



ORIGINAL ARTICLE

The Relationship Between Fear of COVID-19 and Family Harmony During the COVID-19 Pandemic in the Turkish Republic of Northern Cyprus: A Descriptive and Cross-sectional Study

Kuzey Kıbrıs Türk Cumhuriyeti'nde COVID-19 Salgını Sırasında COVID-19 Korkusu ve Aile Uyumu Arasındaki İlişki: Tanımlayıcı ve Kesitsel Bir Çalışma

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Abstract

Objective: This study investigates the influence of coronavirus disease-2019 (COVID-19) related fear on family harmony among adults aged 18 and above in the Turkish Republic of Northern Cyprus.

Method: This descriptive and cross-sectional study included 720 participants selected through convenience and snowball sampling. An online survey method was employed to gather the data, and the survey was shared via social media from August 1 to September 1, 2020, due to the precautionary measures and restrictions in effect. The survey included a demographic information form with two scales: namely the fear of COVID-19 scale and the family harmony scale. Data analysis was conducted using SPSS version 23.0, employing descriptive statistics, t-tests, one-way ANOVA, and regression analysis.

Results: The participants' mean score on the fear of COVID-19 scale was 15.01 ± 7.97 . Increased levels of COVID-19 fear occurred in participants aged 45-65 ($p=0.034$), those who were unmarried ($p=0.040$), individuals who thought about self-harm during the pandemic (30), and those who received a COVID-19 diagnosis ($p=0.013$) or suffered the loss of a family member due to COVID-19 ($p=0.002$). The mean score on the family harmony scale was 20.42 ± 4.87 . Higher levels of family harmony were found among participants without thoughts of self-harm ($p=0.01$) and those who experienced a family loss due to COVID-19 ($p=0.001$). A moderate negative correlation was identified between the mean scores on the fear of COVID-19 scale and the family harmony scale ($r=-0.460$, $p<0.001$). Regression analysis revealed that fear of COVID-19 accounted for 21% of the variance in family harmony (Beta=-0.461, $R^2=0.211$, $F=192.501$).

Conclusion: The study emphasizes the significant correlation between COVID-19 fear and family harmony, illustrating that pandemic-related psychological stress adversely affects family dynamics. Healthcare practitioners and governments should devise measures to alleviate the negative impact of pandemic-induced dread on family dynamics and promote familial harmony.

Keywords: COVID-19 fear, family harmony, pandemic, Turkish Republic of Northern Cyprus

Öz

Amaç: Bu araştırma, Kuzey Kıbrıs Türk Cumhuriyeti'nde 18 yaş ve üzeri bireyler arasında koronavirüs hastalığı-2019 (COVID-19) korkusunun aile uyumu üzerindeki etkisini incelemektedir.

Yöntem: Bu tanımlayıcı ve kesitsel araştırmaya, kolayda ve kartopu örnekleme yöntemleri kullanılarak seçilen 720 katılımcı dahil edilmiştir. Veriler, uygulanan önleyici tedbirler ve kısıtlamalar nedeniyle 1 Ağustos-1 Eylül 2020 tarihleri arasında sosyal medya aracılığıyla dağıtılan bir anket aracılığıyla çevrimiçi olarak toplanmıştır. Ankette tanıtıcı özellikler formu, COVID-19 korkusu ölçeği ve aile uyumu ölçeği yer almıştır. Veri analizi, tanımlayıcı istatistikler, t-testleri, one-way ANOVA ve regresyon analizi kullanılarak SPSS 23.0 kullanılarak gerçekleştirilmiştir.

Bulgular: Katılımcıların COVID-19 korkusu ölçeğinin ortalama puanı $15,01 \pm 7,97$ 'dir. 45-65 yaş arası ($p=0,034$), bekar ($p=0,040$), pandemi sırasında kendine zarar verme düşüncesi olan ($p=0,03$) ve COVID-19 teşhisi konmuş ($p=0,013$) veya COVID-19 nedeniyle vefat etmiş bir aile üyesine sahip olan ($p=0,002$) katılımcıların COVID-19 korku düzeyi daha yüksektir. Katılımcıların aile uyumu ölçeği puan ortalaması $20,42 \pm 4,87$ 'dir. Kendine zarar verme düşüncesi olmayan

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($p=0,01$) ve bir aile üyesini COVID-19 nedeniyle kaybeden ($p=0,001$) katılımcıların aile uyumu düzeyi daha yüksektir. COVID-19 korkusu ölçeği ve aile uyumu ölçeği ortalama puanları arasında orta düzeyde negatif bir korelasyon tespit edilmiştir ($r=-0,460$, $p<0,001$). Regresyon analizi, COVID-19 korkusunun aile uyumundaki varyansın %21'ini açıkladığını ortaya koymuştur (Beta=-0,461, $R^2=0,211$, $F=192,501$).

Sonuç: Araştırma, COVID-19 korkusu ile aile uyumu arasında önemli bir ilişki olduğunu vurgulamakta ve pandemiyle ilişkili psikolojik stresin aile dinamiklerini olumsuz etkilediğini göstermektedir. Sağlık hizmeti sağlayıcıları ve politika yapıcıların pandemiye bağlı korkunun aile dinamikleri üzerindeki olumsuz etkilerini hafifletmeye ve aile uyumunu artırmaya yönelik müdahaleler planlaması önerilmektedir.

Anahtar Kelimeler: COVID-19 korkusu, aile uyumu, pandemi, Kuzey Kıbrıs Türk Cumhuriyeti

Introduction

The coronavirus disease-2019 (COVID-19) outbreak has profoundly affected communities and individuals globally, disrupting daily life and adversely impacting mental health and social dynamics (1,2). The fear linked to COVID-19, including worries about the health and economic security of relatives, has resulted in the infection being a substantial psychological burden (3-5). The widespread fear of COVID-19 may result in heightened stress, anxiety, and depressive symptoms, consequently impacting daily living and interpersonal relationships (1,2,6). Understanding the extent and influence of COVID-19-related dread is essential since it impacts individuals and undermines familial relationships and cohesion (7-11).

The fear of COVID-19 is complex, involving worries about the safety and health of family members and anxiety over the pandemic's long-term socio-economic ramifications (3,10,12). These fears can significantly alter individuals' behaviors, leading to increased precautionary measures, social isolation, and even avoidance of essential activities (1,6,8). The psychological stress caused by these fears can manifest in various ways, impacting emotional well-being and daily functioning (6,13,14). Since families often provide the primary support system for many individuals during such crises, it is crucial to explore how these fears are experienced within the family unit (7,8,10,15).

Family harmony, characterized by the emotional bonds and sense of solidarity among family members (16), is crucial in mitigating the adverse effects of stressful events (16,17). During crises like the COVID-19 pandemic, strong family harmony can provide emotional support, enhance coping mechanisms, and foster a sense of stability and security (7). However, the prolonged nature of the pandemic and the associated fears challenge the maintenance of this harmony. A study conducted during the pandemic highlighted that family functioning is significantly related to intergenerational communication and satisfaction with social support. Families with balanced levels of cohesion and flexibility were better equipped to manage

the psychological distress caused by the pandemic. These findings emphasize the importance of fostering balanced family dynamics to enhance resilience and well-being during crises. Furthermore, the study underscored the need for interventions aimed at improving family functioning and preventive measures to reduce psychological distress in future pandemics (18). Another study focusing on family dynamics during the COVID-19 pandemic revealed that family cohesion was negatively related to stress consequences. The study found that fear of COVID-19 partially mediated the relationship between family cohesion and stress consequences, indicating that cohesive families were better able to mitigate the adverse psychological impacts of pandemic-related fears (19). Disruptions in family harmony can lead to increased conflicts, communication breakdowns, and emotional distancing, exacerbating the stress experienced by family members (12,16). Understanding how the fear of COVID-19 affects family harmony is essential for developing effective psychosocial support strategies during such unprecedented times (7).

As a region with distinct cultural, social, and economic structures, Turkish Republic of Northern Cyprus (TRNC) provides a unique context for examining how these factors influence the interplay between pandemic-induced fear and family cohesion. While global studies have explored the psychological effects of COVID-19, few have directly assessed its impact on family cohesion, particularly in such socio-culturally specific settings. To the best of our knowledge, these dynamics have not yet been explored within the context of the TRNC. This research aims to address this gap by investigating the relationship between COVID-19 fear and family harmony among adults, offering valuable insights into how families in this unique socio-cultural environment adapt to pandemic-related stress.

The socio-cultural context of TRNC provides a unique setting for examining these dynamics. Despite the global nature of the pandemic, regional differences in cultural, social, and economic structures can influence how fear and family harmony are experienced and managed. This study is important not only in the context of the COVID-19 pandemic but also for understanding family resilience during future health crises and global challenges. The pandemic has highlighted the vulnerabilities in family dynamics under conditions of constant stress, fear, and uncertainty. As global health experts anticipate future pandemics or similar crises, examining the relationship between fear-induced psychological stress and family cohesion is essential for building resilient support systems. This research examines

Main Points

- Participants exhibited a moderate fear of coronavirus disease-2019 (COVID-19), but their levels of family harmony were assessed as high.
- A negative correlation exists between fear of COVID-19 and family harmony, with fear of COVID-19 accounting for 21% of the variance in family harmony.
- Healthcare practitioners and governments must design ways to bolster the resilience and welfare of families during public health emergencies.

the influence of COVID-19-related fear on family harmony among adults aged 18 and above in the TRNC. The research inquiries are as follows: (i) What is the level of fear of COVID-19 among individuals aged 18 and older in the TRNC? (ii) What is the level of family harmony among individuals aged 18 and above in the TRNC? (iii) Is there a correlation between the fear of COVID-19 and family harmony among individuals aged 18 and above in the TRNC? (iv) Does the fear of COVID-19 impact family harmony among individuals aged 18 and above in the TRNC?

Material and Method

Study Design And Participants

This research is a descriptive and cross-sectional study. The research population comprises individuals living in the TRNC during the COVID-19 pandemic. The sample of this research was obtained by using non-random sampling techniques, namely convenience and snowball sampling, resulting in 751 individuals being included. These methods were deemed appropriate given the unique challenges posed by the COVID-19 pandemic, particularly the strict social distancing measures and restrictions on face-to-face interactions during the data collection period. Participants were recruited using announcements disseminated via social media and other platforms, including email, WhatsApp, Instagram, and Facebook, employing a snowball sampling method. The inclusion criteria required participants to be at least 18 years old, having a family, and being healthy individuals without any obstacles to communication. For this study, "healthy individuals" were defined as those without a diagnosed psychiatric illness, as such a condition could influence communication abilities or the study variables. The exclusion criteria included reluctance to participate or an inability to provide informed consent. Efforts were made to ensure that the recruited sample represented the target population while acknowledging the potential limitations of online recruitment methods during the pandemic. This approach aimed to maintain consistency and validity in data collection while addressing ethical considerations.

Twenty people were omitted for being underaged, 11 were excluded for declining participation, yielding a final sample of 720 participants. Following data collection, a post-hoc power analysis was conducted using the G*Power 3.1.9.7 software to assess the adequacy of the sample size. The analysis was based on the effect size obtained from the regression analysis of the collected data, which revealed an effect size of 0.07, an alpha value of 0.05, and a power of 1.00. This indicates that the sample size was sufficient to detect significant relationships between the variables under investigation.

The study's data were gathered from August 1 to September 1, 2020, utilizing an online survey, in response to preventive measures and restrictions in the TRNC. The scales were developed using Google Forms, and an online survey link was disseminated to all participants using email, WhatsApp, Facebook, or Instagram. Participants were instructed to

share the survey link with acquaintances, using snowball sampling. Before participation, all persons were apprised of the study's objectives and methodologies, and consent was secured online and in writing from those who consented to participate. The survey required roughly 20 minutes to complete.

Data Collection Tools

Data were gathered online via a demographic information form, the fear of COVID-19 scale, and the family harmony scale.

Demographic Information Form: The form, which was developed by the researchers through a literature study, comprises 13 questions aimed at identifying participants' demographic parameters, including age, gender, marital status, and cohabitants.

The Fear of COVID-19 Scale: The scale was developed by Ahorsu et al. (3) and translated into Turkish by Satici et al. (20). It assesses "individuals" fear levels associated with COVID-19. The Likert scale contains seven items with no sub-dimensions and five points each (3). Therefore, the score on the scale varies between 5 and 35, where higher scores represent more significant levels of fear (20). Cronbach's alpha value obtained in this study was 0.89, slightly higher than the original scale, which was determined to be 0.84 (20).

Family Harmony Scale: The scale, which measures individuals' degrees of family harmony, was first introduced by Kavikondala et al. (16) and revised for Turkish by Kula et al. (21). The Likert scale consists of five items with no sub-dimensions, and each item scores five points. The scale's minimum score is 5, while the maximum is 25, with elevated scores signifying enhanced family harmony. Cronbach's alpha value computed in this study was 0.85, slightly lower than the original scale, with the original scale at 0.92.

Statistical Analysis

Data were analyzed at a significance level of 0.05 utilizing Statistical Package for the Social Sciences® 23.0 for Windows® (IBM Corporation, Armonk, NY, USA). Numerical values and percentages were used for descriptive analysis. The Kolmogorov-Smirnov test was employed to assess normality. Independent sample t-tests and one-way ANOVA were employed to evaluate group differences based on demographic factors. The Tukey test was employed for pairwise comparisons to identify the source of discrepancies. The association of the scales was examined through correlation and simple regression analyses. The level of internal consistency was evaluated using the computed Cronbach's alpha coefficient.

Ethical Considerations

The study was conducted in accordance with the principles of the Helsinki Declaration. The research protocols were approved by the Ankara University Ethics Committee and

ethical approval was obtained for the conduct of the study (decision no: 13/182, date: 09.07.2020). Through voluntary participation, an online informed consent form was secured from all participants.

Results

In the study, 36.5% of the participants were in the 26-35 age range, 64.7% were female, and 53.8% were married. Additionally, 57.2% lived with their spouse/partner and/or children. During the pandemic, 93.6% of the participants did not experience thoughts of self-harm. Furthermore, 61.1% reported living with individuals who have chronic illnesses. Regarding COVID-19 diagnoses, 40% stated that none of their close contacts had been diagnosed with COVID-19. Regarding COVID-19-related deaths, 64.6% of participants reported that there had been no such losses among their acquaintances (Table 1).

The participants' mean score on the fear of COVID-19 scale was 15.01 ± 7.97 (Table 2). Higher mean scores on the fear of COVID-19 scale were observed among participants aged 45-65 ($p=0.034$), those who were single ($p=0.040$), those who experienced thoughts of self-harm during the pandemic ($p=0.030$), those with at least one family member/relative diagnosed with COVID-19 ($p=0.013$), and those who experienced the loss of a family member/relative due to COVID-19 ($p=0.002$) (Table 3).

Table 1.
Descriptive Characteristics of the Participants (n=720)

Descriptive characteristics	n	%
Age		
18-25	192	26.7
26-35	263	36.5
36-45	154	21.4
45-65	111	15.4
Gender		
Female	466	64.7
Male	254	35.3
Marital status		
Married	387	53.8
Single	333	46.2
People with whom the participants live		
Alone	89	12.4
Spouse/partner and/or children	412	57.2
Parents and/or siblings	219	30.4
Thoughts of self-harm during the pandemic		
Yes	46	6.4
No	674	93.6

Table 1.
Continued

Descriptive characteristics	n	%
Presence of individuals with chronic illness in the living environment		
Yes	440	61.1
No	280	38.9
Receiving a diagnosis of COVID-19		
Himself/herself	62	8.6
At least one person from family/relatives	78	10.8
At least one person from friends	119	16.15
At least one person from neighbors	183	25.4
At least one person from colleagues	165	22.9
No one	288	40.0
Death due to COVID-19		
At least one person from family/relatives	62	8.6
At least one person from friends	69	9.6
At least one person from neighbors	70	9.7
At least one person from colleagues	52	7.2
No one	465	64.6
COVID-19=coronavirus disease		

Table 2.
Participants' Mean Scores on the Fear of COVID-19 Scale and the Family Harmony Scale (n=720)

Scales	Mean	SD	Minimum and maximum scores to be obtained from the scales
Fear of COVID-19 scale	15.01	7.97	7-35
Family harmony scale	20.42	4.87	5-25
COVID-19=coronavirus disease; SD=standard deviation			

The participants' mean score on the family harmony scale was 20.42 ± 4.87 (Table 2). Participants who did not experience thoughts of self-harm during the pandemic ($p=0.01$) and individuals who experienced the loss of a family member/relative due to COVID-19 ($p=0.001$) exhibited higher mean scores on the family harmony scale (Table 3).

A moderate negative correlation was identified between the mean scores on the fear of COVID-19 scale and the family harmony scale ($r=-0.460$, $p<0.001$) (Table 4). The impact of participants' fear of COVID-19, on family harmony was examined using a simple regression model, as illustrated in Table 4. The model results indicated $Beta=-0.461$, $R^2=0.211$, and $F=192.501$. The participants' fear of COVID-19 constituted 21% of the overall impact on family harmony. A one-unit rise in COVID-19 fear results in a 0.461-unit decrease in family harmony.

Table 3.
Mean Scores on the Fear of COVID-19 Scale and the Family Harmony Scale by Descriptive Characteristics (n=720)

Descriptive characteristics	Fear of COVID-19 scale			Family harmony scale		
	Mean ± SD	Test	p	Mean ± SD	Test	p
Age						
18-25	15.14±7.58	F=2.895	0.034	20.08±4.81	F=2.078	0.102
26-35	14.22±7.71 ^a			20.75±4.54		
36-45	14.88±8.33			20.88±4.77		
45-65	16.86±8.53 ^b			19.66±5.77		
Gender						
Female	15.41±7.80	t=1.830	0.68	20.74±4.41	t=2.325	0.20
Male	14.28±8.39			19.86±5.61		
Marital status						
Married	14.44±7.72	t=-2.060	0.040	20.70±4.76	t=1.625	0.105
Single	15.67±8.22			20.11±5.01		
People with whom the participants live						
Alone	16.24±9.12	F=1.898	0.69	20.30±5.48	F=2.679	0.051
Spouse/partner and/or children	14.57±7.77			20.77±4.70		
Parents and/or siblings	15.35±7.82			19.84±4.92		
Thoughts of self-harm during the pandemic						
Yes	17.43±8.72	t=2.136	0.03	18.63±4.95	t=-2.595	0.01
No	14.85±7.90			20.55±4.85		
Presence of individuals with chronic illness in the living environment						
Yes	15.54±8.49	t=2.222	0.27	20.37±5.12	t=-0.420	0.674
No	14.19±7.01			20.53±4.48		
Receiving a diagnosis of COVID-19						
Himself/herself						
Yes	16.56±9.39	t=1.606	0.109	20.40±5.19	t=-0.044	0.965
No	14.86±7.82			20.43±4.85		
At least one person from family/relatives						
Yes	17.12±9.94	t=2.477	0.013	20.90±4.80	t=0.898	0.370
No	14.76±7.67			20.37±4.89		
At least one person from friends						
Yes	15.52±9.31	t=0.763	0.446	20.51±4.45	t=0.760	0.058
No	14.91±7.69			20.21±4.93		
At least one person from neighbors						
Yes	15.83±9.16	t=1.601	0.110	20.36±5.17	t=-0.237	0.812
No	14.73±7.52			20.45±4.78		
At least one person from colleagues						
Yes	15.57±8.88	t=1.025	0.306	19.75±5.67	t=-2.055	0.55
No	14.85±7.68			20.63±4.60		
No one						
Yes	15.41±7.70	t=1.105	0.270	20.88±4.71	t=-3.052	0.052
No	14.74±8.15			20.75±5.06		

Table 3.
Continued

Descriptive characteristics	Fear of COVID-19 scale			Family harmony scale		
	Mean ± SD	Test	p	Mean ± SD	Test	p
Death due to COVID-19						
At least one person from family/relatives						
Yes	17.98±9.99	t=3.089	0.002	20.61±4.64	t=-3.307	0.001
No	14.73±7.71			18.48±6.68		
At least one person from friends						
Yes	16.74±11.33	t=1.897	0.58	21.16±5.65	t=1.308	0.091
No	14.83±7.52			20.35±4.79		
At least one person from neighbors						
Yes	16.30±10.23	t=1.424	0.155	21.27±4.97	t=1.522	0.129
No	14.87±7.69			20.34±4.86		
At least one person from colleagues						
Yes	15.58±10.39	t=0.531	0.596	19.31±6.84	t=-1.723	0.085
No	14.97±7.76			20.52±4.69		
No one						
Yes	15.14±7.53	t=0.565	0.572	20.294.77±	t=-1.015	0.310
No	14.78±8.74			20.68±5.06		
a, b=in the same column, groups designated with different letters for each variable are statistically significant, Tukey test, F=one-way ANOVA, t=independent-samples t-test, COVID-19=coronavirus disease-2019, SD=standard deviation						

Table 4.
The Impact of COVID-19 Fear on Participants' Family Harmony

Model	Unstandardized coefficients		Standardized coefficients	t	R ²	r	F
	B	Std. Error	Beta				
Family harmony							
(Constant)	24.652	0.345	-0.461	71.540*	0.211	-0.460	192.501*
Fear of COVID-19 scale	-0.281	0.020		-13.874*			
F=one-way ANOVA, t=independent-samples t-test, COVID-19=coronavirus disease-2019							

Discussion

The findings from this study offer significant insights into the intricate relationship between COVID-19 fear and familial harmony among adults aged 18 and above in the TRNC. Participants exhibited a moderate fear of COVID-19, whereas their levels of familial harmony were elevated. The research discovered that various demographic factors affected participants' anxiety about COVID-19 and familial cohesion. More notably, a remarkable relationship was observed between fear of COVID-19 and family harmony. These findings highlight the effect of pandemic-related fear on family dynamics, emphasizing the resilience and strength of family bonds during challenging times.

The study findings indicate that participants reported a moderate level of fear of COVID-19. Notably, higher levels of

fear were encountered among specific demographic groups, including individuals aged 45-65, single participants, those who experienced thoughts of self-harm during the pandemic, and those who had a family member diagnosed with COVID-19 or had a family member who died due to the virus. These results align with the existing literature suggesting that fear and anxiety during the pandemic are influenced by a combination of factors including age, marital status, mental health history, and personal experiences related to the virus (1,4, 22,23). Brooks et al. (24) reported that older adults, especially individuals aged 45 to 65, are more prone to heightened fear and anxiety because of their increased vulnerability to severe outcomes if infected. Quadros et al. (4) suggested that single individuals may lack immediate emotional support from a partner, which can exacerbate feelings of fear and isolation. The increased fear among those with thoughts of self-harm aligns with

the literature highlighting that pre-existing mental health issues may intensify during the pandemic due to the stress and uncertainty of the situation (24,25). Additionally, this research indicates that individuals with direct personal experiences related to COVID-19, such as having a family member diagnosed with or who died from the virus, report higher levels of fear. This personal connection to the pandemic can heighten perceived threat and vulnerability, contributing to increased anxiety (4,14,26). This study contributes to the existing evidence by demonstrating how these factors interact to influence the levels of fear associated with COVID-19. Comprehending these levels of fear can inform the creation of targeted interventions to enhance mental well-being amid current and future public health emergencies.

The study indicated that participants exhibited elevated levels of family harmony, especially among individuals who did not contemplate self-harm during the pandemic and those who experienced the loss of a family member due to COVID-19. The finding corroborates the current research emphasizing the essential function of familial support and cohesion during crises (7,8,16,27). Research indicates that strong family bonds are crucial in mitigating the adverse psychological effects of pandemics, providing emotional stability, and fostering resilience (7,16). Patterson (28) noted that families who maintain open communication, mutual support, and adaptable coping strategies tend to exhibit higher levels of harmony and collective resilience. The increased family harmony among participants without thoughts of self-harm suggests that mental stability enhances family relationships. Individuals with good mental health are more likely to form positive relationships with family members, contributing to a supportive and cohesive family environment (8,27). The finding that some individuals who have lost a family member to COVID-19 reported higher levels of family harmony may reflect the unifying effect of shared grief. Families often come together in the face of loss, drawing strength from collective mourning and mutual support, which can reinforce family bonds (8,29). These results underscore the role of family support systems in promoting resilience and emotional well-being during public health crises.

The study's findings reveal a substantial correlation between fear of COVID-19 and family harmony, with the fear of COVID-19 explaining 21% of the variance in family harmony. This corresponds with current research indicating that psychological stress related to the pandemic might adversely affect family relations (2,7,17). Increased anxiety and fear can lead to heightened intra-family tensions and conflicts, thereby reducing overall family harmony (7,12,17). Pandemic-induced stress presents unprecedented challenges for families, such as health concerns, financial instability, and changes in daily routines (8,12,24,30). This stress can exacerbate pre-existing family issues and generate new points of conflict (7,8,12,30). Furthermore, during a pandemic, fear and anxiety can disrupt typical family roles and responsibilities (17,31). Brown et al. (31) highlight that

parents face increased pressure to manage both work and child care, which can lead to excessive role strain and stress that may permeate family interactions. This role strain can diminish parents' emotional availability and responsiveness, which are critical factors for maintaining family harmony (7). Furthermore, fear of contagion and illness can lead to social isolation even within the household, as family members may distance themselves to protect vulnerable individuals (7,8,24). This physical and emotional distance can weaken family bonds and reduce opportunities for supportive interactions, further undermining family harmony (24). Understanding the interaction between pandemic-related stresses and their impact on family dynamics is essential for formulating effective interventions and support structures that strengthen family resilience during challenging periods.

Study Limitations

This study has some limitations that must be acknowledged when assessing the results. The cross-sectional approach of the study restricts the capacity to determine causal correlations between fear of COVID-19 and family harmony. Longitudinal studies are crucial for establishing causality and monitoring temporal variations. Secondly, the data were acquired by self-report instruments, which may be prone to social desirability bias and recall errors. The sample is restricted to adults aged 18 and above in the TRNC, thereby constraining the generalizability of the findings to other age groups and regions. Furthermore, the use of social media as a primary tool for participant recruitment may have skewed the sample toward individuals who are more active online, potentially underrepresenting groups with limited internet access or digital literacy.

Conclusion

This study highlights the significant relationship between COVID-19-related fear and family harmony among individuals aged 18 and above in the TRNC. The findings reveal that participants experienced moderate levels of fear of COVID-19, which negatively influenced family harmony. Despite the stress associated with the pandemic, familial harmony levels remained relatively high, particularly among participants who did not experience thoughts of self-harm and who endured the loss of a family member due to COVID-19. Given the significant influence of pandemic-related fear on family harmony, the results emphasize the need for targeted interventions. Public health initiatives should prioritize at-risk populations, such as single individuals and those directly affected by pandemics, by implementing family support programs and accessible mental health services.

These efforts should address the unique psychological and social challenges posed by widespread health crises, ensuring support systems are resilient and adaptable to future pandemics. Additionally, public health messaging should actively promote mental health resources, reduce stigma around seeking psychological support, and encourage community engagement to mitigate the adverse effects of isolation.

By implementing these strategies, healthcare providers and policymakers can better address the psychological and social challenges posed by pandemics. Strengthening family resilience through comprehensive interventions not only promotes mental well-being but also ensures the stability of family bonds during current and future global health crises. This study contributes valuable insights into the psychological and social impact of pandemics, emphasizing the need for proactive and inclusive public health strategies.

Ethics Committee Approval: The research protocols were approved by the Ankara University Ethics Committee and ethical approval was obtained for the conduct of the study (decision no: 13/182, date: 09.07.2020).

Informed Consent: Through voluntary participation, an online informed consent form was secured from all participants.

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Footnotes

Author Contributions: Concept – A.E.K., Y.Ç., L.S.K., F.U.S.; Design – A.E.K., Y.Ç., L.S.K., F.U.S.; Data Collection and/or Processing – A.E.K., Y.Ç., L.S.K., F.U.S.; Analysis and/or Interpretation – A.E.K., F.U.S.; Literature Review – A.E.K., Y.Ç., L.S.K., F.U.S.; Writing – A.E.K., Y.Ç., L.S.K., F.U.S.

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