

## HEALTH ANXIETY LEVELS AND ORGANIZATIONAL COMMITMENT STATUS OF HANDBALL PLAYERS TO THEIR TEAMS DURING COVID-19 PANDEMIC

### ***NÍVEIS DE ANSIEDADE NA SAÚDE E STATUS DE COMPROMETIMENTO ORGANIZACIONAL DOS JOGADORES DE HANDEBOL COM SEUS TIMES DURANTE A PANDEMIA DE COVID-19***

### ***NIVELES DE ANSIEDAD POR LA SALUD Y ESTADO DE COMPROMISO ORGANIZATIVO DE LOS JUGADORES DE BALONMANO CON SUS EQUIPOS DURANTE LA PANDEMIA DE COVID-19***

Mustafa Deniz DİNDAR<sup>1</sup>

**ABSTRACT:** The purpose of this study was to investigate health anxiety levels and organizational commitment status of handball players to their teams during Covid19 pandemic. 84 elite handball players (male=40, female=44) participated in this research. An information form was used to determine occasions and behaviors of handball players during COVID-19 pandemic. Health Anxiety Scale and Organizational Commitment Scale were performed. Data obtained were analyzed through SPSS package. In research results; there were no significant difference in health anxiety scores of handball players with regard to gender, sports type, training and wage. While male players were determined to have higher normative organizational commitment and continuation scores than female players, National players were determined to have significantly lower scores in continuation, normative and total organizational commitment scores. However, it was determined that there was a significant correlation between COVID-19, total anxiety scores and organizational commitment subdimension scores of handball players.

**KEYWORDS:** COVID-19. Healthy anxiety. Commitment.

**RESUMO:** O objetivo deste estudo foi investigar os níveis de ansiedade na saúde e o status de comprometimento organizacional dos jogadores de handebol com seus times durante a pandemia de Covid19. 84 jogadores de handebol de elite (masculino=40, feminino=44) participaram desta pesquisa. Um formulário de informações foi utilizado para determinar as ocasiões e comportamentos dos jogadores de handebol durante a pandemia de Covid19. Escala de Ansiedade na Saúde e Escala de Compromisso Organizacional foram realizadas. Os dados obtidos foram analisados através do pacote SPSS. Nos resultados da pesquisa, não houve diferença significativa nos resultados de ansiedade na saúde dos jogadores de handebol em relação ao gênero, tipo de esporte, treinamento e salário. Enquanto os jogadores masculinos foram determinados a ter pontuações mais altas de comprometimento organizacional normativo e de continuação do que as femininas, os jogadores nacionais foram determinados a ter pontuações significativamente mais baixas de continuação, normativas e de comprometimento organizacional total. No entanto, foi determinado que

<sup>1</sup> Çanakkale Onsekiz Mart University (COMU), Çanakkale – Turkey. Assistant Professor of the Faculty of Sport Science. ORCID: <https://orcid.org/0000-0002-9121-4359>. E-mail: [mustafadenizdindar@comu.edu.tr](mailto:mustafadenizdindar@comu.edu.tr)

*havia uma correlação significativa entre a COVID-19, a pontuação total de ansiedade e a pontuação subdimensional de comprometimento organizacional dos jogadores de handebol.*

**PALAVRAS-CHAVE:** COVID-19. Ansiedade saudável. Compromisso.

**RESUMEN:** *El propósito de este estudio fue investigar los niveles de ansiedad por la salud y el estado de compromiso organizativo de los jugadores de balonmano con sus equipos durante la pandemia de Covid19. En esta investigación participaron 84 jugadores de balonmano de élite (hombres=40, mujeres=44). Se utilizó un formulario de información para determinar las ocasiones y los comportamientos de los jugadores de balonmano durante la pandemia de COVID-19. Se realizó la Escala de Ansiedad por la Salud y la Escala de Compromiso Organizacional. Los datos obtenidos se analizaron mediante el paquete SPSS. En los resultados de la investigación; no hubo diferencias significativas en las puntuaciones de ansiedad por la salud de los jugadores de balonmano con respecto al género, el tipo de deporte, el entrenamiento y el salario. Mientras que se determinó que los jugadores masculinos tenían puntuaciones de compromiso organizacional normativo y de continuación más altas que las mujeres, se determinó que los jugadores nacionales tenían puntuaciones significativamente más bajas en las puntuaciones de compromiso organizacional de continuación, normativo y total. Sin embargo, se determinó que existía una correlación significativa entre el COVID-19, las puntuaciones de ansiedad total y las puntuaciones de la subdimensión de compromiso organizativo de los jugadores de balonmano.*

**PALABRAS CLAVE:** COVID-19. Ansiedad saludable. Compromiso.

## Introduction

Internet A novel corona virus epidemic COVID-19 where people first were infected in the region of Wuhan/China by the end of the year 2019, have rapidly transformed into a pandemic (WHO, 2020). COVID-19 have spread to many countries in a short duration as of the first time it has been seen and have become a serious international health issue. COVID-19 pandemic has revolutionized daily and social life of people from every stratum and every age group. Failures in education, business and service industry have made daily activities like sports and entertainment restrained in many countries. This sudden change of lifestyle has left an indelible impression in human psychology (HALEEM; JAVAİD; VAİSHYA, 2020). In scientific research carried out in the last period have indicated that COVID-19 pandemic has had negative effects on public psychology like stress, fear, and anxiety (ÖZEN; KOÇ; AKSOY, 2020). The anxiety from these elements can be defined as an emotion which is unexperienced previously and related to stress and fear against an unpredicted situation (KARAMUSTAFALIOĞLU; YUMRUKÇAL, 2011). Serious diseases like COVID-19, natural disasters and wars may increase the anxiety levels of people. A certain level of anxiety

was accepted as a normal emotion for people in daily life, however, higher levels of anxiety was accepted as a situation that have psychologically and physiologically negative effects on human psychology. A higher level of anxiety causes serious problem in daily life of people (BAXTER *et al.*, 2013). In the last period, the effects of COVID-19 pandemic on different populations have been investigated (BAREEQA *et al.*, 2021). In this context, the effects of COVID-19 pandemic on athletic anxiety were recommended to investigate with its details in both trainings and competitions within sports groups (ÖZEN *et al.*, 2021). One of the most affected areas that COVID-19 pandemic had effects on was business life (SHERATON *et al.*, 2020). Health anxieties of people create negative effects in their professional performances. Sports at elite level is a field of occupation which requires trainings for long periods and it's an occupation which requires to fulfill financial needs. Organizational commitment is phenomenon including several variables as "embracing the targets of the organization", "continuation of desire in staying with the organization", and desire "for participation in executive and social activities". Organizational commitment is approached as theoretical, continuation and normative commitment. While emotional commitment is defined as an interaction of employees with organization they work for and fellow workers, continuation commitment is defined as an imperative, commitment of financial income from the organization and normative commitment is defined as having the feeling of responsibility to company and the environment (MEYER; ALLEN; SMITH, 1993). Organizational commitment level of and employees is an important factor influencing their job performance (DURNA; EREN, 2011). However, organizational commitment levels of employees are not only influenced by employers and the organization but also health and social situations of employee are some of the influencing factors (COHEN, 2007). In this respect, it is likely for employees to be influenced regarding organizational commitment by Covid19 pandemic. Particularly, changes in situations like training and competition programmers, wage payments, contracts may have effects on athletes' organizational commitment. During and after pandemic, sportive performances and careers of athletes will be influenced regarding their health and psychology. In this regard, it will be important to investigate the sports branches, psychological status, occupational status of athletes in details and fulfilling their needs and prevent them from the negative effects of pandemic. The purpose of this study was to investigate health anxiety levels and organizational commitment status of handball players to their teams during Covid19 pandemic.

## Materials and Methods

### Research Procedure

The research was carried out during 2020 pandemic, within social isolation and while the sportive activities were postponed. In research, data were obtained through the internet by sending them data collection tools convenient to pandemic precautions. Participants were sent consent forms and scale forms via internet. The research was carried out according to pandemic rules and ethical principles.

### Participants

84 elite handball players (male=40 (47,6%), female=44(52,4%) participated in this research. The average ages of participants were as 23,8 years and between 15-42 years. General characteristics of participants were given in table 1.

**Table 1** – General characteristics of participants

Variables		n (255)	(%)
Gender	Female	44	(52,4)
	Male	156	(47,6)
Sports	Amateur	21	(25)
	Professional	34	(40,5)
	National	29	(34,5)
Training Status	Regular	52	(61,9)
	Irregular	21	(25)
	No training	11	(13,1)

Source: Prepared by the author

### Data Collection

Information forms were used to determine age, gender, athlete/non-athlete, training status, wage status and considerations of players related to COVID-19.

*Health Anxiety Scale:* Health Anxiety Scale developed by Salkovskis *et al.* (2002) and adopted to Turkish by Aydemir *et al.* (2013) were used. Scale consisted of 18 item and two subdimensions. In the first dimension of the scale which consist of 14 item, mental states of participants were inquired and in the second dimension which consisted of 4 item, mental states related to the assumption that participants were infected by COVID-19 virus were inquired. Disease fear subdimensions of scale were edited in accordance with COVID-19 disease. Items of scale were evaluated between 0-3 scores and as four items. Maximum scores

can be obtained from scale was 54 and minimum was 0. In health anxiety subdimension scores were between 44-0 and in fear of disease subdimensions scores were between 12-0. If scale score were high, they indicate that anxiety levels were high. Internal consistency coefficients were stated as 0,91 in past research.

*Organizational Commitment Scale:* Organizational Commitment Scale consisted of 18 item and 3 subdimensions, developed by Meyer, Allen, and Smith (1993) and adopted to Turkish culture by Han, Elçiçek and Dağlı (2018) was used. Scale was evaluated in three subdimensions as emotional 1-6 items, continuation 7-12th items and normative commitment 13-18. Scale was 5 likert type. 3,4,5 and 13th items were scored as reverse in scale. Minimum score can be obtained from scale was 18 and maximum score was 90. If scale scores were high, it indicates that organizational commitment scores were high. In their study, Han, Elçiçek and Dağlı have determined internal consistency coefficient of scale as 0,88.

### Statistical Analysis

Statistical analysis of data was made through SPSS package. Data were presented as arithmetical mean-standard deviation and frequency-per cent. Kolmogorov-Smirnov test was used in normality analysis of data and data were determined to have a normal distribution. In data analysis, Independent-sample t-test was used for paired comparison and One way ANOVA tests were used in multiple comparisons. Pearson correlation test was used in determining inter-data correlation. Significance level was accepted as  $p < 0.05$ .

### Findings

Results related to health, COVID-19 disease and total anxiety scores of participants were given in Table 2.

**Table 2 – Health Anxiety Scale Scores of Participants**

Domain	M±SD	Min	Max
Health Anxiety	11,29±5,27	0	30
Covid-19 Anxiety	3,36±2,87	0	12
Total Anxiety	14,67±6,81	0	42

Source: Prepared by the author

According to statistical analysis results there were no statistically significant differences with regard to general anxiety mean scores according to training, wage payment, gender, sports type status ( $p > .05$ ) (Table 3).

**Table 3 – Health Anxiety States of Participants**

Variable	Health Anxiety			Significance	
	n	%	M±SD	Z/T/F/X <sup>2</sup>	p
<b>Gender</b>					
Female	44	(52,4)	11,47±6,65	0.292	0.77
Male	40	(47,6)	11,14±3,65		
<b>Sporculuk</b>					
Amateur	21	(25)	11,04±5,54	1.072	0,35
Professional	34	(40,5)	12,26±4,85		
National	29	(34,5)	10,34±5,52		
<b>Training Status</b>					
Regular	52	(61,9)	11,36±5,12	0,074	0.93
Irregular	21	(25)	11,42±4,79		
No training	11	(13,1)	10,72±7,08		
<b>Wage Payment</b>					
Getting paid	17	(20.2)	12,29±6,05	0,489	0.62
Postponed	14	(16.7)	11,64±4,16		
No payment	53	(63.1)	10,88±5,31		

Source: Prepared by the author

According to statistical analysis results there were no statistically significant differences about Covid19 anxiety mean scores according to gender, sports type, training and wage payment variables ( $p > .05$ ), (Table4).

**Table 4 – Covid19 Anxiety States of Participants**

Variable	COVID-19 Anxiety			Significance	
	n	%	M±SD	Z/T/F/X <sup>2</sup>	p
<b>Gender</b>					
Female	44	(52,4)	3,55±2,76	0.240	0.63
Male	40	(47,6)	3,20±2,99		
<b>Sports Type</b>					
Amateur	21	(25)	2,48±2,08	1.365	0,26
Professional	34	(40,5)	3,64±3,18		
National	29	(34,5)	3,68±2,92		
<b>Training Status</b>					
Regular	52	(61,9)	3,38±3,23	0,007	0.99
Irregular	21	(25)	3,38±2,37		
No training	11	(13,1)	3,27±1,95		
<b>Wage Payment</b>					
Getting paid	17	(20.2)	3,94±3,41	0,441	0,65
Postponed	14	(16.7)	3,07±2,61		
No payment	53	(63.1)	3,26±2,78		

Source: Prepared by the author

According to statistical analysis results there were no statistically significant differences regarding COVID-19 anxiety mean scores according to gender, sports type, training and wage payment variables ( $p > .05$ ), (Table 5).

**Table 5** – Total Health Anxiety States of Participants

Variable			Total Anxiety	Significance	
	n	%	M±SD	Z/T/F/X2	p
<b>Gender</b>					
Female	44	(52,4)	15,03±8,2	0,458	0.65
Male	40	47,6)	14,34±4,7		
<b>Sports Type</b>					
Amateur	21	(25)	13,52±6,6	0.990	0.38
Professional	34	(40,5)	15,91±6,2		
National	29	(34,5)	14,03±6,0		
<b>Training Status</b>					
Regular	52	61,9)	14,75±6,6	0,060	0.94
Irregular	21	(25)	14,81±5,7		
No training	11	(13,1)	14,00±8,3		
<b>Wage Payment</b>					
Getting paid	17	(20.2)	16,24±8,58	0.598	0.55
Postponed	14	(16.7)	14,71±4,93		
No payment	53	(63.1)	14,15±6,64		

Source: Prepared by the author

Results related to emotional, state, normative and total anxiety scores of participants were given in Table 6.

**Table 6** – Organizational Commitment Scale Scores of Participants

Domain	M±SD	Min	Max
Emotional Commitment	22,08±6,9	6	30
Continuing Commitment	17,99±5,3	6	30
Normative Commitment	18,47±5,4	6	30
Total	58,54±15,85	18	90

Source: Prepared by the author

According to statistical analysis results there were no statistically significant differences regarding emotional commitment mean scores according to gender, sports type, training and wage payment variables ( $p > .05$ ), (Table 7).



**Table 7 – Emotional Commitment Scores of Participants**

Variable			Emotional Commitment	Significance	
	n	%	M±SD	Z/T/F/X <sup>2</sup>	p
<b>Gender</b>					
Female	44	(52,4)	21.72±6.40	2.281	0,13
Male	40	(47,6)	22.47±7.24		
<b>Sports Type</b>					
Amateur	21	(25)	24.00±5.47	2.752	0,70
Professional	34	(40,5)	22.82±6.20		
National	29	(34,5)	19.82±7.82		
<b>Training Status</b>					
Regular	52	(61,9)	22.59±6.01	2.631	0.78
Irregular	21	(25)	23.04±6.24		
No training	11	(13,1)	17.81±9.84		
<b>Wage Payment</b>					
Getting paid	17	(20.2)	25.47±5.77	2.948	0.58
Postponed	14	(16.7)	22.14±6.44		
No payment	53	(63.1)	20.98±6.92		

Note: \* p&lt;0.05

Source: Prepared by the author

According to statistical analysis results, there were statistically significant difference in continuation commitment mean scores according to training and wage payment status of participants ( $p>.05$ ). However, male handball players were determined to have higher continuation commitment scores ( $18.35\pm5.98$ ) than female handball players ( $17.66\pm4.49$ ), [MD= 0.69,  $z=4.38$ ,  $p<01$ ]. In addition, professional players ( $19.59\pm5.02$ ) were determined to have significantly higher continuation commitment mean scores than national players ( $15.76\pm5.18$ ) in sports type variable [MD= 3.83,  $z = 4.68$ ,  $p < 01$ ], (Table 8).

**Table 8 – Examination of participants attendance scores**

Variable			Continuation Commitment	Significance		Post-Hoc
	n	%	M±SD	Z/T/F/X	p	
<b>Gender</b>						
Female	44	(52,4)	17.66±4.49	4.382	0.03*	
Male	40	(47,6)	18.35±5.98			
<b>Sports Type</b>						
Amateur	21	(25)	18.47±4.77 <sup>a</sup>	4.688	0,01*	b>c
Professional	34	(40,5)	19.59±5.02 <sup>b</sup>			
National	29	(34,5)	15.76±5.18 <sup>c</sup>			
<b>Training Status</b>						
Regular	52	(61,9)	17.96±5.05	1.391	0.25	
Irregular	21	(25)	19.14±4.79			
No training	11	(13,1)	15.91±6.61			
<b>Wage Payment</b>						
Getting paid	17	(20.2)	19.88±6.27	1.437	0.24	
Postponed	14	(16.7)	17.21±4.82			
No payment	53	(63.1)	17.58±4.93			

Note: \* p&lt;0.05

Source: Prepared by the author



**Table 9** – Normative Commitment Scores of Participants

Variable	Normative Commitment			Significance		Post-Hoc
	n	%	M±SD	Z/T/F/X <sup>2</sup>	p	
<b>Gender</b>						
Female	44	(52,4)	17.75±5.12	4.211	0.04*	
Male	40	(47,6)	19.27±6.71			
<b>Sports Type</b>						
Amateur	21	(25)	22.14±4.60 <sup>a</sup>	8.716	0,00*	a>b
Professional	34	(40,5)	18.64±5.93 <sup>b</sup>			a>c
National	29	(34,5)	15.62±5.43 <sup>c</sup>			b>c
<b>Training Status</b>						
Regular	52	(61,9)	18.23±5.46	0.114	0.89	
Irregular	21	(25)	18.85±5.82			
No training	11	(13,1)	18.90±8.50			
<b>Wage Payment</b>						
Getting paid	17	(20,2)	19.59±6.15	0.513	0.60	
Postponed	14	(16,7)	17.43±6.65			
No payment	53	(63,1)	18.39±5.74			

Note: \* p&lt;0.05

Source: Prepared by the author

According to statistical analysis results, continuation commitment means scores of participants according to training, wage payment status, there were no statistically significant differences ( $p > .05$ ). However, it was determined that male handball players had higher normative commitment scores ( $19.27\pm 6.71$ ) than female handball players ( $17.75\pm 5.12$ ) in significant level [ $MD= 1.52$ ,  $z = 4.21$ ,  $p < 0.01$ ]. In addition, amateur handball players had higher normative commitment mean scores compared to both professional and National handball players, also professional handball players were determined to have higher mean scores [ $f = 8.71$ ,  $p < 0.01$ ] than National handball players (Table 9).

**Table 10** – Total Organizational Commitment Scores of Participants

Variable	Organizational Commitment			Significance		Post-Hoc
	n	%	M±SD	Z/T/F/X <sup>2</sup>	p	
<b>Gender</b>						
Female	44	(52,4)	57.13±17.63	2.732	0.10	
Male	40	(47,6)	60.10±17.63			
<b>Sports Type</b>						
Amateur	21	(25)	64.61±12.19 <sup>a</sup>	5.644	0,01*	a>c
Professional	34	(40,5)	61.06±14.95 <sup>b</sup>			b>c
National	29	(34,5)	51.21±16.85 <sup>c</sup>			
<b>Training Status</b>						
Regular	52	(61,9)	58.79±14.27	1.033	0.36	
Irregular	21	(25)	61.05±14.40			
No training	11	(13,1)	52.63±24.09			
<b>Wage Payment</b>						
Getting paid	17	(20,2)	64.94±16.52	1.766	0.18	
Postponed	14	(16,7)	56.78±15.50			

No payment 53 (63.1) 56.96±15.50

Note: \*  $p < 0.05$

Source: Prepared by the author

According to statistical analysis results, participants were determined to have no difference in gender, training, wage payment regarding continuation commitment mean scores ( $p > .05$ ). However, national handball players were determined to have significantly lower total organizational commitment scores than both professional and amateur handball players according to sports type status [ $f = 5.64, p < .01$ ] (Table. 10).

Correlation analysis between total Health anxiety scale scores and its subdimension scores and organizational commitment scale and subdimension scores were given in Table 11. According to analysis results, there were positive way low significant relationships between COVID-19 and total anxiety scores and continuation commitment mean scores of participants. However, there were no significant relationships among other variables

**Table 11** – The Relationship between Health Anxiety and Organizational Commitment Scores of Participants

Variable	Emotional Commitment	Continuation Commitment	Normative Commitment	Total Organizational Commitment
General Health Anxiety	$r = .119$ $p = 0.28$	$r = .183$ $p = 0.09$	$r = .156$ $p = 0.15$	$r = .170$ $p = 0.12$
COVID-19 Anxiety	$r = .031$ $p = 0.78$	$r = .235$ $p = 0.03^*$	$r = .109$ $p = 0.32$	$r = .132$ $p = 0.23$
Total Anxiety	$r = .105$ $p = 0.34$	$r = .241$ $p = 0.02^*$	$r = .167$ $p = 0.13$	$r = .187$ $p = 0.09$

Note: \*  $p < 0.05$

Source: Prepared by the author

## Discussion and Conclusion

This research was carried out with the purpose of investigating health anxiety and organizational commitments of athletes during COVID-19 pandemic in 2019-2020 season in Handball sports branch in Turkey. Health anxiety and organizational commitment status of handball players were discussed in accordance with gender, sports type/level, training, and wage payment. Also, the relationship between health anxiety levels and organizational commitment status of participants were analyzed. In research, it was determined that there was no significant relationship between both general health anxiety and COVID-19 disease anxiety of male and female handball players regarding gender. When literature was searched, females were determined to have higher anxiety levels than male in general population

(BAXTER *et al.*, 2013; MCLEAN; ANDERSON, 2009). However, there were no significant differences to be found related to anxiety states in athlete groups in both males and females (HAMÍDÍ; BESHARAT, 2010). Due to regular physical activity participation have positive effects on stress and anxiety (ERDUĞAN, 2020) our results adjust with the literature. Regarding health anxiety, there were no factors influencing anxiety levels of participants related to sports type, training, and wage payment. In general, the reason why handball players in this research were determined to have lower anxiety scores may be because of these parameters could not be seen on anxiety levels. In literature, sudden changes in daily routines of people may cause anxiety (BAXTER *et al.*, 2013). While a sudden change in training and wage payment status were expected to increase anxiety level in handball players during COVID-19, it was revealed that this did not make any change in health anxiety. In COVID-19 pandemic, when organizational commitments of handball players towards their clubs, there were no significant differences about gender, sports type, training, and wage payments in emotional commitment. About emotional commitment subdimension; as in general handball players had an emotional attachment towards their teammates and sports clubs, training and wage payments were determined to have no influences on this subdimension. When continuation commitment status which financial conditions were considered more effective was discussed, male handball players were revealed to have higher continuation commitment than female handball players. Similarly, professional handball players were revealed to have higher continuation commitments than National handball players. This result reveals that continuation commitments of male and professional players have increased against their clubs depending on financial loss anxiety. When Normative commitment states defined as organizational commitment dimension that employees feel against their company and environment depending on the feeling of responsibility have been discussed, male handball players were revealed to had more normative commitment than female handball players. On the other hand, amateur players were determined to have higher levels of normative commitments to their clubs than National players, in addition professional players had higher normative commitments than National players. On the other hand, National players were determined to have lower total organizational commitment levels than amateur and professional players. This may arise from that top handball players have been experiencing much more transfers and because of this they may have change their clubs. Handball players who took place amateur sports clubs where they live may have commitments to their clubs because of their environment and attachments by a much more feeling of responsibility. In research while there was no relationship determined between general health anxiety and

organizational commitment as a result of an analysis between health anxiety and organizational commitment level of handball players during COVID-19 pandemic, the increase in COVID-19 anxiety level were determined to be linked to continuation organizational commitment levels. This can be explained with COVID-19 anxiety linked to job and wage loss due to pandemic and this may trigger compulsory continuation organizational commitment level. In literature, our research results were supported with the results reflecting that unemployment and financial worries increase continuation commitment (GONG *et al.*, 2009; ZARAKET; GARIOS; MALEK, 2018). In conclusion during COVID-19 pandemic, there were no differences in health anxiety levels of handball players regarding gender, sports level, training, and wage status. In organizational commitment, there were no significant differences in emotional commitment levels of handball players during COVID-19 pandemic with regard to organizational commitment, however male handball players were determined to have higher continuation and normative commitments and national handball players were determined to have less organizational commitment levels than amateur and professional handball players. In this research, COVID-19 anxiety levels were determined to be an element which have influence on organizational commitment levels in handball players. In accordance with, it is recommended for athletes to be able to control COVID-19 anxiety states in order to keep positive their organizational commitments levels against their clubs.

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