The Effects of Fear of COVID-19 on Future Expectations in Nursing Students in Turkey

Zeliha Büyükbayram and Seyhan Citlik Saritas

Abstract
This study aims to determine the effects of fear of COVID-19 on future expectations among nursing students. The research is a correlational descriptive study. This study was conducted with 310 nursing students of a state university. The COVID-19 fear and future expectation mean scores of the participants were found, respectively, as 17.16 ± 5.36 and 48.09 ± 8.77. The COVID-19 fear levels of the participants significantly varied based on their gender, whereas their future expectation levels significantly varied based on their place of residence, status of willingly choosing their department and status of having someone in their surroundings and family who had COVID-19 (p < 0.05). No significant relationship was identified between the COVID-19 fear and future expectation levels of the participants (p > 0.05). In this study, it was determined that the COVID-19 fear and future expectation levels of the nursing students were moderate. It was found that fear of COVID-19 did not significantly affect future expectations.

Keywords
nursing, student, fear of COVID-19, future expectations, Turkey

1Siirt University Faculty of Health Sciences, Siirt, Turkey
2Inonu University Faculty of Nursing, Malatya, Turkey

Corresponding Author:
Seyhan Citlik Saritas, Inonu University Faculty of Nursing, Battalgazi, Malatya, Turkey. Email: seyhancitlik@hotmail.com
Introduction

In December 2019, high numbers of unexplained pneumonia cases were reported in the city of Wuhan in the Hubei province of China, and epidemiological findings revealed later that these cases were caused by a novel coronavirus (SARS-CoV-2) (Huang et al., 2020). Within the next few months, new coronavirus disease-2019 (COVID-19) cases started to be reported in many places around the world, and the outbreak was declared as a global pandemic by the World Health Organization on 11 March 2020 (World Health Organization, 2021). After the onset of the pandemic, the flow and rhythm of life started to change in the entire world. Governments worldwide initiated self-isolation and social distancing rules and travel restrictions to prevent the spread of the virus. In addition to the health-related outcomes of this pandemic, negative issues started to be experienced in many other fields (Elsharkawy & Abdelaziz, 2020; Martínez-Lorca et al., 2020). One of the areas where the negative effects of the COVID-19 pandemic have been experienced is the field of education (Çevirme & Kurt, 2020). Due to concerns about viral exposure to COVID-19 and the need to sustain the supply of personal protective equipment (PPE), many nursing programs instantly took students out of their applied clinical practice at health institutions and had to carry out these practices through distance education. The start of the online provision of the theoretical and applied classes of nursing students affected these students negatively (Nehir & Tavşanli, 2021). Additionally, issues such as the facts that the disease constantly continued to spread throughout the pandemic process, the difficult working conditions of healthcare personnel continuously came into the agenda, as well as news stories on the media about COVID-19 that created fear, have led nursing students to experience fear. It may be stated that these rapid changes, lack of sufficient information regarding the pandemic process and uncertainties have led to fear especially in university students who are enrolled in applied programs like nursing students. Previous studies have determined that nursing students experienced fears of getting infected with COVID-19 (Alsolais et al., 2021; Medina Fernández et al., 2021). This fear experienced by students in the pandemic process could be reflected on their daily lives and plans about the future.

As soon as individuals choose to receive education in a profession, their expectations about the profession start to form (Taşkin Yılmaz et al., 2014). Future expectations are cognitive processes that involve the thoughts, feelings, interests and concerns regarding the future. University years constitute a turning point where students plan their future (Tuncer & Tanas, 2020). While students who are not able to make their future plans well or realize their expectations may experience feelings of hopelessness and stress, while those that make their future plans in the right way and try to realize their expectations may have more positive lives (Tuncer, 2011). The future expectations of youths and their hope about reaching these expectations may not only affect their mental health and levels of satisfaction from their lives but also become influential in determining the transformation process of society and the direction of this transformation (Taşkiran et al., 2020). Karadağ et al. found in their study conducted
with nursing students that 44.1% of the students had concerns about the future of the profession, while Taşkin et al. reported that 37.6% of nurses had negative profession-related future expectations (Karadağ et al., 2015; Taşkin Yılmaz et al., 2014). In this context, it is important to determine the levels of fear in nursing students caused by this pandemic process and their future expectations. Therefore, in this study, it was aimed to examine the effects of fear of COVID-19 on future expectations in nursing students.

Methods

Study Design and Sample

The research is a correlational descriptive study. This study was conducted with 310 nursing students of a state university in southeastern Turkey. The population of the study was composed of the undergraduate students of the faculty of nursing, and the sample of the study was the students who agreed to participate in the research. The faculty approximately has 900 nursing students. The study sample size was determined with the G power program. Effect size 0.5; confidence interval 0.95; significance level 0.05; when the power was accepted as 95%, 310 nursing students were calculated.

Data collection

The data of the study were collected in July 2021 using a Student Information Form, the Fear of COVID-19 Scale and the Future Expectations Scale through the internet to reduce face-to-face interaction due to the ongoing isolation measures brought about by the COVID-19 pandemic. The forms consisted of a total of 32 questions, and they took an average of 6–7 minutes for each participant to complete.

Data Collection Instruments

Student Information Form. The form that was prepared by the researchers in line with the literature (Duman, 2020; Elsharkawy & Abdelaziz, 2020) included questions on the sociodemographic characteristics (age, gender, year of study, place of residence, chose the department willingly) of the participants and their characteristics (has a chronic disease, has had COVID-19, has others in family or around who has had COVID-19, has others in family or around who has died from COVID-19) related to the objective of the study.

Fear of COVID-19 Scale. The scale was developed by Ahorsu et al. (2020). The validity and reliability of the scale in Turkish were tested by Bakioğlu et al. (2020). It is a seven-item, single-factor and 5-point Likert-type scale (response options are 1: Absolutely disagree to 5: Absolutely agree). The total scale score shows the level of fear of COVID-19 experienced by the respondent, the possible total scores vary in the range of 7–35, and higher scores indicate higher levels of fear. The Cronbach’s alpha internal
consistency coefficient of the scale was reported as 0.82 (Bakioğlu et al., 2020). In this study, the Cronbach’s alpha coefficient was calculated as 0.85.

Future Expectations Scale. The scale was developed by Tuncer (2011) to determine the future expectations of students of higher education, and it consists of 14 items and one dimension. The 5-point Likert-type scale has response options “from absolutely disagree to absolutely agree.” Higher scores indicate high expectations from the future, while lower scores indicate low expectations. The Cronbach’s alpha internal consistency coefficient of the scale was reported as 0.84 (Tuncer, 2011). In this study, the Cronbach’s alpha coefficient was calculated as 0.86.

Analysis

The data were analyzed using the IBM SPSS Statistics 25.0 program. The normality of the distribution of the data was tested using Shapiro–Wilk test and Q-Q plots. The descriptive statistics included frequencies, percentages, means and standard deviations. The data were analyzed using independent-samples t-test, Mann–Whitney U test, analysis of variance (ANOVA), Kruskal–Wallis test and Pearson’s correlation analysis. The level of statistical significance was accepted as \( p < 0.05 \).

Ethical approval for the study was obtained from the Non-Interventional Clinical Studies Ethics Committee of University (Date: 30/06/2021 and Number: 11284). All procedures performed were in accordance with the ethical standards of the national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Limitations of the Study

The limitations of the current study are determined by several issues. First, the responses of the participants are limited to those provided in the statements. Second, due to the current isolation policy during the COVID-19 pandemic, the study data were obtained online rather than face-to-face. Finally, the data were obtained in a correlational descriptive setting, and only from the nursing students at a university in Turkey. Therefore, the results may not be representative of all Turkish nursing students.

Results

In this study, the mean age of the participants was found as 22.00 ± 2.44, 64.8% of the participants were female, 31.3% were in their 3rd year of study, 60.6% were residing in the city center, 91.9% were living with their families, 74.8% chose their department willingly, 93.9% did not have any chronic disease, 76.1% had not had COVID-19, 83.5% had someone in their family or around them who had COVID-19, 56.5% had someone in their family or around them who died from COVID-19, the participants’
mean level of fear of COVID-19 was 17.16 ± 5.36, and their mean level of future expectations was 48.09 ± 8.77 (Table 1).

The COVID-19 fear levels of the participants significantly varied based on their gender ($p < 0.05$). Additionally, their future expectation levels significantly varied based on their place of residence, status of willingly choosing their department and status of having someone in their surroundings and family who had COVID-19 ($p < 0.05$) (Table 2).

No significant relationship was identified between the COVID-19 fear and future expectation levels of the participants ($p > 0.05$) (Table 3).

**Discussion**

The first emergence of the COVID-19 outbreak in the city of Wuhan in China resulted in various precautions taken all over the world. As students have had to stay at home and comply with social isolation rules, the process has led them to be physiologically and psychologically affected (Arıkan et al., 2021; Mekonen et al., 2021). Many studies have reported that students experienced fear, stress, anxiety, and depression during the COVID-19 pandemic period (Beisland et al., 2021; Cao et al., 2020; Karawekpanyawong et al., 2021; Mekonen et al., 2021). Studies among different groups stated that fear was experienced more frequently among the psychological effects of the COVID-19 pandemic (Reznik et al., 2020; Trnka & Lorencova, 2020). These results have shown that the pandemic has had a significant effect on people’s mental health.

In this study, we investigated the COVID-19-related fears and future expectations of nursing students as one of the groups that have been affected by the pandemic most. In our study, it was determined that the mean (17.16 ± 5.36) fear of COVID-19 score of the participants was on a moderate level (Table 1). In their study conducted with nursing and midwifery students, Nehir et al. found that the fear of COVID-19 levels of the students were slightly higher than moderate (Nehir & Tavsınli, 2021). In the study of de los santos et al., it was determined that nursing students had moderate and high levels of fear of COVID-19 regardless of their grade level (De Los Santos et al., 2021). Studies carried out with university students at different departments of study have also observed that these students experienced fear of COVID-19 (Alsolais et al., 2021; Duman, 2020; Elsharkawy & Abdelaziz, 2020; Green et al., 2021; Martínez-Lorca et al., 2020; Saravanan et al., 2020). The results of our study were in parallel with those in the literature.

We found in our study that the mean fear of COVID-19 scores of the participants varied significantly based on their gender, and the mean score of the women was higher (Table 2). In studies similar to our study, it was determined that the average of COVID-19 fear scores was higher in women (Bakioğlu et al., 2020; Bonnici et al., 2020; Karawekpanyawong et al., 2021). Their result supported the result of our study. In their study conducted with university students, Duman found no significant difference in levels of COVID-19-related fear based on gender (Duman, 2020). Other studies
conducted with university students have also reported no significant gender-based difference in fear experienced as a consequence of the COVID-19 pandemic (Cao et al., 2020; Özşahin & Aksoy, 2021). The differences between the results of other studies and

Table 1. Descriptive Characteristics of the Participants.

| Descriptive characteristics       | S   | %    |
|----------------------------------|-----|------|
| Gender                           |     |      |
| Female                           | 201 | 64.8 |
| Male                             | 109 | 35.2 |
| Year of study                    |     |      |
| 1st Year                         | 61  | 19.7 |
| 2nd Year                         | 59  | 19.0 |
| 3rd Year                         | 97  | 31.3 |
| 4th Year                         | 93  | 30.0 |
| Place of residence               |     |      |
| City center                      | 188 | 60.6 |
| District center                  | 83  | 26.8 |
| Town-village                     | 39  | 12.6 |
| Lives with                       |     |      |
| Family                           | 285 | 91.9 |
| Friend(s)                        | 11  | 3.5  |
| Others                           | 14  | 4.5  |
| Chose the department willingly   |     |      |
| Yes                              | 232 | 74.8 |
| No                               | 78  | 25.2 |
| Has a chronic disease            |     |      |
| Yes                              | 19  | 6.1  |
| No                               | 291 | 93.9 |
| Has had COVID-19                 |     |      |
| Yes                              | 74  | 23.9 |
| No                               | 236 | 76.1 |
| Has others in family or around who has had COVID-19 | | |
| Yes                              | 259 | 83.5 |
| No                               | 51  | 16.5 |
| Has others in family or around who has died from COVID-19 | | |
| Yes                              | 175 | 56.5 |
| No                               | 135 | 43.5 |
| Mean age                         | Min–max | 
| | 18–36 | 22.00 ± 2.44 |
| Fear of COVID-19 scale           | 7–32 | 17.16 ± 5.36 |
| Future expectations scale        | 23–70 | 48.09 ± 8.77 |

Min: Minimum; Max: Maximum; SD: Standard deviation; \( \bar{X} \) = Mean.
Table 2. Comparison of the Mean Fear of COVID-19 and Future Expectation Scores of the Participants Based on Their Descriptive Characteristics.

| Descriptive Characteristics | Fear of COVID-19 (X±SD) | Future Expectations (X±SD) |
|-----------------------------|--------------------------|----------------------------|
| Gender                      |                          |                            |
| Female                      | 18.10 ± 5.01             | 48.07 ± 8.45               |
| Male                        | 15.44 ± 5.57             | 48.11 ± 9.37               |
| Test and significance       | *t* = 4.29 *p* = 0.00    | *t* = −0.28 *p* = 0.97     |
| Year of study               |                          |                            |
| 1st Year                    | 16.73 ± 4.91             | 47.19 ± 9.41               |
| 2nd Year                    | 17.64 ± 5.05             | 47.74 ± 7.30               |
| 3rd Year                    | 17.95 ± 5.63             | 48.51 ± 9.18               |
| 4th Year                    | 16.32 ± 5.47             | 48.45 ± 8.84               |
| Test and significance       | *F* = 1.772 *p* = 0.15   | *F* = 0.367 *p* = 0.77     |
| Place of residence          |                          |                            |
| City center                 | 16.81 ± 5.27             | 47.12 ± 9.06               |
| District center             | 18.00 ± 5.31             | 49.24 ± 7.79               |
| Town-village                | 17.07 ± 5.82             | 50.30 ± 8.83               |
| Test and significance       | *F* = 1.405 *p* = 0.247  | *F* = 3.147 *p* = 0.04     |
| Lives with                  |                          |                            |
| Family                      | 17.25 ± 5.40             | 47.85 ± 8.79               |
| Friend(s)                   | 14.81 ± 4.11             | 48.27 ± 8.88               |
| Others                      | 17.21 ± 5.38             | 52.71 ± 7.45               |
| Test and significance       | KW = 3.311 *p* = 0.19   | KW = 4.992 *p* = 0.08      |
| Chose the department willingly |                         |                            |
| Yes                         | 17.40 ± 5.13             | 49.31 ± 7.93               |
| No                          | 16.46 ± 5.97             | 44.46 ± 10.11              |
| Test and significance       | *t* = 1.34 *p* = 0.17   | *t* = 4.34 *p* = 0.00      |
| Has a chronic disease       |                          |                            |
| Yes                         | 16.42 ± 5.57             | 45.05 ± 9.24               |
| No                          | 17.21 ± 5.35             | 48.28 ± 8.72               |
| Test and significance       | *U* = 2669.50 *p* = 0.80 | *U* = 2171.50 *p* = 0.11  |
| Has had COVID-19            |                          |                            |
| Yes                         | 17.63 ± 5.58             | 47.94 ± 9.43               |
| No                          | 17.02 ± 5.29             | 48.13 ± 8.57               |
| Test and significance       | *t* = 0.85 *p* = 0.39   | *t* = −0.16 *p* = 0.87     |
| Has others in family or around who has had COVID-19 |                    |                            |
| Yes                         | 17.34 ± 5.27             | 47.33 ± 8.74               |
| No                          | 16.27 ± 5.28             | 51.92 ± 7.92               |
| Test and significance       | *t* = 0.96 *p* = 0.19   | *t* = 0.24 *p* = 0.01110   |
| Has others in family or around who has died from COVID-19 |                  |                            |
| Yes                         | 17.53 ± 5.20             | 47.27 ± 8.93               |
| No                          | 16.69 ± 5.54             | 49.14 ± 8.48               |
| Test and significance       | *t* = 0.88 *p* = 0.17   | *t* = 0.45 *p* = 0.06      |

SD: Standard deviation; X = Mean; Min: Minimum; Max: Maximum; t: Independent-samples t-test; F: ANOVA; U: Mann–Whitney U test.
KW: Kruskal–Wallis test; *p* < 0.05 was accepted statistically significant.
In our study, the future expectation (48.09 ± 8.77) levels of the participants were found to be moderate (Table 1). Similarly, in their study conducted to determine expectations regarding the profession of nursing, Nazik and Arslan reported that most students had expectations about nursing education and the profession of nursing (Nazik & Arslan, 2014). Arık and Seyhan examined the future expectations of university students and found that the participants’ future expectations were positive (Arık & Seyhan, 2016). Üzüm and Uçkun investigated the relationship between factors that affect the career plans of students and the career-related future expectations of these students, and they identified a relationship between career-related future expectations and the variables of gender and thoughts of working in the field of one’s education (Üzüm & Uçkun, 2015). Tuncer determined that the mean future expectation score of students receiving education in different programs as high (Tuncer, 2011). Şanlı and Saraçlı analyzed factors that are effective on the future expectations of students and found that personality traits were the most effective factor on future expectations (Şanlı & Saraçlı, 2015). Another study reported that an increase in the future expectations of university students resulted in reduced levels of their academic procrastination tendencies (Dikmen, 2021). Different researchers who conducted studies with university students enrolled in different programs have also determined that the future expectations of students were positive (Apak & Acar, 2018; Tuncer & Tanas, 2020). Based on these results, it may be stated that future expectations are influenced by several factors. Various studies have found that factors such as family, economic status, education opportunities, knowledge, and skills are influential on the future expectations of university students. One of the significant problems experienced in the COVID-19 pandemic process is the fears of individuals. The result in our study may be interpreted as the participants were optimistic in relation to their future expectations despite the present uncertainties about the future.

In our study, there was a significant difference in the future expectation levels of the participants based on their places of residence, and the mean score of those who lived in towns-villages was higher (Table 2). In their study performed with university students, Üzüm and Uçkun did not find a significant relationship between the place of residence of the students and their career-related future expectations (Üzüm

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**Table 3.** Relationship between the Fear of COVID-19 and Future Expectation Levels of the Participants.

| Fear of COVID-19 | Future expectations |
|------------------|---------------------|
|                  | $r = 0.040$         |
|                  | $p = 0.48$          |

$r$: Pearson’s Correlation; $p < 0.05$ was accepted statistically significant.
& Uçkun, 2015). Tuncer, who investigated future expectations among 430 university students, found that the future expectation levels of the students who resided in the city center were higher (Tuncer, 2011). The differences in our study result may be due to the good employment opportunities of the students and the different social life and responsibility levels.

We identified in our study that the future expectation scores of the participants varied significantly based on their statuses of choosing the department of nursing willingly, and the mean score of those who chose the department willingly was higher (Table 2). In Dikmen’s study, a significant difference was found in the future expectation levels of university students based on whether or not they liked the department in which they were receiving education, and the future expectation levels of those who liked their department were higher (Dikmen, 2021). Nazik and Arslan observed that most students in their study included the department of nursing among their first five choices for application (Nazik & Arslan, 2014). Özgür et al. showed that 56% of nursing students chose the profession of nursing willingly, while 57.3% included the department of nursing among their first five choices for application (Özgür & Gümüş, 2008). In another study, 58.2% of the participating students stated that they could choose the profession of nursing again (Bulut et al., 2020). According to these results, it may be argued that students choose the profession of nursing willingly, and this increases their levels of future expectations. It may also be stated that the profession of nursing is being preferred at increasing rates every day due to the possibility of finding a job easily after graduation and opportunities of working at private institutions.

In our study, it was found that there was a statistically significant difference in the mean score of future expectation of the students who did not have COVID-19, according to the status of having COVID-19 in the family and environment of the students, and the mean score was found to be higher than those of the students who had it (Table 2). It can be said that the awareness of the need for the profession and the importance of the profession during this epidemic process has caused the students’ expectations about the profession to be positively affected.

In our study, no significant relationship was revealed between the COVID-19 fear levels and future expectation levels of the participants (Table 3). It may be suggested that fear of COVID-19 is not effective on the future orientation of students, and youths who have psychological tendencies towards thinking positively are more optimistic about the future. Although the results in our study and other studies in the literature have suggested that the harsh working conditions of nurses involving work overload and lack of sleep, their high potential to work closely with COVID-19-positive patients may not only affect their own health negatively but also exacerbate their anxieties and concerns about their profession, it may be concluded that the future expectations of nursing students, who are nurses of the future, are not negatively affected by these variables.
Conclusions

Consequently, this study identified the fear of COVID-19 and future expectation levels of the nursing students as moderate, while it was also observed that the fear that was experienced did not significantly affect future expectations.

Negative feelings experienced in the COVID-19 pandemic process may drive students away from the profession of nursing. Thus, it is important to provide psychological support for students for them to be able to cope with fear in this pandemic process. Furthermore, improvements in the knowledge and skills of students may be promoted by providing these students with guidance that is suitable for their vocational knowledge and skills that will positively influence their future expectations. It may be recommended to conduct future studies investigating COVID-19 fears and future expectations together by including university students enrolled in different departments.

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Ethical Approval

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Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ORCID iDs

Zeliha Büyükbayram ̊ https://orcid.org/0000-0001-9152-6662
Seyhan Citlik Saritas ̊ https://orcid.org/0000-0003-2519-0261
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