



Research Article

# The Relationship between Spiritual Well-Being and Fear of COVID-19 in Individuals with Chronic Disease during COVID-19 Outbreak

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## Abstract

The aim of this research is to determine the relationship between the spiritual well-being levels of individuals with chronic diseases and their fear levels of COVID-19 during the COVID-19 pandemic. The study was designed and conducted as cross-sectional and correlational research. The research was conducted with 323 individuals with chronic diseases living in Iğdır city located in the Eastern Anatolia Region of Turkey between the dates 05<sup>th</sup> of June of 22<sup>nd</sup> of June of 2020. Data were collected using a personal information form, Spiritual Well-Being Scale (FACT-SP), and Coronavirus Fear Scale (C19P-S). Mean, percentile distributions, and Pearson Correlation Analysis were used to analyze the data. It was determined that total score average of the participants on the FACT-SP was  $28.94 \pm 5.61$ , and it was  $59.43 \pm 16.71$  for the C19P-S. It was determined that individuals' spiritual well-being and fear of COVID-19 mean scores were moderate, while meaning, peace, and faith sub-dimension domains were above the moderate level. In addition, it was indicated that the psychological and social fear levels of were above the average, and their somatic and economic fear levels were below the average. A negative significant relationship was found between the levels of meaning, faith and peace in the spirituality sub-dimensions of individuals with chronic diseases and the fear of coronavirus. It was observed that as individuals' spirituality increased, their fear of coronavirus decreased. It was recommended to provide telephone consultation service to individuals with chronic diseases during the pandemic to reduce their fear levels and inform them using mass communication methods.

## Keywords:

COVID-19 • Fear • Chronic Disease • Spiritual Well-Being.

## COVID-19 Salgın Sürecinde Kronik Hastalığı Olan Bireylerde Manevi İyi Oluş ile COVID-19 Korkusu Arasındaki İlişki

## Öz

Bu araştırmanın amacı, COVID-19 salgını sürecinde kronik hastalığı olan bireylerin manevi iyi oluş düzeyleri ile COVID-19 korku düzeyleri arasındaki ilişkiyi belirlemektir. Araştırma tanımlayıcı ve kesitsel türde yapıldı. Araştırma 05-27.06.2021 tarihleri arasında Türkiye'nin Doğu Anadolu Bölgesinde yer alan bir şehirde yaşayan kronik hastalığı olan 323 birey ile yürütüldü. Veriler kişisel bilgi formu, Manevi İyi Oluş Ölçeği (FACT-SP) ve Koronavirüs Korku Ölçeği (C19P-S) kullanılarak toplandı. Verilerin değerlendirilmesinde; ortalama, yüzdelik dağılımlar ve Pearson Korelasyon analizleri kullanıldı. Katılımcıların manevi iyi oluş ölçeği toplam puan ortalamasının  $28.94 \pm 5.61$ , koronavirüs korku ölçeği puan ortalamasının  $59.43 \pm 16.71$  olduğu belirlendi. Bireylerin manevi iyi oluş ile COVID-19 korku puan ortalamalarının orta seviyede olduğu, anlam, barış ve inanç alt boyut puan ortalamalarının ise, orta seviyenin üstünde olduğu belirlendi. Kronik hastalığı olan bireylerin psikolojik ve sosyal korku düzeyleri ortalamının üstünde, somatik ve ekonomik korku düzeyleri ortalamanın altında olduğu saptandı. Kronik hastalığı olan bireylerin maneviyat alt boyutlarında yer alan anlam, inanç ve barış düzeyleri ile koronavirüs korku düzeyleri arasında negatif yönlü anlamlı bir ilişki bulundu. Bireylerin maneviyatın arttıkça koronavirüs korku düzeylerinin azaldığı görüldü. Pandemi döneminde kronik hastalıklı olan bireyler korku düzeylerini azaltmada kitle iletişim yöntemleriyle bilgilendirilme ile telefonla danışmanlık hizmeti verilmesi önerilebilir.

## Anahtar Kelimeler:

COVID-19 • Korku • Kronik Hastalık • Manevi iyi oluş.

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Coronavirus (COVID-19) is an infectious disease that has become an important public health problem in many countries around the world, including Turkey. Starting from Wuhan, China, in early December 2019, COVID-19 spread to the whole world in a short span of time (Zhao et al., 2020; Arslan et al., 2020). Not only did COVID-19 pose serious threats to physical health, but many factors such as the uncertainty of the disease, social distancing, self-isolation, and quarantine began to affect the psychological and mental health of people (Cao et al., 2020; Chen et al., 2020; Yıldırım&Solmaz, 2020). Studies show that the COVID-19 pandemic has serious consequences, especially on people with chronic diseases (Büssing et al., 2020; Guan et al., 2020; Huang et al., 2020). “Chronic diseases are long-term diseases that progress slowly, last for three months or longer, are caused by more than one risk factor, usually have a complicated course, have no definitive treatment, and affect the quality of life of the person” (World Health Organization, 2020). The Centers for Disease Control and Prevention (CDC) analyzed a group of patients hospitalized with the diagnosis of COVID-19 in 14 states in March 2020, and many patients were found to have serious underlying health problems. It was determined that 89% of patients had at least one chronic disease, and this rate increased to 94% for patients 65 years and older (Centers for Disease Control and Prevention, 2019). In another study conducted in Wuhan, mortality was reported as 61.5% in 52 intensive care unit patients infected with SARS-CoV-2 (Yang et al., 2020).

During the COVID-19 pandemic, health personnel who are not experts in the field of chronic diseases were assigned to the COVID-19 clinics. This has jeopardized the treatment and care of oncology patients, the elderly, and people with chronic conditions (Wang & Tang, 2020). It is stated that some elderly patients, especially with chronic diseases, begin to experience widespread anxiety about discontinuation or termination of treatment due to sudden separation from their loved ones, lack of livelihood, loss of freedom, and uncertainty of the status of the disease (Brooks et al., 2020). Different quarantine policies have been implemented in different countries to contain the coronavirus (COVID-19) pandemic in a timely manner. In this case, it was stated that patients with chronic diseases such as cardiovascular diseases, cancer, diabetes, etc. begin to experience emotional discomfort, depression, anxiety, anger, and fear (Wang et al., 2020; Zhang & Song, 2020; Ing et al., 2020). Individuals’ reactions to a chronic illness are usually in the form of feelings of tension and anxiety. These emotional states can occur in the form of indifference towards behaviors and the environment and excessive fear of many things (Baldacchino, 2006).

It is indicated that due to emotional changes such as depression, anxiety, and fear experienced during the chronic disease process, patients are in search of spirituality to cope with these problems (Balboni et al., 2013). Although a single, all-encompassing, definition is not available, spirituality can be described as “the aspect of humanity that

refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred,” (Puchalski et al., 2014) Religion is a related concept that can be described as a group of beliefs about the transcendent that are shared by a community (Balboni et al., 2010). Koeing et al. (2004) stated in their study that spiritual attitudes and experiences are more common in hospitalized patients. It is emphasized that spiritual attitudes are associated with improved social support, psychological and physical health, and spiritual attitudes reduce the number and duration of hospitalizations (Koeing et al., 2004). Studies show that spiritual well-being reduces the level of anxiety and fear in chronic diseases, plays an important role in the fight against the disease, helps patients adapt to the disease, improves and develops mental health, and increases the quality of life (Davison & Jhangri, 2010; Hosseini et al., 2013; Momeni et al., 2013; FaezehTorabi et al., 2017). Moreover, studies have also shown that spirituality is a factor that has a positive effect on mental health, especially in cancer patients (Boscaglia et al., 2005; Choumanova et al., 2006; Narayanasamy, 2003; Albayrak et al., 2019). Spirituality comes to the forefront especially in difficult times when a person’s values and beliefs such as emotional stress, physical illness and death are threatened or when an individual is in an existential crisis and trying to find answers about life and eternity, and failing to reach the meaning of life, hope, power, and resources of connection (Arslan & KonukŞener, 2009; Chatrung et al., 2015).

It is stated that the spiritual needs of individuals have increased during the COVID-19 process and the importance of spirituality has become more prominent (González-Sanguino et al., 2020). In the religious coping theory developed by Pargament, it is stated that individuals with stronger religious orientation benefit from more spiritual coping practices. It is reported that spirituality has an important place in people’s lives, helping individuals to make sense of, maintain and transform their lives. It is emphasized that spiritual coping fulfills five main functions such as discovering meaning, gaining control, gaining comfort through proximity to the Creator, reaching closeness with others, and transforming life. Spirituality generally functions as a protective force in the coping process. Spirituality is said to help preserve feelings of meaning, mastery, and spiritual connection during a life crisis, while religious coping is increasingly protecting people from the harms of stress. At the same time, it is stated that spiritual coping practices are very effective in reducing stress, no matter how intense the stress is (Pargament et al., 2004; Xu, 2016). It is emphasized that spirituality is an important tool to cope with the problems experienced by individuals with chronic diseases during the COVID-19 pandemic, and it positively affects the treatment received by the patient (Wu & McGoogan, 2020). More studies on mental health and spirituality are expected to be conducted during COVID-19 pandemic (Simon et al., 2020). When the literature is examined, it is seen that individuals with chronic diseases cannot benefit enough from spiritual care services during the

COVID-19 process due to lack of time, professional training and lack of awareness. It also shows that individuals cannot reach spiritual care services adequately due to cultural differences among healthcare professionals, patients and their families, and individual, institutional, and cultural barriers. Spiritual care practices should be considered as an indicator of the quality level of the provided services, as in some developed countries. This study was conducted to determine the relationship between the spiritual well-being levels of individuals with chronic diseases and their COVID-19 fear levels. In addition, this study will help determine the relationship between concepts and attach more importance to spiritual care practices.

### **Research Questions**

- Is there a relationship between the spiritual well-being levels of individuals with chronic diseases during the COVID-19 epidemic and their COVID-19 fear levels?
- What are the spiritual well-being levels and COVID-19 fear levels of individuals with chronic diseases during the COVID-19 epidemic?

### **METHOD**

The study was conducted as cross-sectional and correlational research. The research was conducted with 323 individuals with chronic diseases living in Iğdır city located in the Eastern Anatolia Region of Turkey between 05-27 June 2020.

### **Study Group**

This study used snowball sampling. Snowball sampling technique is used when it is difficult to access individuals that make up the universe or when information about the universe is incomplete. This technique focuses on people and critical situations from which rich data can be obtained and reaches the universe by following these people and critical situations (Creswell, 2013). The universe of the study consisted of all individuals with chronic diseases who complied with the inclusion criteria (based on individual statements when meeting inclusion criteria) between the specified dates. This study was conducted with 323 Male (n=127, age=49.71±12.74), Female (n= 196, age=48.16±11.76) participants. The inclusion criteria for the present study are as follows: being 18 years old or older, not having a neurological disorder that would prevent the person to fill out the forms related to the study, not having a psychiatric diagnosis (depression, personality disorder, substance abuse, etc.), not having a communication problem, and being open to cooperation.

## **Data Collection Tools**

### **Personal Information Form**

The form was prepared by the researcher, and it consists of eight questions regarding the participants' age, gender, level of education received, employment status, occupation, perception of quality of life (self-report), marital status, and economic status (Bostan et al., 2020; Kasapoğlu, 2020; Ceyhan & Ünsal, 2018).

### **Spiritual Well-Being Scale (FACIT-Sp)**

The original scale was developed by the Functional Assessment of Chronic Illness Therapy, Spiritual Well-Being Scale (FACIT-Sp). The scale was translated into Turkish, and validity and reliability were measured by Aktürk et al. (2017). It is a 12-item scale that evaluates spiritual well-being. The scale has three subscale domains: meaning, peace, and faith. The items are scored on a five-point Likert-type scale as “not at all” (0 point), “a little bit” (1 point), “somewhat” (2 points), “Quite a bit” (3 points), and “Very much” (4 points). The higher the scale score, the better the spiritual well-being (Aktürk et al., 2017). In this study, the Cronbach alpha internal consistency coefficient of the FACIT-Sp scale was found 0.82.

### **The COVID-19 Phobia Scale (C19P-S)**

C19P-S is a 5-point Likert-type self-assessment scale developed by Arpacı et al. (2020) to measure phobia that may develop about the coronavirus. The items in the scale are rated on a 5-point scale from “Strongly Disagree” (1) to “Strongly Agree” (5). The scale consists of 20 questions and psychological, psycho-somatic, social, and economic subscales. The total C19P-S score is obtained by the sum of the subscale scores and ranges from 20 to 100 points. A higher score obtained from the scale indicates a greater phobia. In this study, the Cronbach alpha internal consistency coefficient of the C19P-S scale was found 0.78.

## **Data Collection**

The questionnaires were prepared through Google Forms and the data were collected by sending the link to the individuals with chronic diseases via WhatsApp and Telegram. In data collection, “Questions Regarding Individuals' Socio-Demographical Characteristics”, “Spiritual Well-Being Scale” and “COVID-19 Phobia Scale” were used.

## **Data Analysis**

The data were analyzed with SPSS 25.0 statistical software. Descriptive features such as frequency, percentage, mean, and standard deviation were used to evaluate the

data in the study. The conformity of the data to the normal distribution was evaluated with skewness and kurtosis values. C19P-S (skewness: .080, kurtosis: -.786), and FACIT-Sp (skewness: -.066, kurtosis: .139) were found to show normal distribution. Pearson correlation analysis was used to examine the relationship between COVID-19 fear level and spiritual well-being level.

### Ethical Aspect of the Study

Approval for the study was obtained from the Scientific Research and Publication Ethics Committee (number: 10879717-050.01.04). The consent of the participants was obtained online by giving information about the purpose and method of the study, the time they will allocate for the study, the fact that participating in the research would not cause any harm, and the participation was completely voluntary.

## RESULTS

When the distribution of the demographic characteristics of the participants is examined, it was investigated that the average age of the participants is  $48.86 \pm 21.98$ , 60.7% of the participants are female, 54.5% are primary school graduates, 60.1% are married, and it was determined that 44.3% responded to the question of regarding their perception of their mental health as moderate, while 45.8% responded to the question regarding their perception of their quality of life as moderate (Table 1).

**Table 1.**  
*Descriptive characteristics of Individuals*

Variables	(n=323)	
	Number	%
<b>Age</b>		
18-35	105	32.5
36-53	64	19.8
54-61	42	13.0
62 and older	112	34.7
<b>Gender</b>		
Female	196	60.7
Male	127	39.3
<b>Chronic disease</b>		
Cardiac	71	22
Hypertension	80	25
Diabetes	45	14
Other	127	39
<b>Education</b>		
Primary School	176	54.5
Secondary School	52	16.1
Certificate	83	25.7
Graduate and Postgraduate	12	3.7
<b>Marital Status</b>		
Married	194	60.1

Single	129	39.9
<b>Assessment of mental health</b>		
Poor	36	11.1
Moderate	143	44.3
Good	104	32.2
Very good	40	12.4
<b>Perception of quality of life</b>		
Poor	24	7.4
Moderate	148	45.8
Good	121	37.5
Very good	30	9.3

The mean scores of the subscales of the COVID-19 phobia scale are as follows: psychological factors  $20.68 \pm 5.80$  (above the average), psycho-somatic factors  $12.16 \pm 4.47$  (below the average), social factors  $15.76 \pm 5.22$  (above the average), economic factors  $10.81 \pm 3.57$  (below the average), and in total  $59.43 \pm 16.71$  (moderate). The mean scores of the subscales of the spiritual well-being scale are as follows: meaning  $9.11 \pm 2.26$  (above the moderate), peace  $8.08 \pm 2.50$  (above the moderate), faith  $11.73 \pm 2.90$  (above the moderate), and in total  $28.94 \pm 5.61$  (moderate) (Table 2).

**Table 2.**  
*Minimum, maximum and mean scores distribution for FACIT-sp and C19P-S*

Scale		Minimum	Maximum	Mean scores
Coronavirus Phobia Scale	Psychological	6.00	30.00	$20.68 \pm 5.80$
	Somatic	5.00	25.00	$12.16 \pm 4.47$
	Social	5.00	25.00	$15.76 \pm 5.22$
	Economic	4.00	20.00	$10.81 \pm 3.57$
	Total	20.00	97.00	$59.43 \pm 16.71$
Spiritual well-being scale	Meaning	0.00	16.00	$9.11 \pm 2.26$
	Peace	1.00	16.00	$8.08 \pm 2.50$
	Belief	2.00	16.00	$11.73 \pm 2.90$
	Total	13.00	44.00	$28.94 \pm 5.61$

When the relationship between individuals' spiritual well-being and coronavirus fear levels is examined (Table 3.), it is seen that there is no significant relationship between the average total score of spiritual well-being and the total score of the fear of coronavirus, and there is a negative relationship between the individuals' psychological fear level of coronavirus and peace & faith, which are the sub-dimensions of spiritual well-being ( $p < .05$ ). It was investigated that there was a statistically significant negative correlation between the participants' psycho-somatic coronavirus fear levels and meaning & peace ( $p < .05$ ). The results also revealed that there was a statistically significant negative correlation between the level of

coronavirus social fear and peace & belief ( $p < .05$ ). It was determined that there was a statistically significant negative correlation between the total score of COVID-19 phobia scale and the peace sub-dimension ( $p < .05$ ). This study explored that as the spiritual well-being levels of individuals with chronic diseases increased, their somatic coronavirus fear levels decreased ( $r = -.173$ ,  $p = .002$ ), (Table 3).

**Table 3.**  
*The relationship between Individuals' Mean Scores of FACIT-sp and C19P-S*

Spiritual Well-Being Scale		Meaning	Peace	Belief	Total
Coronavirus Phobia Scale	Psychological	$r = -.064$ $p = 0.250$	$r = -.183^*$ $p = \mathbf{0.001}$	$r = -.148^*$ $p = \mathbf{0.008}$	$r = -.031$ $p = 0.581$
	Somatic	$r = -.150^*$ $p = \mathbf{0.007}$	$r = -.191^*$ $p = \mathbf{0.001}$	$r = -.052$ $p = 0.350$	$r = -.173^*$ $p = \mathbf{0.002}$
	Social	$r = -.019$ $p = 0.739$	$r = -.132^*$ $p = \mathbf{0.018}$	$r = -.143^*$ $p = \mathbf{0.010}$	$r = -.008$ $p = 0.890$
	Economic	$r = -.072$ $p = 0.196$	$r = -.107$ $p = 0.054$	$r = -.087$ $p = 0.117$	$r = -.032$ $p = 0.569$
	Total	$r = -.084$ $p = 0.133$	$r = -.179^*$ $p = \mathbf{0.001}$	$r = -.101$ $p = 0.070$	$r = -.061$ $p = 0.271$

\* $p < 0.05$  significant.

### Discussion

It is stated that pandemic diseases cause serious negative and traumatic effects on people (Göksu & Kumcagiz, 2020). The COVID-19 pandemic also causes psychological problems such as panic disorder, fear, anxiety, and depression in individuals (Zhang et al., 2020; Wang et al., 2020; Takeddine & Tabbah, 2020). Individuals with high spirituality become more resilient in difficult and traumatic times such as the COVID-19 process and can adapt more easily to the new situation (Ing et al., 2020). Spiritual suffering during the COVID-19 pandemic can intensify the feeling of losing the meaning of life and even the loss of faith. The present study is important in terms of explaining the importance of spiritual well-being in individuals' tendency to struggle with life events. The information to be obtained regarding the pandemic might guide the prevention and intervention studies. The findings of this study, which was carried out to examine the relationship between the fear of coronavirus and the level of spiritual well-being of individuals with chronic diseases, were discussed in line with the literature. In this study, it was determined by the researchers that the coronavirus fear levels of individuals were moderate.

Researchers argued that diabetic patients are quite disturbed and worried due to the thought of being infected during the COVID-19 process (Joensen et al., 2020). It is emphasized that those with chronic diseases have more anxiety, fear, and stress symptoms towards coronavirus infection (Emami et al., 2020; Guo et al., 2020; Mazza et al., 2021; Özdin & Bayrak Özdin, 2020; Alacahan et al., 2021). Gyasi (2020) stated that the fear of individuals increased during the pandemic process and

their mental health was negatively affected. It was indicated by the researchers that cancer patients have a high level of fear of coronavirus (Erşen et al., 2020). Altundağ (2021), in his study to determine the fear of COVID-19 and psychological resilience during the pandemic period, explored that individuals with chronic diseases have higher coronavirus fear levels (Altundağ, 2021). In addition, in a study conducted in Israel, a positive relationship was found between fear of COVID-19 and having a chronic disease (Bitan et al., 2020). Doshi et al. (2020) reported in their study that individuals' coronavirus fear levels are below the average. The results of the present study differ from the results of Doshi et al.'s study. It is thought that this result is due to the low educational status of the individuals included in their study. Findings of some studies showed that educational level affects the level of fear (Celik & Edipoglu, 2018; Ruhaiyem et al., 2016). In the present study, it was investigated that the spiritual well-being levels of the individuals were above the medium level.

Increasing the level of spiritual well-being is accepted as a life-enhancing factor and coping resource that allows patients to cope with difficulties better (Heidari et al., 2019). Gürsu and Ay (2018) and Doğan (2018) conducted studies with elderly individuals living with their families, and it was found that the level of spiritual well-being of the individuals was above the medium level (Gürsu & Ay, 2018; Doğan, 2018). The fact that the individuals' spiritual well-being was above the medium level is thought to be caused by their spending more time with their families because of their anxiety and the quarantine process. In addition, it is thought that the spiritual needs of individuals arise from the fact that they are used more in crisis situations. Individuals feel happier and safer when they live with their relatives. It was argued that individuals who experience happiness in their spiritual world can overcome cognitive negativities by further strengthening their ties with life in an environment where they receive respect and love (Öz, 2001).

This study was conducted by the authors to better understand the relationship between spiritual well-being and fear of COVID-19. When the studies conducted in and out of Turkey are examined, it was noticed that, to the best knowledge of the authors, no study has been found that examines the relationship between fear of coronavirus and spiritual well-being in individuals with chronic diseases. For this reason, at the stage of discussing the findings we have obtained, it has been tried to reach a conclusion by comparing it with the results of the relevant literature, which is considered to contribute to the interpretation of similar study findings. In this study, a significant negative correlation was found between somatic fear and spiritual well-being. In the present study, the researchers stated that the increase in the level of spiritual well-being of individuals with chronic diseases will decrease their negative thoughts about the physiological problems. It is emphasized that mental changes in individuals can increase the fear of their bodies (Güner & Ural, 2017).

Gashi (2020) indicated that spiritual coping has contributed positively to the pandemic process. In addition, it was emphasized that spirituality makes positive contributions to people in the fight against coronavirus as well as in the face of similar disasters and crises. The findings of Gashi's study show similarity with the present paper. Researchers explored that a significant relationship was found between the fear of COVID-19 and spirituality (Hatun et al., 2020). However, there are only a few studies confirming this relationship during the COVID-19 pandemic. Among these few studies, Roberto et al. (2020) examined the relationship between COVID-19, spirituality, and resilience, and they investigated that spirituality also affects resilience in the context of COVID-19 (Roberto et al., 2020). Similarly, in the study conducted by Maraj et al. (2020), the relationship between resilience and hopelessness was investigated and it was stated that spirituality was effective in this relationship. Spirituality plays an important role in better coping with crises and traumas such as the COVID-19 pandemic (Baykal, 2020).

It was also argued that spiritual coping has a stress-relieving role among the American Jewish community dealing with the COVID-19 epidemic in the most affected region of the USA (Pirutinsky et al., 2020).

In this study, a negative significant relationship was found between the level of COVID-19 somatic fear and meaning & peace. It is thought that individuals can make sense of the fear that occurs, and that they make a spiritual effort to overcome it, and this allows them to think positively. Studies on spiritual meaning, which is one of the variables that give meaning to life, indicate that spiritual meaning is positively related to positive psychological health indicators and it helps to prevent psychological risk factors (Katsogianni & Kleftharas, 2015; Emmons, 2003). It is emphasized in the present paper that there is a negative significant relationship between the level of COVID-19 psychological fear and meaning & peace. It can be said that patients try to make positive sense of their psychological fears and to come to terms with this fear. In the study of Walsh (2020), the fact that this fear has not been experienced before during the pandemic process makes it difficult for the individual to understand this situation. It is also emphasized that individuals are making an effort to understand the consequences of COVID-19 and uncertainties about the disease (Walsh, 2020).

The emergence of mental problems also pushes people to different searches. These searches focus especially on understanding and making sense of events. It is stated that spirituality is the most sheltered place for human beings in terms of understanding and interpretation. Interventions and practices that will strengthen spirituality or a strong perception of spirituality reduce the fear that may occur in the individual (Gashi, 2020). In this study, the authors revealed that building better coping mechanisms and having resilience are possible with higher spiritual well-

being. Thus, both individuals and authorities can attach importance to the spiritual well-being of individuals and adopt a more holistic approach that includes both scientific and spiritual coping methods to combat the pandemic. The COVID-19 fear of people with chronic diseases is caused not only because they are in the risk group for COVID-19, but also the difficulties they experience in the management of their chronic diseases and their feeling of stigma. It is thought that the development of appropriate follow-up and treatment strategies for individuals with chronic diseases during the pandemic and the priority of risk groups in terms of psychological support for fear of COVID-19 will yield positive results.

### **Conclusion and Recommendations**

In Turkey, no study has been found that examines the relationship between the spiritual well-being of people with chronic diseases during the COVID-19 process and the fear of COVID-19. It was determined that most of the participants could not perceive their quality of life and mental state appropriately. The findings of the study revealed that the spiritual well-being levels of individuals with chronic diseases were above the moderate level; similarly, the fear levels of COVID-19 were determined to be at a moderate level as well. The results also revealed that there was a statistically significant negative correlation between the level of coronavirus social fear and peace & belief. As the spiritual well-being levels of individuals with chronic diseases increase, the levels of COVID-19 fear decrease. Therapy applications to improve mental health can be offered online during the epidemic and similar periods. Therapeutic practices to improve mental health can be offered online during the pandemic. Close monitoring and control of chronic diseases will not only positively change the course of pandemic but will also enable the correct use of limited resources in the health sector. In such pandemic times, special online trainings aimed to increase awareness can be organized regarding meaning and purpose of life for people with different cultures, worldviews, and lifestyles. It may be recommended to carry out larger studies to determine the spiritual well-being levels of individuals with chronic diseases. It is thought that it would be beneficial to provide training on the methods of coping with the psychosocial and somatic fears experienced by individuals with chronic diseases during the epidemics. It is thought that it will be important to give more place to spiritual care in patient care in order to increase the level of spiritual well-being of patients.

### **Limitations of the Study**

Since the research was conducted online, it was not possible to reach individuals with limited use of technology and it was not known whether they or the people they live with have caught the virus in this process.

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## Conflict of interest

The authors declare no conflict of interest in this study.

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