77	60.10
García-Reyna et al., 2021	2140	Mexico	North America	Hospital Staff	36.10	58.20
Ho & Moscovitch, 2021	488	USA	North America	General Population	N.A.	48.00
Albery et al., 2021	298	UK	Europe	General Population	46.27	50.30
Kurata et al., 2021-1	139	India	Asia	General Population	32.5	35.90
Kurata et al., 2021-2	39	Malaysia	Asia	General Population	39.4	71.60
Kurata et al., 2021-3	155	Japan	Asia	General Population	37.4	79.70
Kurata et al., 2021-4	197	USA	North America	General Population	36.5	59.10
Curtis et al., 2021	281	USA	North America	General Population	64.69	44.83
Dirlik et al., 2021	253	Türkiye	Europe	General Population	N.A.	N.A.
Enea et al., 2021	100	Romania	Europe	General Population	43.64	80.00
Nazari et al., 2021	623	Iran	Middle East	General Population	32.97	61.00
Kameg et al., 2021	140	USA	North America	Hospital Staff	N.A.	76.80
Vu & Bosmans, 2021	652	Vietnam	Asia	Teenager	12.6	56.30
Ashoor et al., 2021	129	Saudi Arabia	Middle East	Hospital Staff	N.A.	36.40
Yurttaş et al., 2021-1	732	Türkiye	Europe	Medical	42.8	64.75

Yurttaş et al., 2021-2	763	Türkiye	Europe	General Population	40.8	66.18
Yurttaş et al., 2021-3	320	Türkiye	Europe	Hospital Staff	37.0	72.50
Majeed et al., 2021	240	Pakistan	Asia	General Population	N.A.	80.00
Arslan et al., 2021	315	Türkiye	Europe	University Students	21.65	67.00
Kubb & Foran, 2020	515	Germany	Europe	Parents	34.95	90.30
Srivastava et al., 2020	66	India	Asia	General Population	N.A.	36.36
Haddad et al., 2021	405	Lebanon	Middle East	General Population	28.38	79.80
Pegorari et al., 2021	86	Brazil	South America	Older Adults	71.78	68.60
Evren et al., 2020	1113	Türkiye	Europe	General Population	43.32	61.70
Skalski et al., 2021	515	Poland	Europe	General Population	34.64	58.00

Table 2

Results of the meta-analyses

Outcomes	<i>k</i>	<i>ES</i>	95% CI	<i>Z</i>	<i>p_z</i>	Cochran's <i>Q</i>	<i>p_Q</i>	<i>I²</i> (%)	Classic Fail Safe <i>N</i>
COVID-19 fear	117	18.96	18.43- 19.50	69.72	< .001	24271.36	< .001	99.52	2959
COVID-19 anxiety	41	2.50	1.75-3.25	6.52	< .001	59.08	.026	32.30	861

Note. Fail-safe *N* calculation using the Rosenthal Approach, *k* = Number of effect sizes, Cochran's *Q* = Tests of heterogeneity, CI = Confidence interval, Effect size calculations were based on the random effects model.

Table 3

Results of categorical moderator analyses

Outcome	Predictors	Categories	<i>k</i>	<i>ES</i>	95% CI	Between group <i>Q</i>
COVID-19 fear	Continent	Africa	7	20.47***	18.83-22.32	16.32**
		Asia	31	19.58***	18.52-20.65	
		Europe	46	17.58***	16.96-18.55	
		Middle East	16	20.86***	18.72-22.99	
		North America	11	18.25***	17.29-19.22	
		South America	5	18.94***	15.93-21.95	
	Target population	General population	52	18.88***	18.19-19.57	9.13
		Healthcare students	6	19.46***	15.24-23.66	
		Hospital staff	20	19.52***	17.99-21.05	
		Medical	6	19.42***	14.38-24.47	
		Older adults	5	19.77***	17.69-21.87	
		University students	17	17.39***	16.40-18.39	
COVID-19 anxiety	Culture	Collectivism	101	19.25***	18.70-19.80	9.08**
		Individualism	16	17.13***	15.86-18.40	
	Continent	Asia	9	1.12***	0.88-1.35	17.50***
		Europe	17	2.93***	1.60-4.27	
		Middle East	6	3.87***	0.78-6.96	
		North America	6	2.94***	1.72-4.17	
		South America	2	1.39	-1.80-4.59	
	Target population	General population	21	1.18***	0.95-1.40	8.95*
		Hospital staff	8	5.35***	1.32-8.97	
		Medical	4	4.15***	0.86-7.44	
		University students	2	3.83**	*2.01-9.67	
	Culture	Collectivism	30	2.63***	1.69-3.55	0.00
		Individualism	11	2.64***	1.55-3.72	

Note. *k* = Number of effect sizes, Cochran's *Q* = Tests of heterogeneity, CI: Confidence interval. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 4

Results of multivariate meta regression analysis for COVID-19 related fear, anxiety, and stress

Predictors	COVID-19 related fear				COVID-19 related anxiety			
	β	S.E.	z	p	β	S.E.	z	p
Sample age	0.01	0.05	0.20	.84	-0.05	0.04	-1.28	.20
Female proportion	-0.02	0.03	-0.68	.49	-0.04	0.04	-0.96	.34

Note. β = Regression coefficient; S.E. = Standart error z = Significance of moderator. * $p < .05$. ** $p < .01$. *** $p < .001$.

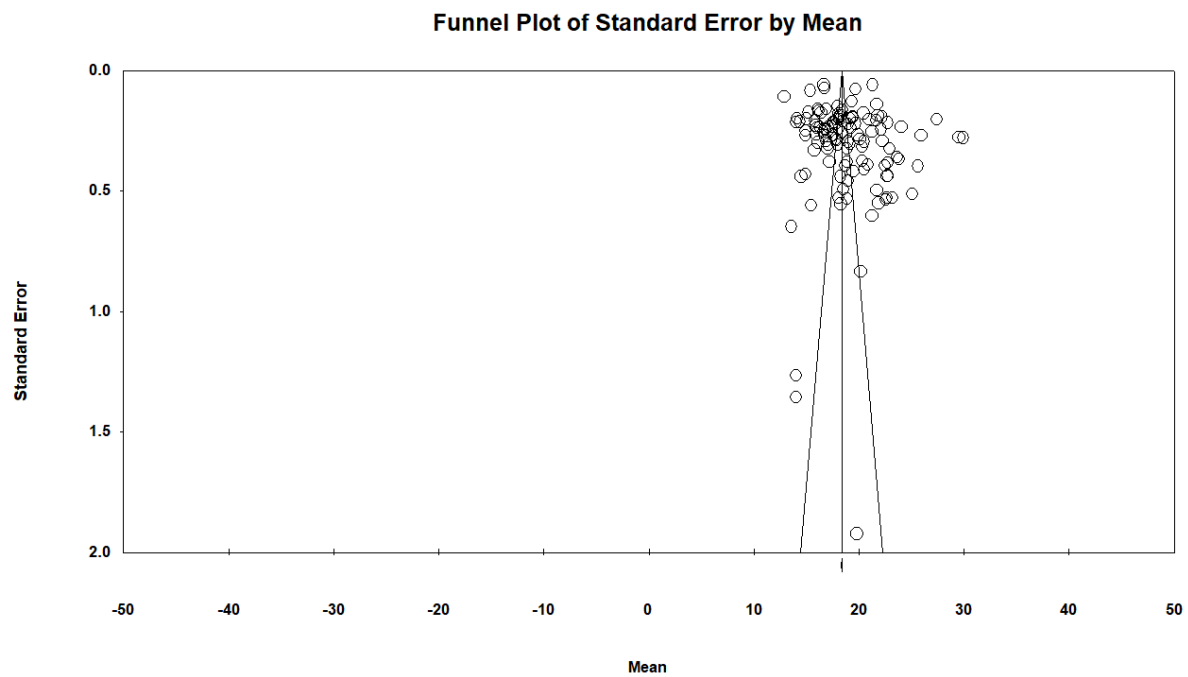


Figure1-1. Funnel plot of standard error for the mean of COVID-19 related fear

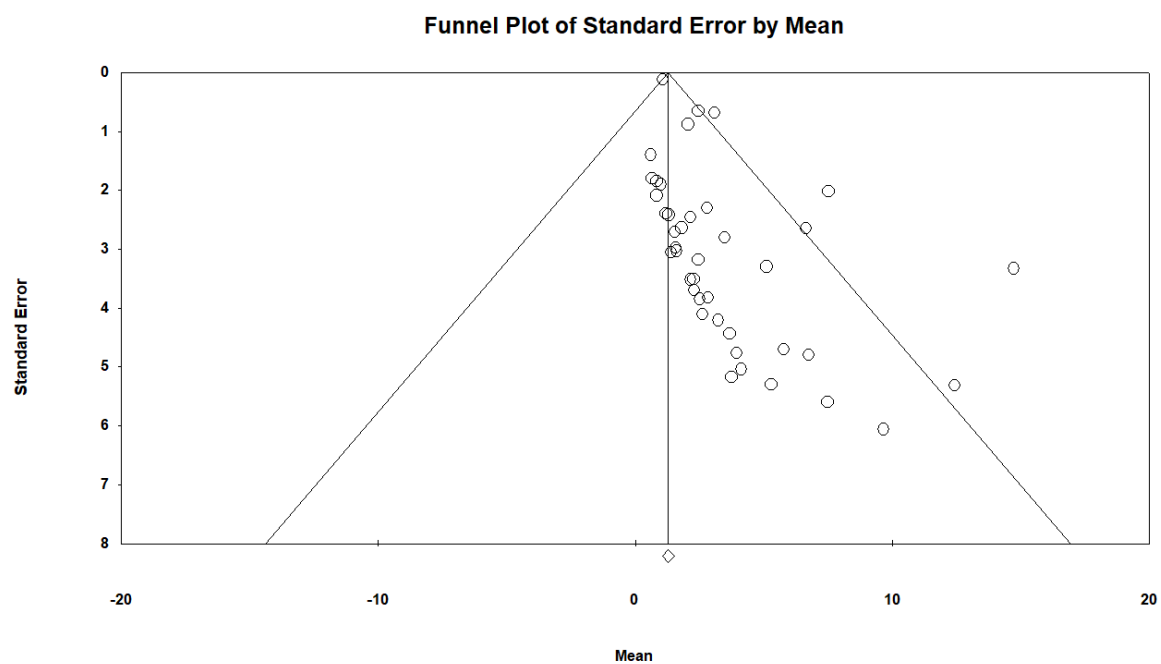


Figure1-2. Funnel plot of standard error for the mean of COVID-19 related anxiety

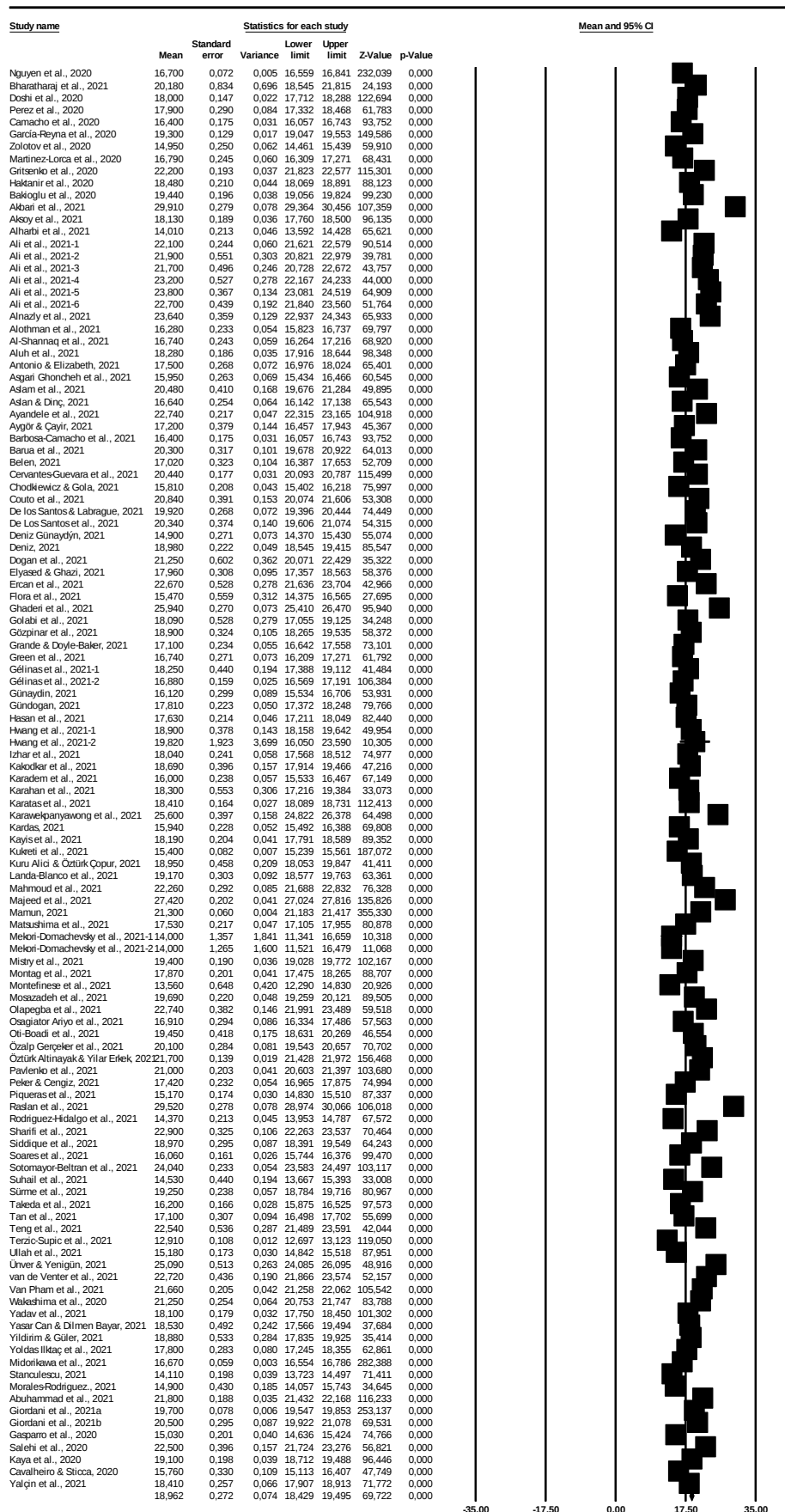


Figure2-1. Forest plot for the mean of COVID-19 related fear

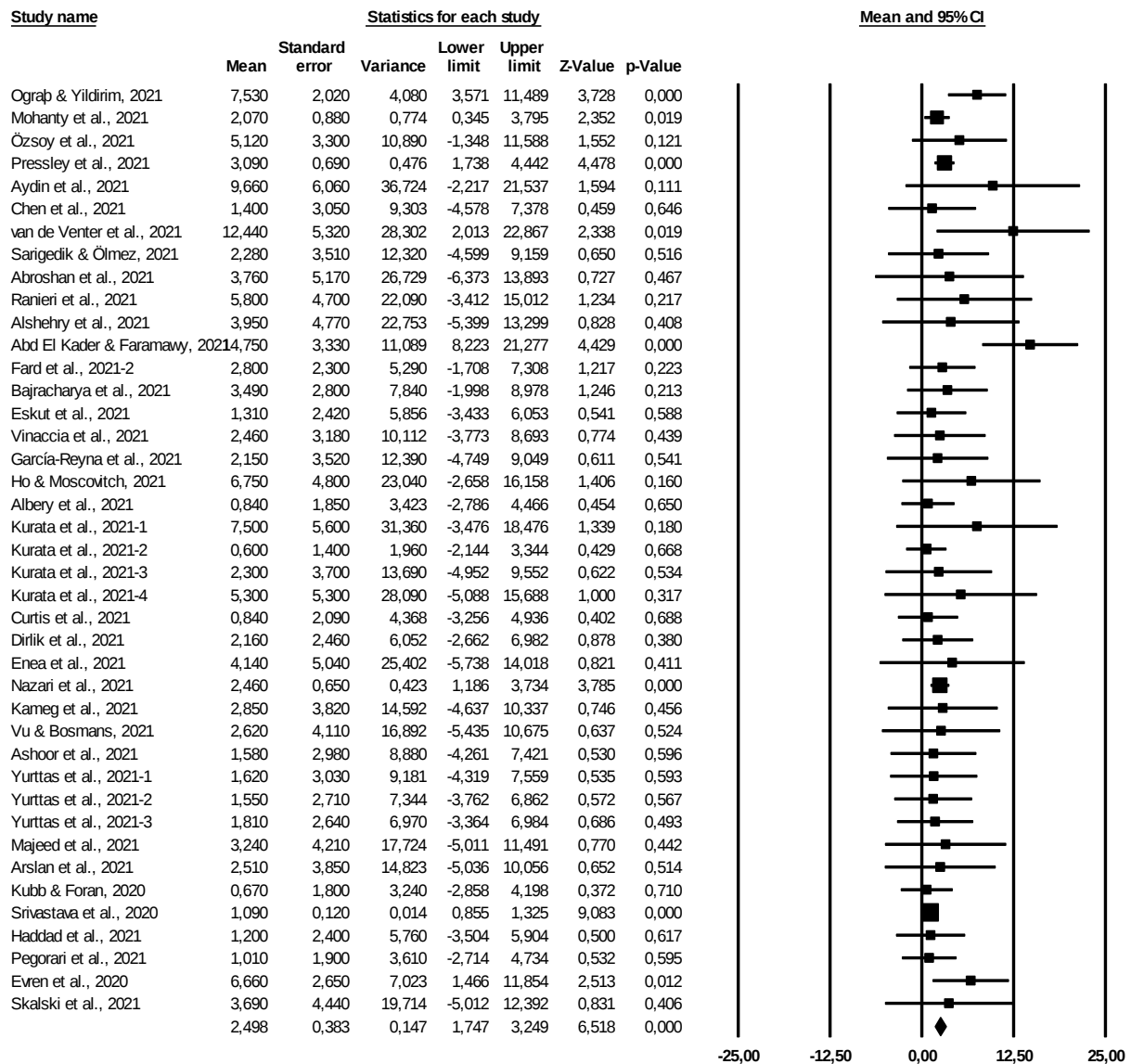


Figure2-2. Forest plot for the mean of COVID-19 related anxiety