

## DETERMINING THE STABLE AND CONTINUOUS ANXIETY LEVELS OF EMPLOYEES IN THE SERVICE SECTOR DURING THE COVID-19 PANDEMIC PERIOD: A FIELD STUDY EXAMPLE

HİZMET SEKTÖRÜNDEKİ ÇALIŞANLARIN COVID-19 PANDEMİK DÖNEMİNDE KARARLI VE SÜREKLİ KAYGI DÜZEYLERİNİN BELİRLENMESİ: BİR ALAN ÇALIŞMASI ÖRNEĞİ

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### ABSTRACT

Coronavirus first appeared in Wuhan, China, as a viral pneumonia finding. It spread all over the world in a short time, causing many people to get sick and die. A pandemic was declared by the world health organization. Various measures and regulations have been made to prevent epidemics all over the world. Economic, social, political, cultural regulations and various rules were introduced throughout the country and the world. Instead of the usual social consciousness, methods of compulsory social isolation were applied. The most affected by these was the service sector. This study was conducted with 220 people working in various service sectors (health, tourism, finance and freelance) in the Marmara region. In order to measure the anxiety created by the COVID-19 Pandemic in the service sector, the State-Trait Anxiety Inventory (STAI) Scale developed by Spielberger et al. According to the analysis result, gender, marital status and state anxiety of employees in all sectors were found to be low and their trait anxiety quite high.

**Keywords:** Covid-19 Pandemic, Service industry, Stagnant Anxiety, Trait Anxiety,

### ÖZET

Coronavirüs ilk olarak Çin'in Wuhan kentinde viral bir pnömoni bulgusu olarak ortaya çıktı. Kısa sürede tüm dünyaya yayıldı, birçok insanın hastalanmasına ve ölmesine neden oldu. Dünya sağlık örgütü tarafından pandemi ilan edildi. Tüm dünyada salgın hastalıkların önlenmesi için çeşitli önlemler ve düzenlemeler yapılmıştır. Ülke ve dünya genelinde ekonomik, sosyal, politik, kültürel düzenlemeler ve çeşitli kurallar getirildi. Olağan sosyal bilinç yerine, zorunlu sosyal izolasyon yöntemleri uygulandı. Bunlardan en çok etkilenen hizmet sektörü oldu. Bu çalışma, Marmara bölgesinde çeşitli hizmet sektörlerinde (sağlık, turizm, finans ve serbest) çalışan 220 kişi ile yapılmıştır. Hizmet sektöründe COVID-19 Pandemisinin yarattığı kaygıyı ölçmek için Spielberger ve arkadaşları tarafından geliştirilen Durumluk-Sürekli Kaygı Envanteri (STAI) Ölçeği. Analiz sonucuna göre tüm sektörlerde çalışanların cinsiyeti, medeni durumu ve durumluk kaygısı düşük, sürekli kaygıları ise oldukça yüksek bulunmuştur.

**Anahtar Kelimeler:** Covid-19 Pandemisi, Hizmet sektörü, Durağan kaygı, Sürekli Kaygı

### 1. INTRODUCTION

The world has witnessed many pandemics recently. As long as humanity exists, there will always be epidemic diseases in the world. The COVID-19 pandemic, which is on our agenda and is still in effect, is one of them. The two most commonly used words with Covid-19 have been epidemic and pandemic. Epidemic; While it is defined as the transformation of an infectious disease into an epidemic within a certain region, pandemic is; It is stated as the beginning of an epidemic spreading beyond a certain region and affecting a large population and even the whole humanity (Aslan, 2020). An epidemic that occurs in one country with the effect of globalization transcends borders in

a short time and threatens the world.

Life in the societies of our age is affected by the accelerated social and technological change as much as the increasing global dependence. Covid-19 causes anxiety as it negatively affects the normal life of many people and contains many uncertainties. The rate of spread of the virus, the mode of transmission, social relations, and working life puts pressure on people. The anxiety is increasing because it is not known how long the pandemic will last and what will happen as a result (Çiçek and Almalı, 2020). Covid-19 has changed the habits of individuals and revealed emotions such as loss, uncertainty, anxiety, fear, sadness, and unhappiness in people (Yıldız, 2020).

The covid-19 pandemic, which affected the whole world, brought social and economic life to a halt. People's lifestyles, ways of doing business and habits changed radically. While this change was perceived as negative for some sectors, it created a positive effect for some sectors. For example: Distance education and working increased 15 times, national markets increased 2 times, e-commerce increased 2 times. The healthy products category has its share in layers and layers, and interest in hobbies such as handcrafted knitting has increased. While healthcare services increased, banking and cargo decreased (How did the Covid-19 outbreak affect industries [https:// digitalage-com](https://digitalage.com)). Due to Covid-19, many people started working from home, remote virtual meetings, remote working, flexible working, etc. These innovations deeply affected business life. Many people were faced with the danger of losing their jobs and workplaces. The crisis deeply affected developing countries and the service sector.

## 2. COVID -19 PANDEMIC

Since the Covid-19 virus is an infectious disease characterized by pneumonia attacks with high contagious properties and can be fatal, it has led to an increase in the COVID-19 threat and death anxiety perceived by individuals (Kavaklı et al., 2020). In addition, the lack of vaccine as a prevention method, the uncertainty of treatment, insufficient information about the disease, quarantine practices, distorted information on social media, striking images about the disease and treatments have increased the level of anxiety. This pandemic, in which people were caught off guard, affected their sense of self-control and pushed them into uncertainty. Uncertainty caused anxiety and increased the fear of death in humans (Kandemir, 2020). Those most affected by the Covid-19 pandemic are those working in the service sector. Since the service sector is in constant communication and interaction with people, it is at high risk of contamination and healthcare workers were particularly affected. Because, on the one hand, healthcare workers want to protect themselves while treating and caring, and on the other hand, they are concerned about carrying their patients to their families (Sakaoğlu et al., 2020). Pandemics have psychological effects as well as physical effects. In pandemics, these psychological effects leave more marks than bodily effects (Taylor, 2019,2).

After the industrial revolution, humanity has advanced in science and technology, has made a lot of success in the treatment of diseases, has made a lot of progress thanks to artificial intelligence, but the virus called COVID-19, which emerged in the last days of 2019 in Wuhan, China, is inadequate and many events to be investigated. showed that. In a short time, this virus forced all people living in the world to make radical decisions by changing their lifestyle, working life, educational life, social, cultural and political life (Aslan and Karagül, 2020). It was found that the virus was transmitted from individuals to individuals, and it was found to be an alarmingly infectious feature (Bai et al ., 2020). It soon spread all over the world, causing a large number of people to become ill and die. The World Health Organization named the coronavirus-borne disease COVID-19 on February 11. In March, a pandemic and emergency was declared by (WHO). (Coronavirus Pandemic (2020) Wikipedia. [https://tr.wikipedia.org/wiki/2019-20\\_koronavir%C3%BCs\\_pandemi](https://tr.wikipedia.org/wiki/2019-20_koronavir%C3%BCs_pandemi))

Throughout history, 6 types of coronavirus have been identified. Samples were taken from pneumonia cases in Wuhan and three different strains were found. Thus, it took its place as the seventh variant of a new coronavirus family. It is very important to identify the source of the virus,

to isolate it, to prevent disease and to develop vaccines (Uğraş Dikmen, 2020). COVID-19 is mainly formed by the droplet path and the droplets emitted by the cough and sneezing of the sick individuals enter the mucosa. Sick people can spread the disease as well as play an important role in the spread of the disease in asymptomatic cases (Wu et al., 2020). Although not everyone is the same, the disease risk increases in risky groups. Those in the highest risk group are smokers, COPD patients, patients with severe organ failure, cancer patients, those who take chemotherapy and those who use immunosuppressive drugs. According to these, those in a lesser group are diabetic patients, cleaning personnel, healthcare workers, those who live and work in unhygienic environments, and those who have inadequate and unbalanced nutrition (Aslan, 2020). People who carry these risks in working life should be protected from the disease by taking various measures.

The studies and reports published by the World Health Organization are followed with interest and concern all over the world. In line with the instructions of the World Health Organization against this new epidemic that threatens international public health, national administrations also take various measures to protect public health and get rid of the epidemic with the least damage. However, despite the tightening of the measures, the continuous increase in death cases due to the impact of the epidemic and the epidemic causes serious concerns at the international level (Acar, 2020).

### **3. COVID -19 and SERVICE SECTOR**

Although Covid-19 is the most important pandemic of the age, it has affected people from almost all nations, continents, races and socioeconomic groups in the world. With the quarantine of all communities, closure of schools, social isolation, and home housing rules, daily life has suddenly changed (Shanafelt et al., 2020). It has been stated that this new virus has similarly had a very serious impact on the global economy and caused sectoral and financial activities to pause for a few weeks (Kohlscheen, 2020). In addition to affecting all world economies, the coronavirus has brought the economic and social life in the People's Republic of China to a halt, and it has been predicted that the possibility that a suspicion will arise against tourists, commercial goods and services from China may further affect the country's economy (Alpago and Lumberjack Alpago, 2020,). The coronavirus effect compared with the Great Depression in 1929 caused a very serious recession in the USA and Europe (Abodunrin et al.,2020).

Prevention programs against the COVID-19 outbreak in workplaces should be considered as part of a public service, as they directly affect public health. [https://www.ttb.org.tr/kollar/\\_isak/haber\\_goster.php?Guid=45f22854-731e-11ea-b12d-d839943d748d](https://www.ttb.org.tr/kollar/_isak/haber_goster.php?Guid=45f22854-731e-11ea-b12d-d839943d748d), It is necessary to take preventive measures in workplaces where collective work is done to reduce the spread of the coronavirus pandemic and to combat the pandemic. With the pandemic, routine work has changed, some sectors have stopped operations, some have reduced production, and some have enabled home / remote work. Due to the nature of the job, employers have been forced to take occupational health and safety measures in workplaces where remote work cannot be performed. Employees are assessed according to the risk of occupational exposure (very high to high, medium or lower (caution) to SARS-CoV-2, which causes COVID-19 during an epidemic, and protection guidelines have been prepared accordingly.

### **4. THE ANXIETY AND COVID-19 RELATIONSHIP**

Anxiety: It can be defined as the state of anxiety and anxiety about situations that are unknown how individuals will occur now or in the future (Şahin, 2019). In stressful situations, it is normal for people to feel panic, anxiety, anger and fear, but if these feelings are intense and persistent and are perceived as an endless threat, there is a problem. If individuals can understand what is extreme, they can manage anxiety, stress, and fear. But if they cannot manage these emotions, psychological disturbances begin. The most common psychological disorder is anxiety ([https://insamer.com/tr/kaygi-ve-yonetim\\_2885.html](https://insamer.com/tr/kaygi-ve-yonetim_2885.html)).

Anxiety is literally a physical and physical reaction of individuals to a fearful or threatening situation. Usually everyone experiences this feeling. If anxiety continuously and significantly affects life, if it causes disruptions in our life, then it can be said to have occurred as a discomfort. Exp. psk. Alper Aksoy listed the following symptoms for anxiety to become discomfort. These are: If your fears are disproportionate and excessive according to the fears that the situation will normally create, If you have started to avoid situations that you fear, If it affects your business and social life negatively and this situation is repeated frequently, anxiety disorder can be mentioned (<http://www.ogelk.net/makale/131-what-is-mental-health-anxiety-anxiety-for-all>).

Anxiety can be counted among the emotional states that are important to people. Anxiety is a danger signal that is heard and felt with the conscious side of the person as a result of external stimuli. Social and cultural factors are important in the development of anxiety, and feelings and events that negatively affect people create anxiety. The normal response when danger occurs is also a beneficial situation that makes it easier to adapt to the environment and also ensures the protection of the self. When the threatening situation is over, the anxiety ceases. However, if anxiety continues for a long time, it facilitates the occurrence of various health problems in individuals. These ; “Anxiety, tension, insecurity, fear, panic, confusion, anxiety, dry mouth, headache, dizziness, nausea, palpitations, weakness, weakness, loss of appetite, low or high blood pressure, muscle tension, gastrointestinal complaints, respiratory rate increase, sweating, tremors, insomnia ”(Kaya and Varol, 2004). It is necessary to determine the state of anxiety in order to prevent the physical and mental effects of anxiety (Pamuk et al., 2014) It is necessary to learn how to manage anxiety in order to reduce the harmful effects of anxiety.

Human beings have faced various disasters and epidemics since the existence of the world. One of the disasters faced by humanity is undoubtedly epidemic diseases and has affected states, societies and individuals throughout history and threatened life socially, culturally and economically (Yiğit and Gümüşçü, 2016,). Throughout history, epidemics have led people to fear and anxiety (Altan, 2019). Outbreaks indicate societies' power balances, class conflicts, and social disintegration, and can cause deep injuries (Ekiz et al., 2020). The COVID-19 pandemic still continues with completely unknown global effects. Although health authorities in our country and in the world take various measures to combat the pandemic, the number of patients and the number of patients in need of intensive care is increasing day by day. The increase in the number of patients, the severe course of the disease, uncertainties, excessive workload, the risk of transmission of the virus, economic and psychological reasons increase the state of anxiety. One of the most affected is healthcare workers (Uğraş Dikmen, 2020). The high number of cases, seizures, low number of employees, working with protective equipment, economic and family problems of the employees increased the anxiety. Increasing the number of cases in healthcare professionals will cause disruptions in health systems. During the Covid 19 pandemic, as in all people, the level of anxiety increases in healthcare workers, the limitations in their social lives, the anxiety of losing their job and health, the thought of their loved ones or themselves getting sick or dying, the restriction of their freedoms, psychologically eroding (Ekiz et al, 2020). In this context, some precautions have been taken due to the serious damage and rapid spread of Covid-19. These measures; Practices such as maintaining social distance, following things from home, canceling and postponing collective trainings, playing sports competitions without spectators for a while, etc. have been implemented (Tekkurşun Demir et al., 2020) However, all these measures do not reduce the concerns.

Social isolation and loneliness applied during the quarantine cause problems, inactivity and increased anxiety in individuals' private lives and family structures (Courtin and Knapp, 2017). Play during the Covid -19 pandemic.

## 5. STATUS AND CONTINUOUS ANXIET SCALE

It is examined in two parts as statehood and trait anxiety, developed by Speilberger et al. As a rule, the answer options collected in four classes in the State anxiety scale were designed as (1) None, (2)

A little, (3) Much, and (4) Totally. Options in the Trait Anxiety Scale are (1) Almost never, (2) Sometimes, (3) Much time, and (4) Almost always. There are two types of expressions on the scales. We can call them (1) direct or straight (2) inverted expressions. Direct expressions, negative emotions; reversed expressions express positive feelings. While this second type of expressions are scored, those with a weight value of 1 turn into 4, and those with a weight value of 4 turn into 1. Answers with a value of 4 in direct expressions indicate that anxiety is high. In inverted statements, answers with a value of 1 indicate high anxiety, and those with a value of 4 indicate low anxiety. The expression "I am restless" is a direct example, and "I feel calm" is an example of inverted expressions. In this case, if a 4-weighted option is selected for the expression "I am uneasy" and 1 weighted option is selected for the expression "I feel calm", these answers reflect high anxiety. There are ten reversed statements in the state anxiety scale. These are Articles 1, 2,5, 8, 10, 11, 15, 16, 19 and 20. In the trait anxiety scale, the number of reversed statements is seven, and these are items 21, 26, 27, 30, 33, 36 and 39. Scoring can be done manually or on a computer. This constant value is 50 for the state anxiety scale and 35 for the trait anxiety scale. The last value obtained is the anxiety score of the individual. The interpretation of the scores varies between 20 and 80 points from both scales. Big score indicates high anxiety level, small score indicates low anxiety level. When interpreted according to the percentile order, the low percentage rank (1, 5, 10) indicates less anxiety.

## 6. METHODOLOGY

### 6.1 Purpose of the Study

This study was carried out in order to determine the type of anxiety and to take measures to reduce anxiety in various sectors with psychological, sociological, economic, political, cultural and technological effects in the globalizing world.

### 6.2. Materials and Methods

This cross-sectional study designed prospective types, 30 June-2020 - August 30, 2020 between Covidien 19 Turkey is experiencing the effects of the pandemic 'with 235 people working in various service sectors in the Marmara region was conducted by face-to-face survey method. State-Trait Anxiety Inventory (STAI) Scale developed by Speilberger et al. Öner, N. ve A. Le Compte.(1983) translated in to Turkish was used. The scales of the research were examined in three parts. In the first part, employees' demographic findings, perceptions, knowledge and concerns about COVID-19 were measured. In the second part, a 4-point Likert-type situational anxiety scale, which consists of 20 questions, which reported the current situation, was used by Speilberger et al. In the third part of the questionnaire, a 4-point Likert-type Trait Anxiety Inventory (STAI) scale consisting of 20 questions was used, which generally states its situation. 1 point and 4 points indicated on the scale indicate that the situation stated in the question fully reflects them. The data were evaluated using appropriate statistical methods selected according to their distribution characteristics in the Statistical Package for Social Sciences (SPSS) 20.0 statistical program.

### 6.3. Findings

Tablo 1. Demographic Findings

Gender	Frequency	Percent	Cumulative Percent
Woman	167	71,1	71,1
Male	68	28,9	100
Total	235	100	
Age-range	Frequency	Percent	Cumulative Percent
20 age below	4	1,7	1,7
21-30 age range	48	20,4	22,1
31-40 age range	85	36,2	58,3
41-50 age range	77	32,8	91,1
51-60 age range	18	7,7	98,7
61 age over	3	1,3	100

Total	235	100,0	
Working year	Frequency	Percent	Cumulative Percent
0-5 Year	27	11,5	11,5
6-10 year	54	23,0	34,5
11-15 year	79	33,6	68,1
16-20 year	49	20,9	88,9
21-25 year	20	8,5	97,4
26 over	6	2,6	100,0
Total	235	100,0	
Sector	Frequency	Percent	Cumulative Percent
Healty	43	18,3	18,3
Education	27	11,5	29,8
Finance	38	16,2	46,0
Textile	39	16,6	62,6
Self-Employment	44	18,7	81,3
Agriculture	44	18,7	100,0
Total	235	100,0	
Marital Status	Frequency	Percent	Cumulative Percent
Maried	153	65,1	65,1
Single	82	34,9	100,0
Total	235	100,0	
Education Status	Frequency	Percent	Cumulative Percent
Primary School	41	17,4	17,4
High School	61	26,0	43,4
Associate Degree	54	23,0	66,4
Licanse	56	23,8	90,2
Graduate	23	9,8	100,0
Total	235	100,0	
Chronic Illness	Frequency	Percent	Cumulative Percent
Yes	153	65,1	65,1
No	82	34,9	100,0
Total	235	100,0	
Psychological illness	Frequency	Percent	Cumulative Percent
Yes	62	26,4	26,4
No	173	73,6	100,0
Total	235	100	

As seen in Table 1, employees in various sectors (Health, education, financetextile, self-employment and agriculture) 235 people working in the study participated. 167 people (71.1%) were women and 68 people (28.9%) were men. At most 85 persons (36.2%) between the ages of 31-40, 77 persons (32.8) aged 41-50, at least 3 persons over the age of 61 (1.3%). Working year maximum 11-15 years 79 people (36.6%) at least 26 years and over 6 people (2.6%). Participation was highest from the self-employment and agriculture sector. It was education with at least 27 people (11.5%) from both of them, 44 (18.7%). Most of the participants 56 (23.8%) have undergraduate education, at least 23 people (9.8%) have postgraduate education. The number of those with chronic diseases is 153 (65%) and the number of those with psychological illness is 62 (26.4%).

Table 2. Questions About Covid 19

Access to personal protective equipment	Frequency	Percent	Cumulative Percent
Yes	117	49,8	49,8
No	118	50,2	100,0
Total	235	100,0	
Information about Covit -19	Frequency	Percent	Cumulative Percent
Yes	144	61,3	61,3
No	91	38,7	100,0
Total	235	100,0	

Know the method of protection	Frequency	Percent	Cumulative Percent
Yes	132	56,2	57,4
No	103	43,8	100,0
Total	235	97,9	
How it works	Frequency	Percent	Cumulative Percent
There was no change	110	46,8	46,8
I worked from home	52	22,1	68,9
I worked alternately	41	17,4	86,4
I have never worked	32	13,6	100,0
Total	235	100,0	
Covid -19 Testing	Frequency	Percent	Cumulative Percent
Yes	181	77,0	77,0
No	54	23,0	100,0
Total	235	100,0	
Change in psychological state	Frequency	Percent	Cumulative Percent
Yes	164	69,8	69,8
No	71	30,2	100,0
Total	235	100,0	

Can you reach the questions asked about Covid 19 to the personal protective material to protect against Covid -19? 117 people (49.8%) answered yes and 118 (50.2%) answered no. When we asked whether they had information about Covid-19, 144 people answered yes (61.3%) and 91 people (38.7%) answered no. When we asked if they knew the ways of protection from Covid -19, 132 people (56.2%) stated that they knew and 103 people (34.8%) did not. When asked whether there was a change in working conditions due to Covid-19, 110 people (46.8%) stated that there was no change, 52 people (22.1%) stated that they were working from home, 41 people (17.4%) were working alternately, and 32 people did not work at all. When we asked if they had the Covid -19 test, 181 (71%) stated that they had the test and 54 (23%) had not tested. When asked whether there was a change in their psychological status due to Covid-19, 164 people (69.8%) stated that there were no 71% (30.2%) of them.

Table 3. TX-1 State Anxiety Scores

Scores	Frequency	Percent	Valid Percent	Cumulative Percent
20	2	,9	,9	,9
21	1	,4	,4	1,3
22	2	,9	,9	2,1
23	2	,9	,9	3,0
24	3	1,3	1,3	4,3
25	1	,4	,4	4,7
26	1	,4	,4	5,1
27	2	,9	,9	6,0
28	3	1,3	1,3	7,2
29	1	,4	,4	7,7
30	7	3,0	3,0	10,6
31	5	2,1	2,1	12,8
32	8	3,4	3,4	16,2
33	4	1,7	1,7	17,9
34	5	2,1	2,1	20,0
35	10	4,3	4,3	24,3
36	5	2,1	2,1	26,4
37	5	2,1	2,1	28,5
38	10	4,3	4,3	32,8
39	6	2,6	2,6	35,3
40	5	2,1	2,1	37,4
41	9	3,8	3,8	41,3
42	4	1,7	1,7	43,0
43	9	3,8	3,8	46,8
44	12	5,1	5,1	51,9

45	6	2,6	2,6	54,5
46	12	5,1	5,1	59,6
47	12	5,1	5,1	64,7
48	7	3,0	3,0	67,7
49	8	3,4	3,4	71,1
50	6	2,6	2,6	73,6
51	8	3,4	3,4	77,0
52	8	3,4	3,4	80,4
53	1	,4	,4	80,9
54	10	4,3	4,3	85,1
55	2	,9	,9	86,0
56	2	,9	,9	86,8
57	6	2,6	2,6	89,4
58	4	1,7	1,7	91,1
59	2	,9	,9	91,9
60	3	1,3	1,3	93,2
61	5	2,1	2,1	95,3
63	2	,9	,9	96,2
64	2	,9	,9	97,0
66	1	,4	,4	97,4
69	3	1,3	1,3	98,7
71	1	,4	,4	99,1
74	1	,4	,4	99,6
76	1	,4	,4	100,0
Total	235	100,0	100,0	

As can be seen in Table 3, 173 of the entrepreneurs (73.6%) had situational anxiety levels below 50 and only 62 people (23.4%) had high situational anxiety scores. In the Covid -19 pandemic, the level of contingency anxiety is (23.4%).

Table 4. TX-2 Trait Anxiety Scores

Scores	Frequency	Percent	Valid Percent	Cumulative Percent
23	1	,4	,4	,4
24	2	,9	,9	1,3
25	1	,4	,4	1,7
28	2	,9	,9	2,6
29	2	,9	,9	3,4
30	1	,4	,4	3,8
31	4	1,7	1,7	5,5
32	6	2,6	2,6	8,1
33	9	3,8	3,8	11,9
34	5	2,1	2,1	14,0
35	8	3,4	3,4	17,4
36	11	4,7	4,7	22,1
37	14	6,0	6,0	28,1
38	8	3,4	3,4	31,5
39	12	5,1	5,1	36,6
40	9	3,8	3,8	40,4
41	14	6,0	6,0	46,4
42	8	3,4	3,4	49,8
43	14	6,0	6,0	55,7
44	9	3,8	3,8	59,6
45	11	4,7	4,7	64,3
46	9	3,8	3,8	68,1
47	6	2,6	2,6	70,6
48	10	4,3	4,3	74,9
49	7	3,0	3,0	77,9
50	5	2,1	2,1	80,0
51	9	3,8	3,8	83,8
52	5	2,1	2,1	86,0



53	9	3,8	3,8	89,8
54	5	2,1	2,1	91,9
55	3	1,3	1,3	93,2
56	1	,4	,4	93,6
57	1	,4	,4	94,0
58	1	,4	,4	94,5
59	3	1,3	1,3	95,7
60	2	,9	,9	96,6
61	1	,4	,4	97,0
62	1	,4	,4	97,4
63	2	,9	,9	98,3
64	2	,9	,9	99,1
68	1	,4	,4	99,6
70	1	,4	,4	100,0
Total	235	100,0	100,0	

According to Table 4, 41 people (17.4%) of the participants do not feel continuous anxiety and 184 (82.6%) of them constantly feel anxiety.

The state anxiety score of 5 (7.3%) of 68 men (28.9%) of the participants was higher than 50. Since the scores of 63 people (92.6%) are below 50, their situational concerns are low. In 167 women (71.1%), the state anxiety scores of 57 people (33.1%) were more than 50 and 110 (65.9%) people had state anxiety scores less than 50%. In females, 148 individuals (88.6%) had trait anxiety scores above 35 and 19 (11.4%) individuals had trait anxiety scores below 35. In trait anxiety, 47 of the men (69.1%) had high trait anxiety scores above 35, and 21 (30.9%) had trait anxiety scores below 35. In females, 148 individuals (88.6%) had trait anxiety scores above 35 and 19 (11.4%) individuals had trait anxiety scores below 35. As can be understood from here, the state anxiety scores are low and trait anxiety scores are high in both women and men.

In marital status, 153 (65.1%) of those who are married are high in state anxiety, 41 (26.8%) and 131 (85.6%) in constant anxiety. 82 people (34.9%) among singles, 21 people (25.6%) were high in state anxiety and 68 people (82.9%) were high in state anxiety. Trait anxiety scores are higher than state anxiety scores in both married and singles.

When we look at the level of anxiety by sector, 13 (30.2%) out of 43 (18.3%) working in the health sector have high stagnant anxiety, and 30 (81.7%) have low anxiety. In the health sector, trait anxiety was found to be high in 34 (79.1%), and trait anxiety was found to be low in 9 (20.8%). Of the 27 people (11.5%) working in the education sector, 9 (33.3%) had high static anxiety, 18 (88.5%) had low static anxiety, and 19 (70.3%) had high trait anxiety 8 Trait anxiety is low in individuals (19.7%). Of the 38 people (16.2%) working in the finance sector, 10 people (26.3%) had high stagnant anxiety and 28 people (73.7%) had low stagnant anxiety. Thirty (78.9%) people in the financial sector had high trait anxiety and 8 (21.1%) had low trait anxiety). Stagnant anxiety was high in 39 people (16.6%), 3 people (7.7%) working in textiles, and low in people (93.3%). 31 people (79.5%) had high trait anxiety in textiles and 8 people (21.5%) had low trait anxiety. Of the 44 self-employed people (18.7%), 15 people (34%) had high static anxiety, and 29 people (66%) had low static anxiety. Self-employed 42 people (95.5%) had high trait anxiety and 4 (4.5%) had low trait anxiety. Of the 44 self-employed people (18.7%), 15 people have stagnant anxiety and 42 people have trait anxiety. Of the 44 people (18.7%) working in the agricultural sector, 11 people have stagnant anxiety and 39 people have high trait anxiety. 39 people (88.6%) working in agriculture have high trait anxiety and 5 people (11.3%) have low trait anxiety.

## 7. CONCLUSION AND RECOMMENDATIONS

The Covid-19 pandemic, which affects the whole world, has caused changes in all areas and caused radical changes in private and social life. Habits and lifestyle have changed, new habits and behaviors have been acquired. It causes anxiety, which started for the first time in December and

still continues, the time is not known for sure and the result is unknown. It also increases the anxiety in the fear of getting sick or dying for themselves and their relatives.

Anxiety that occurs in uncertain environments negatively affects life, causing despair, unhappiness, burnout, reluctance, fear, panic, and various psychological and physiological disorders. In this study, it is seen that the situational anxiety scores are lower than the trait anxiety scores in all sectors, women and men, married and single people, that is, all people. This uncertain environment causes constant anxiety. Studies on anxiety Many studies have shown that epidemic diseases cause a great trauma in humans and anxiety level increases (Taylor et al., 2008). Sakaoğlu et al. (2020) evaluated the state and trait anxiety scores of the staff at Tepecik Hospital and found that the mean of State anxiety score was 44.17 (Sakaoğlu et al, 2020). Şimşek et al. (2018), in a study conducted with students with hearing loss, stated that although people with hearing loss have trait anxiety levels, their state anxiety levels are high. These people have difficulty in their daily activities and their level of state anxiety increases. Due to the pandemic, he is worried about the uncertainties in his individuals and his anxiety constantly increases.

Although anxiety is at a certain level, it does not harm the person, it causes many discomfort in people and must be treated.

To reduce constant anxiety, never lose heart, adopt simple habits and try to feel good.

You can do long-term exercises such as relaxation and breathing exercises at home. You can use a variety of online tutorials or books for personal development.

You can find new professions and have a good time with your family.

You can protect yourself, your family and your environment by taking various precautions against the epidemic and using personal protective equipment.

This study was conducted in the Marmara region and can be expanded further. However, it is important to take measures for all countries of the world to reduce anxiety and develop new policies.

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