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Brief communication

COVID-19 Fear and coping strategies during the pandemic: Insights from Greek health services units

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ABSTRACT

This study aimed to assess the fear caused by the COVID-19 pandemic among health service users in Greece. The study involved 1260 participants from three health services units in the prefecture of Corinthia. The COVID-19 Fear Scale (FCV-19S) and the Coping Orientation to Problems Experienced Inventory (Brief-COPE) were used to assess fear levels. Results showed that females experienced a significantly higher fear of COVID-19 (15.9 compared to 15.4), while the age group of >60 years had the highest mean score (16.6). Individuals in retirement showed a greater fear of COVID-19 (16.8), while health sector employees had lower fear scores (15.1). Chronically ill patients had a higher fear of COVID-19 (16.5 as opposed to 15.5 of healthy persons), while people considering that the COVID-19 pandemic will be dealt with soon presented lower levels of fear compared to those not considering it or being uncertain. According to the Brief-COPE questionnaire, fear of COVID-19 total scores were positively correlated with two of the coping subscales; the emotion-focused and the avoidant-coping. The study's findings can contribute to the identification of fear and coping strategies for the development of targeted interventions and mental health support programs during this global crisis.

KEYWORDS: COVID-19, fear, fear assessment, fear of COVID-19 scale,coping strategies.

Introduction

The COVID-19 pandemic, caused by the SARS-CoV-2 virus and its consequent public health measures has significantly impacted global physical and mental health, leading to anxiety, stress, depressive symptoms, insomnia, denial, anger, and fear.[1,2] The rapid proliferation of the disease and measures to mitigate its spread has created a state of emotional and psychological disturbance, causing fear of infection and vaccination across various age groups and cultural backgrounds.[3] This Fear of COVID-19 (FOC) has been one of the most common psychological reactions in the population during the pandemic.[4] Data from systematic reviews and metanalyses examining the period of the pandemic have revealed associations between FOC and various mental health factors, such as anxiety and depression.[5,6] These associations were also found in Greek samples.[7] People use various coping strategies to handle stress-

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ful situations and fear. These can be adaptive, like positive reframing and social support, or maladaptive, like avoidance, denial, and substance use.[8] Adaptive coping is linked to better psychological well-being, while maladaptive coping is associated with higher distress.[9] This study, taking into account that FOC is high around the world, with varying means in different countries and populations,[4] aims to evaluate the level of FOC in peripheral Greek health services users as well as the associations of FOC with different characteristics and coping styles.

Material and Method

Sample

The study, conducted from September 2021 to September 2022, included 1260 individuals assessed at three health services units in Corinthia, Greece: two health centers and a vaccination center. The sample consisted of health service users attending these facilities for regular appointments and vaccinations. These facilities were chosen for their accessibility and because they served a population that was otherwise difficult to reach during the pandemic and lockdown measures.

Research tools

The study utilized the Fear of COVID-19 Scale (FCV-19S)[10] (translated and validated in Greek[7]), the Coping Orientation to Problems Experienced Inventory (Brief-COPE) questionnaire[11,12] as well as a Socio-demographic Questionnaire.

The Fear of COVID-19 Scale

The Fear of COVID-19 Scale is a self-reporting tool consisting of seven items that assess fear of COVID-19. The FCV-19S comprises seven items, each with a five-point Likert-type scale (1=strongly disagree to 5=strongly agree). The total score of the FCV-19S ranges from 7 to 35; higher scores represent greater fear against the novel coronavirus disease.

The Coping Orientations to Problems Experienced Inventory (COPE), Brief-Cope

A total of 28 questions are included being also divided into 3 categories, while the answers are given on a four-point Likert scale where 1: I don't do it at all, 2: I do it a little, 3: I do it to a moderate extent and 4: I do it a lot. The 3 categories of the questionnaire are: (1) Problem-focused coping, (2) Emotion-focused coping (3) and Avoidance Coping.[11,12]

Statistical analysis

Data were analyzed using SPSS (Statistical Package for the Social Sciences, version 25). Descriptive statistics, percentage distributions, and mean values were employed for socio-demographic, labor, health, and lifestyle variables. Non-parametric tests were applied to assess relationships with FCV-19S total score and Brief-COPE subscales due to their non-normal distribution. Pearson correlation examined the association between FCV-19S total score and Brief-COPE subscales. Significance level was set at 0.05.

Results

The results of the study provide valuable insights into the fear of COVID-19 within the sampled population. The distribution of responses means, and standard deviations for the items of FCV-19S (table 1) highlights notable agreement, with the highest percentages recorded for items I2, I5, and I1. More specifically, 38.8%, 32.8%, and 29.6% of participants agreed or strongly agreed with these items, indicating a substantial level of fear. Regarding the mean score, the two highest were 3.00 (1.24) of I2 and 2.87 (1.19) of I1. In contrast, items I6 and I3 garnered the lowest mean scores of 1.49 (0.65) and 1.52 (0.72), reflecting variations in fear levels across specific aspects of the pandemic. The overall mean score for the FCV-19 Scale in the sample was m=15.65±3.62, providing a comprehensive measure of the fear experienced by the participants.

The examination of demographic, labor, health, and lifestyle characteristics (table 2) unveils noteworthy associations with the fear of COVID-19. Females exhibited a significantly higher fear level (15.9 compared to 15.4), while the age group of >60 registered the highest mean score (16.6). Individuals in retirement expressed greater fear (16.8), while unemployed and public servants displayed the lowest scores (15.2 & 15.3). It is worth mentioning that healthcare professionals manifested the lowest fear levels (15.1). Chronically ill individuals reported higher fear levels (16.5 compared to 15.5 in healthy individuals), while individuals being confident in the pandemic's resolution exhibited lower fear (14.7).

The correlation analysis revealed that the Emotion-Focused coping subscale showed a weak but significant positive correlation ($r = 0.055$, $p = 0.049$) with FCV-19S scores, indicating that higher fear of COVID-19 is slightly associated with increased use of emotion-focused strategies. The Avoidant Coping subscale had a weak but significant positive correlation ($r = 0.093$, $p = 0.001$), suggesting that higher fear levels are linked to more frequent use of avoidant coping strategies. Problem-

Table 1. Item-wise distribution of responses, means, and SDs.

Item	Percentage distribution*					Mean (SD)
	1	2	3	4	5	
I1. I am most afraid of the coronavirus	20.2%	10.4%	39.8%	21.7%	7.9%	2.87 (1.19)
I2. It makes me uncomfortable to think about coronavirus	18.4%	12.0%	30.7%	28.8%	10.0%	3.00 (1.24)
I3. My hands become clammy when I think about coronavirus	58.3%	33.5%	6.1%	1.8%	0.3%	1.52 (0.72)
I4. I am afraid of losing my life because of coronavirus	34.8%	14.7%	27.8%	17.9%	4.9%	2.43 (1.26)
I5. I become nervous or anxious when watching news and stories about coronavirus	32.1%	19.9%	15.2%	22.3%	10.5%	2.59 (1.40)
I6. I cannot sleep because I'm worried about getting coronavirus	58.9%	33.7%	6.9%	0.5%	0.1%	1.49 (0.65)
I7. My heart races or palpitates when I think about coronavirus	46.7%	37.2%	11.0%	4.8%	0.2%	1.75 (0.85)

*Five-point Likert scale where score – 1: strongly disagree to score 5: strongly agree

Focused coping subscale had a non-significant negative correlation with the FCV-19S score (r=–0.012, p=0.647).

Discussion

The COVID-19 pandemic had a significant impact on the physical and mental health of the general population, leading to increased levels of fear and anxiety. Additionally, it was observed that concerning the socio-demographic characteristics, (gender, age, chronic disease, working status, job sector) fear levels vary.[4]

In our research, females -compared to men- and the age group of >60 years old experienced higher FOC. These findings are in agreement with those measured by the Greek study for the validation of FCV-19S7. A meta-analysis examining gender and FOC has found a moderate and statistically significant effect on FOC and anxiety in favor of females.[13] Conversely, one systematic review and meta-analysis of FOC found no significant association between FOC and gender, while a different one found age not to be significantly associated with FOC.[4,5] These studies suggest that different rates of FOC in different countries can be attributed to contextual and cultural factors and access to medical services.[4]

According to our study's results, there is a statistically significant correlation between fear of COVID-19 and the presence of chronic diseases, with chronically ill individuals reporting higher fear of the pandemic compared to those not suffering from chronic diseases. These findings are in alignment with those from a study from Cyprus.[14] Furthermore, our study revealed that people in retirement experienced greater fear while unemployed individuals as well as public servants showed the lowest fear score. In the lack of data from reviews and meta-analyses, we examined reports from different countries regarding FOC and employment. A study in Saudi Arabia found no significant association between FOC and employment status,[15] while a Bangladesh study reported that older adults -unemployed or in retirement- were more likely to experience FOC.[16] Research indicates that fear associated with uncertainty about the future impact of the COVID-19 pandemic is lower among those who believe it will be resolved soon.[14,17]

Our study reveals a weak but positive relation between the fear of COVID-19 and the following two coping subscales: emotion-focused and avoidant coping. Emotion-focused coping is a vital aspect of individuals' response to the COVID-19 pandemic, focusing on regulating feelings and emotional reactions to stressors. Higher scores on this coping subscale indicate strategies addressing various emotions, such as fear, anger, sadness, anxiety, and uncertainty.[18,19] Individuals with elevated scores engage in adaptive strategies, express and process their emotions, gaining emotional regulation and mental well-being. Research indicates that emotion-focused coping has a positive impact on long-term mental health outcomes during crises.[20] In addition it entails mindfulness, acceptance of emotions, as well as seeking social support, allowing individuals to navigate the challenges imposed by the pandemic's protracted and unpredictable nature.[21]

Engagement in avoidance-coping strategies, which involves physical or cognitive efforts to disengage from stressors, is an important component of the individual's response to the COVID-19 pandemic.[20] Although it may provide temporary relief, it is often considered maladaptive in the long term, potentially hindering problem-solving and emotional processing. High reliance on avoidance strategies can negatively affect mental health, leading to anxiety and distress. Individuals have been found to shift between regulation strategies, using maladaptive methods, such as avoidance and counterarguing, to manage FOC.[22] Excessive avoidance may

Table 2. Demographic, labor, health and lifestyle characteristics

Variable	N (%)	Mean (SD)	Sig.
Gender			
Male	605 (49.1%)	15.4 (3.6)	0.032
Female	627 (50.9%)	15.9 (3.7)	
Age group			
18-29	246 (19.5%)	15.0 (3.5)	
30-40	263 (20.9%)	15.9 (3.3)	0.018
41-59	648 (51.4%)	15.5 (3.5)	
60 or above	103 (8.2%)	16.6 (5.1)	
Education level			
Primary or Secondary Education	429 (34.0%)	15.6 (4.2)	
Higher Education	607 (48.2%)	15.6 (3.4)	0.642
Master or PhD	224 (17.8%)	15.8 (3.1)	
Residence (based on population)			
City over 100k	249 (19.8%)	15.7 (3.2)	
City under 100k	715 (57.0%)	15.7 (3.7)	0.190
Village or Island	291 (23.2%)	15.4 (3.8)	
Working status			
Unemployment	193 (15.4%)	15.2 (3.5)	
Private sector	309 (24.7%)	16.2 (3.5)	
Public sector	375 (29.9%)	15.3 (3.3)	0.010
Freelancer	227 (18.1%)	15.8 (3.3)	
Retired	69 (5.5%)	16.8 (5.6)	
Other	80 (6.4%)	15.2 (3.9)	
Job Sector			
Health sector	153 (14.6%)	15.1 (3.3)	
Education sector	164 (15.6%)	15.4 (3.3)	0.035
Foodservice sector	210 (20.0%)	15.8 (3.3)	
N/A	523 (49.8%)	15.9 (3.1)	
Work during the restrictive measures period			
On suspension	188 (15.0%)	15.9 (3.5)	
Yes, at the workplace	651 (52.0%)	15.5 (3.6)	
Yes, remotely	192 (15.3%)	16.1 (3.2)	0.180
Employment Termination	124 (9.9%)	15.6 (3.5)	
N/A	97 (7.7%)	15.2 (3.1)	
Chronic disease			
No	1066 (84.6%)	15.5 (3.4)	0.020
Yes	194 (15.4%)	16.5 (4.5)	
Mental illness			
No	1209 (96.0%)	15.6 (3.4)	0.079
Yes	50 (4.0%)	17.9 (7.1)	
Smoking			
No	844 (67%)	15.7 (3.7)	0.950
Yes	415 (33%)	15.5 (3.5)	

Continues

Table 2. Continued.

Variable	N (%)	Mean (SD)	Sig.
Alcohol consumption (drinks per week)			
No consumption at all	471 (37.4%)	15.7 (3.7)	
1 or 2 drinks	472 (37.5%)	15.8 (3.5)	0.966
3 or more drinks	317 (25.2%)	15.6 (3.7)	
Exercise more than 3 hours per week			
No	755 (59.9%)	15.8 (3.8)	0.787
Yes	505 (40.1%)	15.6 (3.4)	
Computer use more than 3 hours daily			
No	708 (56.3%)	15.6 (3.6)	0.144
Yes	550 (43.7%)	15.8 (3.6)	
Mobile use more than 3 hours daily			
No	696 (55.3%)	15.9 (3.8)	0.287
Yes	563 (44.7%)	15.5 (3.4)	
Infection from Covid-19			
No	1090 (86.5%)	15.7 (3.6)	0.156
Yes	170 (13.5%)	15.3 (4.1)	
Covid-19 vaccinated			
No	138 (11.0%)	15.5 (4.0)	0.889
Yes	1122 (89.0%)	15.7 (3.6)	
Confidence in the health system to deal with Covid-19?			
Not at all	87 (6.9%)	14.8 (3.5)	
Moderate	613 (48.7%)	15.6 (3.4)	
Enough	323 (25.7%)	15.6 (3.7)	0.430*
Much	163 (13.0%)	16.1 (3.4)	
Very much	72 (5.7%)	15.6 (5.3)	
Confidence in the medical and nursing staff to deal with Covid-19			
Not at all	18 (1.4%)	13.6 (4.3)	
Moderate	292 (23.2%)	15.7 (3.4)	
Enough	381 (30.2%)	15.8 (3.7)	0.846*
Much	360 (28.6%)	15.7 (3.4)	
Very much	209 (16.6%)	15.7 (4.1)	
Do you think the Covid-19 pandemic will be dealt with soon?			
No	508 (40.3%)	15.8 (3.5)	
Yes	228 (18.1%)	14.7 (3.3)	0.000
Maybe	524 (41.6%)	15.9 (3.8)	

*Spearman correlations

lead to information overload.[23] Balancing avoidance along constructive coping strategies is of major significance, highlighting the need to address stressors directly and encourage a broader strategy to overcome the difficulties imposed by the ongoing uncertainty.

Our results demonstrate that demographic variables such as gender, age, chronic disease, working status, and job sector significantly influence FOC in the Greek population. This provides significant data for the discussion regarding the characteristics influencing FOC

variance across different countries. The nuanced understanding of fear and coping strategies derived from our findings adhere to targeted interventions regarding emotion-focused coping strategies, which have been shown to improve mental health outcomes[20] especially among females and older adults.

References

1. Galea S, Merchant RM, Lurie N. The Mental Health Consequences of COVID-19 and Physical Distancing: The Need for Prevention and Early Intervention. *JAMA Intern Med* 2020, 180:817, doi: 10.1001/jamainternmed.2020.1562
2. Talic S, Shah S, Wild H et al. Effectiveness of public health measures in reducing the incidence of covid-19, SARS-CoV-2 transmission, and covid-19 mortality: systematic review and meta-analysis. *BMJ* 2021, 375, doi: 10.1136/bmj-2021-068302
3. Mertens G, Gerritsen L, Duijndam S et al. Fear of the coronavirus (COVID-19): Predictors in an online study conducted in March 2020. *J Anxiety Disord* 2020, 74:102258, doi: 10.1016/j.janxdis.2020.102258
4. Luo F, Ghanei Gheshlagh R, Dalvand S et al. Systematic Review and Meta-Analysis of Fear of COVID-19. *Front Psychol* 2021, 12:661078, doi: 10.3389/fpsyg.2021.661078
5. Alimoradi Z, Ohayon MM, Griffiths MD et al. Fear of COVID-19 and its association with mental health-related factors: systematic review and meta-analysis. *BJPsych Open* 2022, 8, doi: 10.1192/bjo.2022.12
6. Şimşir Z, Koç H, Seki T et al. The relationship between fear of COVID-19 and mental health problems: A meta-analysis. *Death Stud* 2022, 46:515–523, doi: 10.1080/07481187.2021.1889097
7. Tsipropoulou V, Nikopoulou VA, Holeva V et al. Psychometric Properties of the Greek Version of FCV-19S. *Int J Ment Health Addict* 2021, 19:2279–2288, doi: 10.1007/s11469-020-00332-8
8. Skeffington PM, Rees CS, Mazzucchelli T. Trauma exposure and post-traumatic stress disorder within fire and emergency services in Western Australia. *Aust J Psychol* 2017, 69:20–28, doi: 10.1111/ajpy.12119
9. Umucu E, Lee B. Examining the impact of COVID-19 on stress and coping strategies in individuals with disabilities and chronic conditions. *Rehabil Psychol* 2020, 65:193–198, doi: 10.1037/rep0000328
10. Ahorsu DK, Lin CY, Imani V et al. The Fear of COVID-19 Scale: Development and Initial Validation. *Int J Ment Health Addict* 2022, 20:1537–1545, doi: 10.1007/s11469-020-00270-8
11. Carver CS. You Want to Measure Coping But Your Protocol's Too Long: Consider the Brief COPE. *Int J Behav Med* 1997, 4:92-100, doi: 10.1207/s15327558ijbm0401_6
12. Kapsou M, Panayiotou G, Kokkinos CM et al. Dimensionality of Coping: An Empirical Contribution to the Construct Validation of the Brief-COPE with a Greek-speaking Sample. *J Health Psychol* 2010, 15:215–229, doi: 10.1177/1359105309346516
13. Metin A, Erbiçer ES, Şen S et al. Gender and COVID-19 related fear and anxiety: A meta-analysis. *J Affect Disord* 2022, 310:384–39, doi: 10.1016/j.jad.2022.05.038
14. Alexandrou R, Kyprianidou M, Photiou G et al. Factors associated with perceived fear of future pandemics and/or epidemics: a cross-sectional study in Cyprus. *Sci Rep* 2023, 13:12194, doi: 10.1038/s41598-023-39335-7
15. Abo-Ali EA, Mousa AH, Omar MW et al. Fear of COVID-19 and Stress-Relieving Practices Among Social Media Users, Makkah Region, Saudi Arabia. *Cureus* 2021, 13:e15817, doi: 10.7759/cureus.15817
16. Mistry SK, Ali ARMM, Akther F et al. Exploring fear of COVID-19 and its correlates among older adults in Bangladesh. *Glob Health* 2021, 17:47, doi: 10.1186/s12992-021-00708-7
17. Nikopoulou VA, Gliatas I, Blekas A et al. Uncertainty, Stress, and Resilience During the COVID-19 Pandemic in Greece. *J Nerv Ment Dis* 2022, 210:249, doi: 10.1097/NMD.0000000000001376
18. Oti-Boadi M, Malm E, Dey NEY et al. Fear of COVID-19: Psychological distress and coping among university students in Ghana. *Curr Psychol* 2022, 41:8260–8270, doi: 10.1007/s12144-021-01918-1
19. Ye Z, Yang X, Zeng C et al. Resilience, Social Support, and Coping as Mediators between COVID-19-related Stressful Experiences and Acute Stress Disorder among College Students in China. *Appl Psychol Health Well Being* 2020, 12:1074–1094, doi: 10.1111/aphw.12211
20. Ding Y, Fu X, Liu R et al. The Impact of Different Coping Styles on Psychological Distress during the COVID-19: The Mediating Role of Perceived Stress. *Int J Environ Res Public Health* 2021, 18:10947, doi: 10.3390/ijerph182010947
21. Antonova E, Schlosser K, Pandey R et al. Coping With COVID-19: Mindfulness-Based Approaches for Mitigating Mental Health Crisis. *Front Psychiatry* 2021, 12:563417, doi: 10.3389/fpsyt.2021.563417
22. Li R. Fear of COVID-19: What Causes Fear and How Individuals Cope with It. *Health Commun* 2022, 37:1563–1572, doi: 10.1080/10410236.2021.1958807
23. Hofmann SG, Hay AC. Rethinking avoidance: Toward a balanced approach to avoidance in treating anxiety disorders. *J Anxiety Disord* 2018, 55:14–21, doi: 10.1016/j.janxdis.2018.03.004

Σύντομο άρθρο

Φόβος για την COVID-19 και στρατηγικές αντιμετώπισης κατά τη διάρκεια της πανδημίας: Δεδομένα από ελληνικές μονάδες υπηρεσιών υγείας

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ΠΕΡΙΛΗΨΗ

Σκοπός της παρούσας μελέτης ήταν να εκτιμηθεί ο φόβος που προκαλεί η πανδημία COVID-19 σε λήπτες υπηρεσιών υγείας στην Ελλάδα. Στη μελέτη συμμετείχαν 1260 άτομα από τρεις μονάδες υπηρεσιών υγείας του νομού Κορινθίας. Για την αξιολόγηση των επιπέδων φόβου χρησιμοποιήθηκαν η Κλίμακα Φόβου COVID-19 (FCV-19S) και το Ερωτηματολόγιο Προσανατολισμών στην Αντιμετώπιση Προβλημάτων (Brief-COPE). Τα αποτελέσματα έδειξαν ότι οι γυναίκες είχαν σημαντικά υψηλότερο φόβο για την COVID-19 (15,9 έναντι 15,4), ενώ η ηλικιακή ομάδα των 60 ετών και άνω είχε την υψηλότερη μέση βαθμολογία (16,6). Οι συνταξιούχοι είχαν μεγαλύτερο φόβο για την COVID-19 (16,8), ενώ οι εργαζόμενοι στον τομέα της υγείας είχαν χαμηλότερη βαθμολογία φόβου (15,1). Οι ασθενείς με χρόνιες παθήσεις είχαν υψηλότερο φόβο για την COVID-19 (16,5 έναντι 15,5 των υγιών ατόμων), ενώ τα άτομα με την πεποίθηση ότι η πανδημία COVID-19 θα αντιμετωπιστεί σύντομα παρουσιάζουν χαμηλότερα επίπεδα φόβου σε σύγκριση με εκείνους που ήταν αβέβαιοι και εκείνους που δεν το πίστευαν αυτό. Σύμφωνα με το ερωτηματολόγιο Brief-COPE, η συνολική βαθμολογία του φόβου για την COVID-19 συσχετίστηκε θετικά με δύο από τις υποκλίμακες αντιμετώπισης, την αντιμετώπιση με επίκεντρο το συναίσθημα και την αντιμετώπιση αποφυγής. Τα ευρήματα της μελέτης μπορούν να συμβάλουν στον εντοπισμό του φόβου και των στρατηγικών αντιμετώπισης για την ανάπτυξη στοχευμένων παρεμβάσεων και προγραμμάτων υποστήριξης της ψυχικής υγείας κατά τη διάρκεια αυτής της παγκόσμιας κρίσης.

ΛΕΞΕΙΣ ΕΥΡΕΤΗΡΙΟΥ: COVID-19, φόβος, αξιολόγηση του φόβου, Κλίμακα Φόβου COVID-19 (FCV-19S), στρατηγικές αντιμετώπισης.

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