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Effects of Covid-19 Pandemic on Employees in Turkey in Terms of Different Anxiety Levels

Covid-19 Pandemisinin Farklı Kaygı Düzeyleri Açısından Çalışanlar Üzerindeki Etkileri

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ABSTRACT

This study aims to compare economic, health, routine-change and isolation anxiety levels between private and public sector employees during the Covid-19 pandemic in Turkey. For this purpose, an online questionnaire is adapted from the Spielberger State-Trait Anxiety Inventory (STAI), and sent to the 1111 participants from both sectors. It is hypothesized that economic anxiety would have a greater effect on private sector employees than public sector employees while the health anxiety has more dominant effects on public sector employees. To test the significance level of the mean differences between these groups, an independent sample t test was used and for testing the significance level of the mean differences among three or more groups one-way analysis of variance (ANOVA) was used. The t test results revealed that private sector employees had higher levels of economic anxiety on average than public sector employees. While there is no significant difference between the sectors in terms of health anxiety, routine change anxiety is higher on average over all other anxiety levels for both sectors. According to the results of one-way ANOVA test, employees living in minimum subsistence conditions, i.e., low-income group, had much more intense levels of economic anxiety than high-income group, and it was concluded that high-income group was under psychological pressure due to the routine changes they experienced. Finally, the results showed that private sector employees were more feared about getting short-time working allowances compared to public sector employees.

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ÖZ

Bu çalışma, Türkiye’de Covid-19 salgını süresince özel sektör ve kamu sektörü çalışanları arasındaki ekonomik, sağlık, rutin değişikliği ve izolasyon kaygı (anksiyete) düzeylerini karşılaştırmayı amaçlamaktadır. Bu amaçla, Spielberger Durumluk-Sürekli Kaygı Envanteri’nden (STAI) çevrimiçi bir anket uyarlanmış ve her iki sektörden 1111 katılımcıya gönderilmiştir. Ekonomik kaygının özel sektör çalışanları üzerinde kamu çalışanlarına göre daha fazla etkisi olurken, sağlık kaygısının kamu sektörü çalışanları üzerinde daha baskın etkilerinin olacağı hipotezi öne sürülmüştür. Bu gruplar arasındaki ortalama farklılıkların anlamlılık düzeyini test etmek için bağımsız örneklem t testi ve üç veya daha fazla grup arasındaki ortalama farklılıkların anlamlılık düzeyini test etmek için tek yönlü varyans analizi (ANOVA) kullanılmıştır. T testi sonuçları özel sektör çalışanlarının ortalamada kamu sektörü çalışanlarına göre daha yüksek düzeyde ekonomik kaygı yaşadıklarını ve iki grup arasında anlamlı bir fark bulunduğunu ortaya çıkarmıştır. Sağlık anksiyetesi açısından sektörler arasında anlamlı bir fark bulunamazken, her iki sektörde de diğer tüm kaygı düzeyleri arasında rutin değişikliği anksiyetesinin ortalamada daha yüksek olduğu görülmüştür. Tek yönlü ANOVA testi sonuçlarına göre, asgari geçim koşullarında yaşayan, yani düşük gelir grubundaki çalışanların, yüksek gelir grubuna göre çok daha yoğun ekonomik kaygı düzeylerine sahip olduğu, yüksek gelir grubu çalışanlarının ise içinde buldukları rutin değişiklikleri sebebiyle psikolojik baskı altında buldukları görülmüştür. Son olarak sonuçlar, özel sektör çalışanlarının, kamu sektörü çalışanlarına kıyasla kısa çalışma ödeneği almaktan duydukları endişenin daha yüksek olduğunu göstermiştir.

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1. INTRODUCTION

We are faced with a crisis environment different from the economic crises faced in the past and lasted for years. The Covid-19 pandemic, which deeply shook not only a single country or a single continent, but the whole world, caused major problems in far east countries, especially China, and then spread to Europe in the first quarter of 2020 and to the American continent in the second quarter of the same year (Illie et al. 2020). With a rapid spread and high mortality rate especially among people over middle age, partial restrictions were imposed on economic and social life at first, and after all activities involving physical contact and the risk of not maintaining social distance were stopped (Wang et al. 2020; Qian & Jiang, 2020). Many workplaces in the service sector, especially cafes, restaurants, food service businesses, entertainment venues, fitness centers, stadiums, shopping malls, accommodation facilities, and so on had to stop their activities partially or completely (Beck & Hensher, 2020).

The global economic crisis mentioned above has affected Turkey as well and the country has been experiencing a difficult, painful and ongoing possible economic crisis period (Açıkgöz & Günay, 2020). However, it is not quite correct to say that those who struggled economically during this crisis period and lost their jobs or are at risk of losing work in the same type of sectors. Public sector employees did not experience salary cuts during the economic crisis thanks to their job security and generally adapted to the remote working and tried to protect themselves from this severe epidemic

at home. Unfortunately, the situation is the same for private sector employees. Especially keeping the entertainment and food and beverage sectors such as restaurants, cafes, bars, cinemas closed during the quarantine period (The Ministry of Internal Affairs, 2020; DHA, 2020), layoffs due to the decrease in demand in the construction, tourism and aviation sectors, self-employed tradesman dealing with on the brink of bankruptcy, many private universities taking their academic staff on unpaid leave are some of the examples of the economic difficulties faced by private sector employees during the pandemic (Strong & Welburn, 2020; Günay & Kurtulmuş, 2021).

With the law on the economic and social risks of Covid-19 numbered 7244, adopted on April 17, 2020, a 3-month dismissal ban was imposed, but at the same time, employers were given the opportunity to take workers on leave for free. In public institutions, it is observed that short work and unpaid leave practices stemming from Covid-19 remain extremely limited. According to the report announced by the Confederation of Progressive Trade Unions of Turkey (DISK) in 2021, 37% of the private sector employees within the association have done short work, 76% of them have changed their working style, and 36% have lost wages. On the other hand, workers stated that their debts increased by 25% during the pandemic process, nearly 20% of them could only make the minimum payment of their credit card debts, and 16.5% of them could not pay their credit card debts at all. On the other hand, it was observed

that women workers were affected more economically, were more exposed to dismissal and lost more from their wages during this period.

During the pandemic, along with economic concerns, naturally, health anxiety was felt intensely among people. Especially due to the anxiety and fear experienced in the first months of the pandemic, many people were confined to their homes and isolated themselves and their families. It is not possible to say that a distinction can be made between the sectors here, because even today, the drug and vaccine developments have not progressed enough and people have been in great anxiety and fear due to the frightening scenes encountered on social media, televisions and newspapers.

Another effect of this process on people is due to routine changes and isolation. Due to long-term restrictions, social life coming to an end, lockdowns, closure (or restriction) of entertainment and cafe / restaurant businesses, restrictions on tourism, and similar examples, many people experienced psychological problems, and even depression cases increased during this period (Mazza et. al., 2020). People who had to give up their daily habits and hobbies were "forced" to live in isolation at home, which may result in an increase in anxiety levels.

To summarize, this study aimed to compare the economic, health, routine change and isolation anxiety of public and private sector employees in Turkey during the Covid-19 pandemic. Although few studies have been conducted comparing the anxiety levels of private and public sector employees in Turkey, the study conducted by Çiçek and Almalı in 2020 measured the anxiety, self-efficacy and psychological well-being levels of employees in these sectors during Covid-19 pandemic. According to their findings, the negative impact of Covid-19 on anxiety and psychological well-being is quite low in public sector workers, while this effect is much higher in the private sector, and the results are statistically significant. However, our study is aimed at examining the effects of Covid-19 in terms of various anxiety levels such as economic, health, isolation and routine change, and in this respect, it is one of the few studies conducted specifically in Turkey. We believe that this study will fill an important gap by contributing to this pandemic period, which is still waiting to be discovered with its economic and psychological dimensions.

2. LITERATURE REVIEW

In the current literature, there is no consensus on which groups are mentally affected by the pandemic and how. Similarly, the source of the negative impact of the pandemic on mental health (e.g., whether fear of isolation or being sick is more mentally devastating) has not been fully elucidated. Therefore, there are many unanswered questions about the sources of Covid-19's mental effects. This study aims to answer some of these questions, especially for Turkey.

Studies examining the psychological effects of Covid-19

confirm that quarantine conditions increase the level of anxiety of individuals. Common findings of studies of Hyland et al. (2020) for Ireland, Dozois (2020) for Canada, Goodwin et al. (2020) for Thailand, Rehman et al. (2020) for India, Kılınçel et al. (2020) for Turkey and Cao et al. (2020) for China is that the level of anxiety and / or depression in the society increases with the pandemic. However, the extent to which this increase affects different groups varies according to the samples studied. Routine change, loneliness and fear of becoming infected by coronavirus stand out as prior factors that cause anxiety and depression.

On the other hand, there are many studies in the current literature that have found that anxiety, depression and suicide rates increase in the society during economic downturns and crises. Studies of Chang et al. (2019), Gili et al. (2012), Chang et al. (2013), Coope et al. (2014), Economou et al. (2016) and Viseu et al. (2018) can be shown as the examples. Considering that the Covid-19 pandemic has negatively affected the economies through important sub-sectors of the service sector such as travel companies, cafes and entertainment venues, it becomes undeniable that the mental problems experienced by individuals during the pandemic period may be of economic origin. Although the negative impact of pandemic-related economic conditions on mental health has not been ignored in studies examining the psychological effects of the pandemic, these studies do not consider which groups are more vulnerable to economic anxiety, in which sectors the extent of mental health is damaged or the extent of economic anxiety compared to health-related anxiety. Of these, according to the study of Maaravi and Heller (2020), health-related anxiety predominates anxiety about financial issues. According to Mann et al. (2020), there is a relationship between high economic anxiety and low collective self-esteem, low conscientiousness and low openness to experience. Bareket-Bojmel et al. (2020) compared health-related anxiety, economic-related anxiety, daily routine-change anxiety, and anxiety generated by social isolation for different samples from the USA, England and Israel and concluded that health-related anxiety and economic-related anxiety are equal and more dominant than other anxiety types. Çiçek and Almalı (2020) found that while the perception of anxiety of private sector employees is higher, their psychological well-being levels are also quite low. In addition, the anxiety they experience affects their psychological well-being more negatively than public sector employees.

It can be expected that economic anxiety is mostly related with the job security because fear of losing job, loss of income or being unable to pay debt in sectors with high job security will be lower than in sectors with low job security. Thus, aim of this study is to compare private and public sector employees with respect to economic, routine change, isolation and health anxiety levels caused by Covid-19 by

using modified Spielberger State-Trait Anxiety Inventory (STAI) (Bareket-Bojmel et al., 2020). The absence of a study showing the difference between the levels of anxiety created by the Covid-19 pandemic between two different types of sectors in Turkey has motivated us to conduct this study. We believe that it may lead to extended studies in the future.

3. METHODS

3.1. Participants and Procedure

A total of $N=1111$ ($M_{age}=31.44$; $SD_{age}=7.59$) persons, aged between 18 and 63, participated in the study. 607 (54.6%) of these people are female and 504 (45.4%) are male. With a total of 186 people who marked "I was taken on unpaid leave" (38 people), "I was dismissed and still unemployed" (54 people) and "I am not working and not fired" (94 people), the data of 4 participants who were outlier were excluded from the study. The survey was delivered to 1297 people and the data of 186 people were not included in the analysis for the reason stated above. Analyses were conducted with 1111 people who worked full or part time in the public or private sector.

The survey was conducted among the people living in Turkey, between March 3-24, 2021. Participation in the study was voluntary and the participants were reached via social media (WhatsApp, Facebook, Twitter and Instagram). In the study, which was carried out using the snowball sampling method, the data were collected on online platform via Google Forms. In order to reach private and public sector employees with the snowball method, primarily those working in these fields were contacted, and then they were asked to share our survey with their colleagues individually or in groups (such as WhatsApp or Facebook groups).

The numbers and percentages regarding the socio-demographic characteristics of the sample are presented in Table 1.

3.2. Measures

3.2.1. Demographic Information Form

The form created by the researchers consists of information such as age, gender, marital status, education level, employment status, sector type, and income level, which are asked to determine the socio-demographic characteristics of the participants. In addition, the participants were asked whether they were quarantined for any reason due to Covid-19 and whether they lost a relative (family, friend, etc.) due to Covid-19. Following these questions, the participants were asked about their level of satisfaction with their individual economic conditions and their level of satisfaction with Turkey's economic conditions.

3.2.2. Covid-19 State Anxiety Sources

It was measured with 3 state anxiety items specified

in the modified form of the Spielberger State-Trait Anxiety Inventory (STAI) (Spielberger et al., 1970; Marteau & Bekker, 1992) created by Bojmel et al. (2020). The selected items are the 3rd, 6th and 17th, respectively. The validity and reliability study of the Turkish form was made by Öner and Le Compte (1985). These items expressing tension, upset and worry were adjusted according to each source of anxiety and a 7-point Likert-type 12-item scale consisting of 4 titles was created. For example, the item "I feel upset" in the 6th item of the State-Trait Anxiety Inventory; "The possibility that I will get coronavirus or that I am currently covid positive causes me to be upset (health anxiety)", "I feel sad because of the economic conditions I am in (economic anxiety)", "Changing my daily routines and habits makes me feel sad (routine change anxiety)", "I feel sad because of the loneliness I am in (isolation anxiety)" respectively. The same adaptation was made for item 3 and 17. The internal reliability coefficients of these subscales were found as; health anxiety $\alpha = .93$; economic anxiety $\alpha = .91$; routine-change anxiety $\alpha = .91$; isolation anxiety $\alpha = .95$.

3.3. Process

The research was carried out with employees in various provinces in Turkey, through Google Forms in approximately five minutes. Participants who agreed to participate in the study as a prerequisite and gave informed consent were included in the study. The consent form contains information about the purpose of the study, estimated duration, participation requirements, and confidentiality principles. Participation is on a voluntary basis and no identity information was obtained from the participants. Participants were assured that the information obtained would only be used for research and not shared with other people. After the data were collected, they were transferred to the IBM SPSS Statistics 24 program for analysis.

This study was approved at April 15, 2021 by the Research Ethics Committee of Istanbul Gelisim University.

3.4. Analysis

IBM SPSS Statistics 24 program was used to analyze the research data. In the analysis of the data collected for the purpose of the research, an "independent sample t test" was used to test the significance level of the mean differences between two groups, private and public sector, and one-way analysis of variance (ANOVA) was used to test the significance level of the mean differences between three or more groups. If the F value obtained as a result of variance analysis was significant, Tukey or Donald C tests were applied according to the variance homogeneity in order to determine which of the groups had a statistically significant difference between their means.

4. RESULTS

An independent sample t-test was conducted to explore differences between private and public sectors in eco-

Table 1. Sociodemographic Characteristics of Participants

Sociodemographic characteristic	Full sample	
	N	%
Gender		
Female	607	54,6
Male	504	45,4
Sector		
Private	738	66,4
Public	373	33,6
Marital status		
Single	698	62,8
Married/partnered	413	37,2
Last completed education level		
Primary School	18	1,6
Middle school	67	6
University	736	66,2
Master	239	21,5
PHD	51	4,6
Working Status		
Part-time	65	5,9
Full time	1046	94,1
Do you have an insurance?		
Yes	1068	96,1
No	43	3,9
Income Level		
3500 and lower	221	19,9
3501-6500	567	51
6500 and more	323	29,1
Who do you live with?		
Alone	209	18,8
Family	798	71,8
Friends	104	9,4
Do you have any chronic disease?		
Yes	119	10,7
No	992	89,3
Have you ever been in quarantine?		
Yes	296	26,6
No	815	73,4
Have you lost any of your relatives (family, friends, etc.) due to Covid?		
Yes	243	21,9
No	868	78,1

conomic anxiety scores. The homogeneity of the variances was tested with the Leven's Test, and after this analysis, it was decided that the variances were equal to each other ($F=2.187$; $p=.139$). There was a significant difference in the scores for private sector ($M=4.969$; $SD=1.689$) and public sector ($M=4.112$; $SD=1.628$) conditions in terms of economic anxiety; $t(1109)=8.017$; $p=.000$. These results suggest that private sector employees report more economic anxiety than public sector employees (Table 2). The eta

squared value found shows that there is almost a medium effect size.

According to independent sample t-test conducted to explore differences between private and public sectors in health anxiety scores; there was no significant difference. Leven's Test results revealed that the variances were equal to each other ($F=.056$; $p=.814$). It was observed that there was no significant difference between the health anxiety scores of private and public sector employees; $t(1109)=.754$;

Table 2. Independent Groups t-Test Results for the Difference Between Economic Anxiety Scores by Sector

Sector Type	N	M	SD	t(1109)	p	η^2
Private Sector	738	4.969	1.689	8.017	.000	.054
Public Sector	373	4.112	1.628			

Table 3. Independent Groups t-Test Results for the Difference Between Health Anxiety Scores by Sector

Sector Type	N	M	SD	t(1109)	p	η^2
Private Sector	738	4.518	1.807	.754	.451	.000
Public Sector	373	4.432	1.774			

Table 4. Independent Groups t-Test Results for the Difference Between Routine-Change Anxiety Scores by Sector

Sector Type	N	M	SD	t(1109)	p	η^2
Private Sector	738	5.014	1.640	2.411	.016	.005
Public Sector	373	4.766	1.589			

p=.451. As it can be seen from the Table 3, the health anxiety levels of private and public sector employees are almost equal to each other.

For the routine-change anxiety, Leven's Test results revealed that the variances were equal to each other (F=.512; p=.471). In terms of routine-change anxiety shown in Table 4, a significant difference was observed between private sector employees (M= 5.014; SD=1.640) and public sector employees (M= 4.766; SD= 1.589); (t(1109)=2.411; p=0.016). Private sector workers showed higher routine-change anxiety than public sector workers.

Leven's Test results for isolation anxiety revealed that the variances were equal to each other (F=1.030; p=0.310). A significant difference was found in the isolation anxiety score (Table 5) between private sector (M=

4.037; SD= 1.969) and public sector (M=3.627; SD= 1.895); (t(1109)=3.313; p=0.001). Private sector workers showed higher routine-change anxiety than public sector workers.

These results show us that the public sector and private sector employees both fear to get coronavirus while private sector employees feel under pressure of economic anxiety more than public sector workers. Moreover, means of isolation anxiety and routine-change anxiety are slightly higher for private sector employees than public sector employees and there is statistically significant difference between two sectors.

The results of independent-samples t-test conducted to compare means of private and public sector for fear of losing job now and for the first month of pandemic, taking short-time working, satisfaction with eco-

Table 5. Independent Groups t-Test Results for the Difference Between Isolation Anxiety Scores by Sector

Sector Type	N	M	SD	t(1109)	p	η^2
Private Sector	738	4.037	1.969	3.313	.001	.009
Public Sector	373	3.627	1.895			

Table 6. Comparison Between Sectors in Terms of Economic Conditions and Losing Job Fear Levels (Current vs. First Three Months of Pandemic)

	Sector Type	N	M	SD	t	p	η^2
Fear of losing job (current)	Private Sector	738	3.90	2.036	17.878	.000	.224
	Public Sector	373	1.99	1.463			
Fear of losing job (first 3 months)	Private Sector	721	4.31	2.132	15.487	.000	.182
	Public Sector	363	2.25	1.921			
Fear of taking short-time work allowance	Private Sector	718	4.62	2.157	13.937	.000	.153
	Public Sector	361	2.68	2.134			
Satisfaction with economic conditions (individually)	Private Sector	735	3.41	1.636	-5.461	.000	.025
	Public Sector	371	3.96	1.565			
Satisfaction with the economic conditions (country)	Private Sector	735	1.85	1.183	-5.135	.000	.023
	Public Sector	371	2.27	1.323			

conomic conditions individually, and satisfaction with the economic conditions of the country is shown in Table 6.

Our findings revealed that there was a significant difference in the scores for private sector and public sector for all dependent variable above. First of all, private sector workers ($M=3.90$; $SD=2.036$) experienced more fear of losing job now than public sector workers ($M=1.99$; $SD=1.463$); $t(1109)=17.878$; $p<.001$. Similarly, private sector workers ($M=4.31$; $SD=2.132$) experienced more fear of losing job for the first three months of pandemic than public sector workers ($M=2.25$; $SD=1.921$); $t(1082)=15.487$; $p<.001$. Private sector workers ($M=6.62$; $SD=2.157$) stated more fear of taking short-time work allowances than public workers ($M=2.67$; $SD=2.134$); $t(1077)=13.937$; $p<.001$. These results suggest that sector type really does have an effect on fear of losing job (both current and first three month of pandemic) and taking short-time work allowances. When the eta squared (η^2) values were evaluated, it was seen that the type of sector had a large effect on the fear of taking short-time working allowance, losing job now and first three months of pandemic. In other words, 15%, 18% and 22% of fear of taking short-time working allowance, losing job now and first three months of pandemic explained by the sector types, respectively.

As a result of the comparison of the economic satisfaction levels of the employees individually according to the sectors (private-government) with the independent sample t-test, it was determined that the scores of public sector employees ($M=3.96$; $SD=1.565$) were higher than the private sector employees ($M=3.41$; $SD=1.636$); $t(1104)=-5.328$; $p<.001$. Scores of employee satisfaction with the economic conditions of the country were higher in the public sector ($M=1.85$; $SD=1.183$) than in the private sector ($M=2.27$; $SD=1.323$); $t(1104)=-5.135$; $p<.001$.

A one-way ANOVA test was conducted in order to compare the effects of income level on economic anxiety. From the Table 7 above, it is seen that there was a significant effect of income level on economic anxiety at the $p<.05$ level for the three conditions [$F(2,1108)=43.014$; $p=.000$]. Paired comparisons were made to investigate the mean dif-

ferences between groups. Leven's Test revealed that the variances were equal to each other; $F(2,1108)=1.610$; $p=.200$. According to the results of the Tukey HSD test conducted to see which groups differed, there was a significant difference between low-middle, between low-high and between middle-high income levels. Participants in the low-income level showed more anxiety than the middle and high group, while the participants in the middle-income level reported more economic anxiety than the high-income level condition (Table 7).

As mentioned earlier, the participants were asked whether they lived alone, with their families or with their home mates. One-way ANOVA test was used to compare health anxiety among these three groups. Leven's Test showed that the variances are equal to each other; $F(2,1108)=2.709$; $p=.067$. Post hoc comparisons using the Tukey HSD test indicated that the mean score for the ones living with their family ($M=4.62$; $SD=1.808$) was significantly different than the ones living alone ($M=4.26$; $SD=1.756$) and ones living with home mates ($M=3.96$; $SD=1.640$). Employees living with their family showed more health anxiety than employees living alone and with home mates (Table 8).

With respect to sex-based analysis, the isolation, health and routine-change anxiety levels of females are higher than males and there is significant difference between two genders ($p_i=.000$; $p_h=.000$; $p_{rc}=.000$). However, for the economic anxiety, there is no statistically significant difference between males and females ($p=.130$). If we compare their marital status, there is significant difference between married people and single people with respect to health anxiety and isolation anxiety. Here, we may say that married people have more fear ($M=4.70$; $SD=1.789$) to get and infect coronavirus to their partners than single people ($M=4.36$; $SD=1.787$) and single people felt more isolated ($M=4.12$; $SD=1.947$) than married ones ($M=3.52$; $SD=1.907$). For the economic anxiety with respect to genders, there is no statistically significant difference between two groups ($p=.645$).

Lastly, the comparisons of means of anxiety levels for both sectors are shown below on Figure 1 and Figure 2. As can be seen in Figure 1, routine change and health anx-

Table 7. One Way ANOVA Results of Economic Anxiety Scores in Terms of Employees' Income Level

Income Level	N	M	SD	F	P
Low (3500 and low)	221	5.40	1.710	43.014	.000
Middle (3501-6500)	567	4.75	1.667		
High (6501 and above)	323	4.07	1.592		
Total	1111	4.68	1.716		

Table 8. One Way ANOVA Results of Health Anxiety Scores in Terms of Employees' Living Areas

Living Area	N	M	SD	F	p
Alone	209	4.26	1.756	8.34	.000
With family	798	4.62	1.808		
With home mates	104	3.96	1.64		
Total	1111	4.49	1.796		

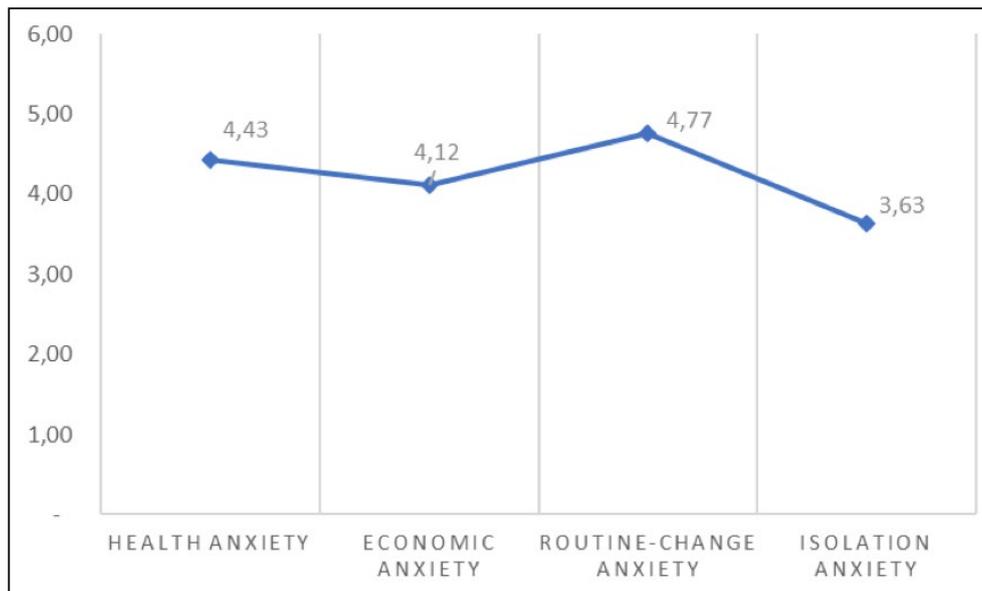


Figure 1. Comparison of Means of Anxiety Levels for Public Sector.

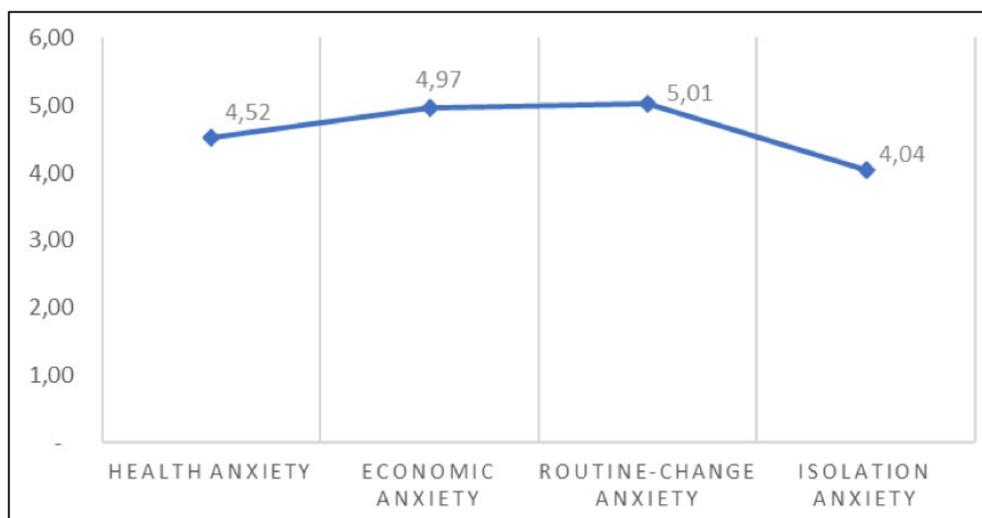


Figure 2. Comparison of Means of Anxiety Levels for Private Sector.

ity levels were higher on average among public sector employees, while economic anxiety took the third place. In our hypothesis, we expected health anxiety to be higher among public sector workers compared to economic anxiety, but it was surprising that the difference was not greater.

Figure 2 compares the averages of different anxiety levels among private sector workers. Interestingly, change of routine anxiety has the highest average in this industry as well. There is only 0.04 point difference between economic anxiety and routine change anxiety. Health anxiety ranks third and is very close to the public sector average. The most striking result here is the economic anxiety difference that forms the basis of our entire hypothesis. Between private sector employees and public sector employees, there is a 0.85 point difference between the averages of economic

anxiety, and as a result of our analysis, this difference was found to be statistically significant.

5. DISCUSSION

It is not possible to say that Turkey has successfully encountered Covid-19 pandemic. In the results of our analysis, we said that public sector employees are particularly worried about their routine changes and losing their health. One of the main reasons for this is that employers in the private sector are entitled to unpaid leave and short-time work allowance while employees in the public sector did not experience job losses and mostly were put on paid leave (Resmi Gazete, 2020), and there were no layoffs, except from the necessary cases, due to job security. This may have led to a statistically significant difference

in economic anxiety between the two sectors. In addition, both the inadequate level of financial aid, the urgent and unplanned implementation of restrictions, and the right of employers to take their employees on unpaid leave caused many economic aggrivement, especially among private sector employees. Even though a "dismissal ban" was imposed during this period, employers in the private sector continued to dismiss their employees by using Code-29 as an excuse (CNN Türk, 2021), and took unpaid leave for the employees they could not dismiss. For this reason, people who lost income during the pandemic period turned to low-interest loans offered by the state, but the effects of the increasing inflation, the depreciation of the Turkish Lira during this period and the economic instability eliminated the effect of the modest aids. As a matter of fact, during the pandemic, tens of thousands of workplaces suspended their activities or were completely shut down, and hundreds of thousands of employees were unemployed due to the process and crisis environment. Short-term solutions such as credit and debt delays, which constitute the vast majority of the "Economic Stability Shield Package" (*tr. Ekonomik İstikrar Kalkamı Paketi*) implemented against the pandemic by the Ministry of Treasury and Finance in 2020, were insufficient and increased the debt of the citizens rather than getting to the root of the problem (BBC, 2020).

Although the short-time work allowance aimed to protect private sector employees during the pandemic (İŞKUR, 2020), it caused them to feel economically anxious and nervous due to the low level of allowance, which was found to be insufficient financially by many economists and politicians. The extremely low rate of substitution of unemployment benefits, short-time working allowances and cash supports made it difficult for individuals in the low-income group to access even basic food and consumer goods during the pandemic. Since the long-term insurance premiums of employees who benefit from short-time work allowance and cash support are not paid, there will be a decrease in the number of premium days that directly affect their right to retirement in the long term. Therefore, the prevalence of short work allowances or unpaid leaves among private sector employees may cause a long-term economic depression and anxiety (Aşkın et al., 2020).

It is a thought-provoking result that public sector employees have more routine changes and health anxiety rather than economic anxiety while the country was experiencing long-term quarantines, closure of places such as cafes, restaurants, shopping centers, prohibition of cultural and touristic activities, rising exchange rates and interest rates, high inflation and many other economic problems. It is an undeniable fact that most of the economic concerns of private sector employees are not similarly experienced by public sector employees. Private sector employees, who feel intense economic anxiety, express their dissatisfaction with the economic conditions

of the country with an average of 1.99 out of 7 as a result of the analysis. The fear of losing your job, not losing your health, against such a dangerous and deadly virus is a problem that must be considered. The distrust of the country's economy and the state may cause the pandemic process, which has just completed its first year and will probably be in our lives for a long time, to be more painful and lead to more severe consequences. The government needs to increase the aid and support provided to private sector workers experiencing such difficulties, ensure job security and provide financial therapy opportunities when necessary (Bareket-Bojmel et al., 2020).

6. CONCLUSION

With respect to all analysis, we have found a powerful and significant difference between public and private sector employees regarding the economic anxiety: it is much more dominant and pronounced in the private sector workers than those in the public sector. For the routine-change anxiety and isolation anxiety, there are also statistically significant differences between two groups. However, for the health anxiety, it is not possible to talk any difference between two groups: both fears to get coronavirus. Moreover, means of isolation anxiety and routine-change anxiety are slightly higher for private sector employees than public sector employees and there is statistically significant difference between two groups.

According to the research published in *The Lancet* (2021), Turkey ranks first in the increase in the cases of depression and anxiety caused by Covid-19 in Europe. The most important task here is to provide psychological support services along with the financial support packages offered by the government of Turkey to its citizens.

There are some limitations of our study. As it is a cross-sectional study, it is difficult to make strong causal inferences about the results of the study. The scales used in the research are self-report scales; for this reason, the data obtained are limited to the perceptions of the participants. Furthermore, there were difficulties in reaching low-income groups and those over fifty years old. This may be due to the fact that the relevant groups have difficulties in accessing the surveys because these surveys were conducted online during the pandemic and the use of technology was needed. In addition, partial difficulties were experienced in reaching the participants of the public sector employees. It is recommended to consider these limitations in future studies, and to include the previously mentioned population groups in studies more effectively.

The strengths of the study are the high number of participants, and the comparison of four different anxiety types among employees from private and public sectors. This type of study is very limited in the national and international literature. In this sense, it is possible to say that the study is one of the original researches in its field.

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