

## PSYCHOLOGICAL RESILIENCE AND SPIRITUAL WELL-BEING OF UNDERGRADUATE STUDENTS IN A PEDIATRIC NURSING COURSE

### ÇOCUK SAĞLIĞI VE HASTALIKLARI HEMŞİRELİĞİ DERSİNİ ALMIŞ ÖĞRENCİLERDE PSİKOLOJİK DAYANIKLILIK VE SPİRİTÜEL İYİLİK HALİ

Çiğdem SARI ÖZTÜRK<sup>1</sup> , Çiğdem CEYLAN<sup>2</sup> 

<sup>1</sup>Gazi University, Faculty of Nursing, Department of Pediatric Nursing, Ankara, Türkiye

<sup>2</sup>Bolu Abant İzzet Baysal University, Faculty of Health Science, Department of Nursing, Bolu, Türkiye

ORCID ID: C.S.O. 0000-0001-8203-5925; C.C. 0000-0002-9015-5684

**Citation/Atf:** Sari Ozturk C, Ceylan C. Psychological resilience and spiritual well-being of undergraduate students in a pediatric nursing course. Journal of Advanced Research in Health Sciences 2023;6(2):179-185. <https://doi.org/10.26650/JARHS2023-1209072>

#### ABSTRACT

**Objective:** This study was carried out to determine the psychological resilience and spiritual well-being levels of undergraduate students in a pediatric nursing course and the relationship between their psychological resilience and spiritual well-being levels.

**Materials and Methods:** The study was implemented in a cross-sectional descriptive design between October 27 and November 18, 2022. The study was conducted with 131 undergraduate students in a pediatric nursing course using an online questionnaire. Data were collected using the online demographic form, the Psychological Resilience Scale for Adults, and the Spiritual Well-Being Scale.

**Results:** Most of the students (92.4%) were between the ages of 21-24 and 77% of them were female students. It was determined that female students' spiritual well-being scale averages were higher, and socioeconomic status affected both psychological resilience and spiritual well-being. Most of the students (71.7%) stated that the pediatrics course increased their love for children. A moderate positive relationship was found between the students' psychological resilience level and spiritual well-being. In particular, a statistically significant relationship was found between the resilience scale's self-perception and social resources sub-dimensions and the Spiritual Well-Being level ( $p<0.05$ ).

**Conclusion:** The study emphasizes that there is a relationship between the level of resilience and the level of spiritual well-being in nursing students who have taken pediatric courses. In this study, it is recommended that the education and clinical practices of the child health and diseases nursing course should be arranged in a way that strengthens the resilience and spiritual well-being of the students. There is a need for program arrangements that will increase resilience and spiritual well-being in the education and care practices of nursing students.

**Keywords:** Nursing students, resilience, spirituality

#### ÖZ

**Amaç:** Bu çalışma, çocuk sağlığı ve hastalıkları hemşireliği dersini almış hemşirelik öğrencilerinin psikolojik dayanıklılık ve spiritüel iyi oluşluk düzeylerini ve birbirleriyle olan ilişkilerini belirlemek amacıyla yapılmıştır.

**Gereç ve Yöntemler:** 27 Ekim-18 Kasım 2022 tarihleri arasında kesitsel tanımlayıcı desende yürütülmüştür. Çalışma 131 çocuk sağlığı ve hastalıkları hemşireliği dersini almış hemşirelik öğrencileriyle çevrimiçi anket kullanılarak yapılmıştır. Verilerin toplanmasında online demografik form, Yetişkinler için Psikolojik Dayanıklılık Ölçeği ve Spiritüel İyi Oluşluk Ölçeği kullanılmıştır.

**Bulgular:** Öğrencilerin çoğu (%92,4) 21-24 yaş arasında ve %77'si kadın öğrencidir. Kadın öğrencilerin spiritüel iyi oluşluk ölçek puan ortalamalarının daha yüksek olduğu, sosyoekonomik durumun hem psikolojik dayanıklılığı hem de spiritüel iyi oluşluğu etkilediği belirlenmiştir. Öğrencilerin çoğu (%71,7) pediatri dersinin çocuklara olan sevgilerini arttırdığını belirtmiştir. Öğrencilerin psikolojik dayanıklılık düzeyi ile spiritüel iyi oluşluk düzeyi arasında pozitif yönde orta düzey ilişki tespit edilmiştir. Özellikle psikolojik dayanıklılık ölçeği kendilik algısı ve sosyal kaynaklar alt boyutları ile Spiritüel İyi Oluşluk düzeyi arasında istatistiksel olarak anlamlı ilişki bulunmuştur ( $p<0,05$ ).

**Sonuç:** Bu çalışma, çocuk sağlığı ve hastalıkları hemşireliği dersini almış hemşirelik öğrencilerinde dayanıklılık düzeyi ile spiritüel iyi oluşluk düzeyi arasında ilişki olduğunu vurgulamaktadır. Bu çalışma ile çocuk sağlığı ve hastalıkları hemşireliği dersinin eğitim ve klinik uygulamalarının öğrencilerin dayanıklılık ve spiritüel iyi oluşluklarını güçlendirecek şekilde düzenlenmesi gerektiği öngörülmektedir. Hemşirelik öğrencilerinin eğitim ve bakım uygulamalarında dayanıklılık ve spiritüel iyi oluşluğu arttıracak program düzenlemelerine gereksinim bulunmaktadır.

**Anahtar Kelimeler:** Hemşirelik öğrencileri, dayanıklılık, spiritüel

**Corresponding Author/Sorumlu Yazar:** Çiğdem SARI ÖZTÜRK E-mail: cigdemsarii@hotmail.com

**Submitted/Başvuru:** 23.11.2022 • **Revision Requested/Revizyon Talebi:** 29.11.2022 • **Last Revision Received/Son Revizyon:** 01.03.2023

• **Accepted/Kabul:** 09.03.2023



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## INTRODUCTION

Nursing education can be a stressful experience for students (1,2). Nursing students experience stress due to clinical practice in nursing education. In addition, the fear of being infected during the pandemic, increased academic workload, and ineffective distance education methods can cause stress and anxiety (3,4). Moreover, factors such as studying and exam anxiety, caring for patients, lack of clinical competence, feeling unprepared for practice, and fear of making mistakes are among the sources that cause stress (5,6). In particular, nursing students may experience anxiety during the Child Health and Diseases Nursing course (7, 8). In the clinical practice of pediatric nursing courses, students experience high levels of anxiety during their clinical experience with children and are anxious while giving care (7, 9). In the literature, the reasons that students experience anxiety during their pediatric internships are communication with the child, pediatric drug administration, and fear of harm (10, 11). All these sources of stress can affect both the health status and academic performance of nursing students (2, 12).

Resilience is described as the ability to cope with difficulties and includes how an individual learns to become stronger from experience (13, 14). Resilience is a positive adaptation that improves an individual's ability to adapt to adversity (13). Nursing students need resilience to overcome stressors and to be ready to take on their nursing roles after graduation (12, 15). In an integrative review on resilience in nursing education, it was reported that resilience is important in nursing education (16). Studies have reported that resilience increases the learning experience and has positive effects on academic performance and long-term professional practice (16). The resilience levels of nursing students differ between countries. A moderate level of resilience was identified in Nigeria, while a high level of resilience was reported in Spain (17,18). It is emphasized that psychological health is better in nursing students who have higher levels of resilience.

Well-being is an individualized and multidimensional construct that includes physical, mental, and psychosocial dimensions (2). Spiritual well-being is described as the individual's positive feelings and behaviors regarding his/her relationships with himself/herself and others, inner peace, positive attitudes, satisfaction, love, respect, and meaning in life. Spiritual well-being contributes to the development of coping methods (19). Resilience is important in nursing students and is reported to have a positive effect on their well-being (2).

It is thought that the well-being of individuals who use resilience and coping strategies will be better. However, it is important to evaluate the level of psychological resilience in nursing students faced with stress due to their education and working conditions and its relationship with spiritual health, which includes coping strategies. This is even more important in pediatric clinical practices, where stress can be experienced intensely. If the relationship between resilience and spiritual well-being levels in nursing students is determined, integration into nursing education, practice, and management can be achieved. In

addition, looking at the literature, it is seen that only resilience or spiritual well-being is evaluated in nursing students. Only one study evaluated the resilience and spiritual well-being of all general health workers (20-24). A study examining resilience and spiritual well-being in nursing students taking pediatrics courses could not be found in the literature. For this reason, it is thought that this study will fill an important gap in the literature in terms of determining both spiritual well-being and resilience for nursing senior students who are in pediatric clinical practice. Therefore, the purpose of the study is to evaluate the psychological resilience and spiritual well-being levels of senior nursing students in pediatric nursing clinical practice.

## Research questions

1. What is the psychological resilience level of undergraduate students in the pediatric nursing course?
2. What is the spiritual well-being level of undergraduate students in the pediatric nursing course?
3. What is the relationship between psychological resilience and spiritual well-being in undergraduate students in the pediatric nursing course?

## MATERIAL and METHODS

### Design

This study was administered as a cross-sectional study to evaluate the relationship between psychological resilience and spiritual well-being levels of senior nursing students. Helsinki Declaration principles and the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist were used to guide this study (see Supplementary file).

### Sample and setting

Between 07 April 2022 and 30 June 2022, undergraduate students in the pediatric nursing course of a university in Turkey were included in the study. The sample consisted of 163 nursing students studying at a state university. The study aimed to reach the entire universe by not choosing a sample. A hundred and thirty-one students who met the criteria of the study and filled out the forms completely formed the sample. Nursing students in the study received training in clinical practice for the first four days of the week for a semester.

### Participants

The inclusion criteria of this study were as follows: senior nursing students, having internet access, and volunteering to participate in this research. The exclusion criteria of this study were as follows: receiving psychiatric treatment and substance abuse.

### Procedures

At the beginning of the online survey, the participants were informed about the aim of this study, and they were given the choice of whether to volunteer or not. The Faculty of Health Sciences institutional permission (number: E-73351307-605.01-2200033465) was obtained for the study. Ethical approvals were obtained from University Ethical Committee (26.10.2022/

protocol number: 2022/387). All responses were obtained with informed consent.

### Data collection

The following scales were used to collect data: a) the online demographics form created by the researchers, b) the Psychological Resilience Scale for Adults, and c) the Spiritual Well-Being Scale.

### Online demographics form

Data collection was performed through an online demographics form. The form consists of two parts. In the first part of the form, there were questions such as the sociodemographic characteristics (age, gender, grade point average, etc.) of the students, and in the second part, questions such as the difficulties experienced in the pediatric internship and the effect of the pediatrics course on the state of liking children. The online demographics form was created by the authors based on information in the literature (2, 12).

### Psychological resilience scale for adults (PRSA)

The Resilience scale for Adults was developed by Friberg et al. and includes six the sub-dimensions of "self-perception," "perception of the future," "structural style," social competence," "family cohesion," and "social resources" (25). The scale was adapted to Turkish culture by Basım and Çetin (26).

The scale is a 5-point Likert scale composed of 33 items and six sub-dimensions. In scoring the scale, the guidelines determined by the researchers who developed the scale were followed. When scores on the scale increased and resilience was desired to increase, then from left to right, the answer boxes were evaluated as 1, 2, 3, 4, and 5. If the scores decreased, and resilience was desired to increase, then the answer boxes were evaluated as 5, 4, 3, 2, and 1. If this opinion is taken into account, in the scale, questions 1-3-4-8-11-12-13-14-15-16-23-24-25-27-31-33 are specified as questions that should be reverse coded. This principle was taken into account in the evaluation of the scale. The score to be taken from the scale varies between 33 and 165. In the context of the reliability analysis of the scale, Cronbach's alpha reliability coefficient values ranged from 0.68 to 0.79 for the sub-dimensions. The total Cronbach's alpha value of the scale was calculated as 0.86. The scale does not have a cut-off score. In the evaluation of the scale, it indicates that as the scores increase, psychological resilience increases, and as the scores decrease, psychological resilience decreases.

### Spiritual well-being scale (SWBS)

The SWBS was developed by Ekşi and Kardaş (27). This scale was applied to individuals between the ages of 16-54. The items of the scale were written by scanning the relevant literature, and making use of other scales. Opinions were taken from 17 experts who had done studies on the subject. The items were finalized by taking the expert opinions into account. The scale consisted of 29 items and 3 sub-scales (anomie, harmony with nature, and transcendence). The scale is a 5-point Likert-type scale. The Cronbach's alpha value of the scale was found to be 0.886 (27).

### Data analysis

Statistical Package for Social Sciences, version 22.0, for Windows (SPSS) was used in the analysis of the data. The Kolmogorov-Smirnov test was used for the normal distribution of the data. The comparison of the non-normally distributed variables was performed using the Mann-Whitney U Test and Kruskal-Wallis Test.

The comparison of the non-normally distributed variables was performed Correlation analysis, called Spearman, was used to investigate the relationship between the Psychological Resilience Scale for Adults and the Spiritual Well-Being Scale. Regression analysis was used for the variables predicting the Spiritual Well-Being Scale. Statistical significance was accepted as  $p < 0.05$ .

## RESULTS

### Descriptive descriptive characteristics of students and comparison of these characteristics with scale scores

Most of the participants (92.4%) were between 21 and 24 years old, with a mean age of  $22.56 \pm 1.37$ , and female (77.1%). Most of the students (68.7%) live in dormitories. 34% of nursing students have been diagnosed with COVID-19 and 47% have experienced quarantine. Most of the students (82.4%) defined their economic status as medium level. Most of the students (59%) stated that they want to work in pediatric services after graduation. Having taken the pediatrics course increased most students' love of children (71.7%). When the problems encountered by the students in the pediatric services were examined, it was reported that they most commonly thought that they would harm the children (90%), and that they had difficulties communicating with the children. The mean scores on the PRSA of the students were  $116.31 \pm 13.6$ , and the mean score on the SWBS was  $114.73 \pm 16.37$  (Table 1).

It was concluded that there was a relationship between the gender of the students and the spiritual well-being scale score ( $U = 1093.000$ ;  $p < 0.05$ ), and the spiritual scale score average for women was higher. It has been determined that the socio-economic status of the students had an impact on both the resilience scale score and the spiritual well-being scale score. It was determined that there was no relationship between the other descriptive characteristics of the students and the distributions of scale scores (Table 2).

### Relationship between resilience and spiritual well-being

As seen in Table 3, it is observed that there is a moderately significant positive correlation between students' resilience and their spiritual well-being. We assessed the association between the resilience scale sub-group and SWBS. Perception of self and social resources were associated with SWBS. No significant relationship was found between the structural style, perception of the future, family cohesion, and social competence sub-dimension of the PRSA and the SWBS ( $p < 0.001$ ) (Table 4).

## DISCUSSION

The study aimed to evaluate the psychological resilience and spiritual well-being levels of undergraduate students in a pediatric nursing course. It is concluded that there is a relationship

**Table 1:** Demographic characteristics of students (n=131)

Characteristics	M±SD	Min-Max
Age	22.56±1.37	21-28
Grade average	2.94±0.31	1.86-3.70
Resilience Scale for Adults		
Structural style	14.12±2.06	9-19
Perception of future	14.74±3.58	6-20
Family cohesion	19.53±2.73	13-30
Perception of self	21.32±4.67	8-29
Social competence	21.04±3.86	9-30
Social resources	25.54±4.31	11-33
PRSA Total score	116.31±13.6	86-142
SWBS-Subscales		
Transcendence subscale	61.10±11.45	16-75
Harmony with nature subscale	30.77±4.12	21-35
Anomie subscale	22.84±5.71	8-35
SWBS Total Score	114.73±16.37	58-144
	<b>n</b>	<b>%</b>
Age		
21-24	121	92.4
25-28	10	7.6
Gender		
Female	101	77.1
Male	30	22.9
High school education status		
Anatolian high school	95	72.5
Health vocational high school	25	19.1
General high school	8	6.1
Science high school	3	2.3
Place of stay in education period		
Dormitory	90	68.7
At home (with friends)	18	13.7
At home (with family)	16	12.2
At home (alone)	7	5.3
Chronic illness		
No	115	87.8
Yes	16	12.2
COVID-19 diagnosis before		
No	86	65.6
Yes	45	34.4
Quarantine status		
No	69	52.7
Yes	62	47.3
Experiencing important life event in 6 months		
No	103	78.6
Health problems in family member/s		
Loss of relative	6	4.6
Accident	5	3.8

Socioeconomic status

Middle	108	82.4
Low	21	16.0
High	2	1.5
Work in the pediatric service after graduation		
Yes, I would like to	78	59.5
No, I don't want to	53	40.5
The effect of pediatrics course on liking children		
Increased	94	71.75
Decreased	6	4.5
Has not changed	31	23.6
Difficulties experienced in pediatric internship <sup>c</sup>		
Difficulty communicating with the child and/or their relatives	64	48.9
Students think that they will harm the child	119	90.8
Thoughts of harming the child by misapplication during care and/or treatment	61	46.6
Not having enough knowledge about the care and/or application to be made to the child	40	30.5

<sup>a</sup>: Mann-Whitney U test, <sup>b</sup>: Kruskal-Wallis test, <sup>c</sup>: Multiple options were ticked, SD: Standart deviation

between the gender of the students and their spiritual well-being; spiritual well-being is higher in female students. Consistent with our study, Aydın et al.'s study also reported that female nursing students had higher psychological well-being than males (28). This may be related to the high number of female students in both studies. It has been determined that there is a positive relationship between the socioeconomic status of the students and their spiritual well-being and resilience levels. Another study on the factors affecting resilience in nursing students revealed that economic status was an important factor (29). The literature on the subject emphasizes that financial difficulties are one of the environmental risk factors that negatively affect mental health. The research concluded that economic self-sufficiency is an important concept that affects psychological resilience and spiritual well-being (30). Most of the students in our study want to work in pediatric services after graduation. Similarly, to our study, 38% of the students in Top's study and 80% in Bektaş's study want to work in a pediatric service (31, 32). It is thought that this situation is related to the increase in the level of love for children among students who take pediatric courses.

Although there is no universal definition of resilience, it is defined in the literature as adapting to difficulties, maintaining balance, strength in coping with problems, and growing developmentally (33, 34). After caring for adult patients in nursing education, the pediatrics course, which requires a different approach due to its developmental characteristics, can be a challenging process for students. For this reason, it is emphasized that the difficulties encountered in the pediatric nursing internship and the adaptation process can affect the resiliency

**Table 2:** Comparison of students' descriptive characteristics and PRSA and SWBS score distributions

	Psychological Resilience Scale for Adults					Spiritual Well-Being Scale			
	n	M (SD)	Min-Max	Test	P	M (SD)	Min-Max	Test	p
<b>Gender</b>									
Female	101	116.59 (13.99)	86-141			116.29 (16.89)	58-144		
Male	30	115.37 (12.81)	94-142	1414.500 <sup>a</sup>	0.582	109.47 (13.41)	87-133	1093.000 <sup>a</sup>	0.02
<b>Socioeconomic status</b>									
Middle	108	117.18 (12.89)	90-141			116.41 (15.46)	82-144		
Low	21	110.43 (15.94)	86-138	6.017 <sup>b</sup>	0.04	107.71 (18.84)	58-140	5.996 <sup>b</sup>	0.05
High	2	131.50 (14.84)	121-141			97.50 (14.84)	87-108		
<b>Place of stay in education period</b>									
Dormitory	90	115.07 (13.54)	87-140			115.13 (15.95)	58-144		
At home (with friends)	18	117.61 (12.38)	94-141			108.50 (16.86)	82-139		
At home (with family)	16	115.88 (14.13)	86-134	7.575 <sup>b</sup>	0.05	116.81 (18.19)	82-138	3.914 <sup>b</sup>	0.27
At home (alone)	7	130.00 (12.68)	106-142			120.71 (15.09)	101-140		
<b>COVID-19 diagnosis before</b>									
No	86	115.59 (12.96)	86-141			113.12 (16.07)	58-140		
Yes	45	117.69 (15.04)	87-142	1779.000 <sup>a</sup>	0.44	117.80 (16.68)	85-144	1621.000	0.12
<b>Quarantine status</b>									
No	69	114.62 (13.06)	86-141			112.13 (16.58)	58-140		
Yes	62	118.19 (14.22)	87-142	1828.000 <sup>a</sup>	0.15	117.61 (15.76)	84-144	1768.000 <sup>v</sup>	0.08
<b>The effect of pediatrics course on liking children</b>									
Increased	94	116.24 (14.00)	86-142			114.43 (15.89)	82-144		
Decreased	6	119.00 (12.42)	102-134	0.273 <sup>b</sup>	0.88	110.83 (9.36)	96-121	1954	0.37
Has not changed	31	116.00 (13.30)	95-141			116.39 (18.91)	58-140		

<sup>a</sup>Mann-Whitney U test, <sup>b</sup>Kruskal Wallis H test

**Table 3:** Comparison of the relationship between the Psychological Resilience Scale for Adults and the Spiritual Well-Being Scale

	n	r*	p
PRSA-SWBS	131	.50	0.00

\* Spearman Correlation Analysis, PRSA: Psychological Resilience Scale for Adults, WBS: Spiritual Well-Being Scale

ce and well-being of the students (11). In our study, however, no significant relationship was found between the difficulties in resilience and spiritual well-being that were experienced in pediatric clinics. In Mutlu's study, it was reported that the challenging experiences in pediatric internships affect students' well-being, self-efficacy, and resilience (11). It is thought that this situation may be related to the differences in the education program. For this reason, it is important to organize prog-

**Table 4:** Association of the Resilience scale sub-groups and Spiritual Well-Being Scale

	B	SE	β	t	p
Structural style	0.25	0.64	0.03	0.38	0.69
Perception of future	0.87	0.50	0.19	1.74	0.08
Family cohesion	0.51	0.47	0.08	1.08	0.28
Perception of self	0.99	0.38	0.28	2.60	0.01
Social competence	-0.11	0.38	-0.02	0.30	0.75
Social resources	0.70	0.31	0.18	2.23	0.02
	R <sub>2</sub> =0.254				

B: Beta coefficient, SE: Standard error, β: Standardized beta coefficient, R<sub>2</sub>: Coefficient of determination



rams that will increase resilience and well-being for students who take the course of pediatric nursing to be ready for an internship.

Our study revealed that there was a moderately positive relationship between resilience and spiritual well-being. Chow et al. reported a moderately positive correlation between resilience and well-being in a study of 678 nursing students in Hong Kong (12). Similarly, Chiang et al. emphasized in their study that spiritual health and resilience are interrelated (13). The results of these studies are similar to our study. Resilient individuals can cope with negative situations by buffering them with positive ones. This type of emotion regulation is associated with well-being (35). The education programs for pediatric nursing students who are faced with various stressors should include elements that strengthen their resilience and well-being and improve their positive thinking skills.

Our study, which examined the effect of self-perception and social resources sub-dimensions of the PRSA on the SWBS score, determined that the model was significant ( $p < 0.05$ ). It can be said that as individuals' self-perception and the support they receive from social resources increase, their well-being levels are also positively affected. Studies on nurses in the literature (36, 37) have concluded that self-perception and social resources are associated with well-being, which supports our study. It is thought that the programs that will improve the self-perception of nursing students will increase their well-being and resilience. It is thought that having knowledge about the situations that affect the well-being and resilience of pediatric nursing students will play a guiding role in nursing education, practice, care, and accreditation. One of the strengths of the study is that the majority of the sample was reached, and the participation rate of the students was high. Moreover, the online survey, which made it easy to reach students, is one of the strengths of the study.

There are limitations regarding the use of questionnaires based on participants' self-reports and the cross-sectional research design used in the study. The data analysis was carried out according to the cross-sectional research design. Therefore, it can be difficult to establish temporal and causal relationships between variables. Additionally, the fact that the majority of the study sample was female had a major impact on the study outcomes, which is another limitation of the study. In addition, one of the limitations of the study is that the study was conducted only in the relevant school of a state university. Therefore, the study results cannot be generalized.

## CONCLUSIONS

In this study, it was revealed that there was a moderate positive relationship between spiritual well-being and psychological resilience. It was concluded that there was a significant relationship when the effect of the spiritual well-being scale score and the resilience scale self-perception and social resources sub-dimension scores were evaluated together. It is thought that initiatives that improve self-perception and increase social resource support in nursing programs will positively affect students' resilience and spiritual well-being. Also, in terms of

determining the effects of child health courses and clinical internships, it is thought that the results of this study will be beneficial for the review of pediatric courses. Accordingly, it is recommended to implement initiatives that will increase the resilience and spiritual well-being of nursing students in nursing education and care practices. In this context, it is recommended to apply training programs that will increase students' ability to cope with stress and to adapt, and increase resilience.

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**Ethics Committee Approval:** This study was approved by Bolu Abant İzzet Baysal University, Human Research Ethics Committee in Social Sciences (Date: 26.10.2022, No: 2022/387).

**Peer Review:** Externally peer-reviewed.

**Author Contributions:** Conception/Design of Study- Ç.S.Ö.; Data Acquisition- Ç.S.Ö., Ç.C;

Data Analysis/Interpretation- Ç.S.Ö.; Drafting Manuscript- Ç.S.Ö., Ç.C; Critical Revision of Manuscript- Ç.S.Ö., Ç.C.; Final Approval and Accountability- Ç.S.Ö., Ç.C.; Material and Technical Support- Ç.S.Ö.; Supervision- Ç.S.Ö.

**Conflict of Interest:** The authors have no conflict of interest to declare.

**Financial Disclosure:** The authors declared that this study has received no financial support.

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