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INVESTIGATION THE RELATION BETWEEN SPIRITUALITY AND DEPRESSION, PSYCHOLOGICAL RESILIENCE OF PARENTS HAVING CHILDREN WITH SPECIAL NEEDS ACCORDING TO SOME DEMOGRAPHIC VARIABLES*

Mehmet Emin ŞANLI**

Abstract

The aim of this study is to investigate the relationship between the spirituality and depression, psychological resilience of parents who have children with special needs according to some socio-demographic variables. The study is in descriptive and relational design. The study was completed with the participation of 284 parents. Descriptive Characteristics Form, Spirituality Scale (SS), Beck Depression Inventory (BDI), and Brief Psychological Resilience Scale (BPRS) were used as data collection tools. The data of the study were analyzed with SPSS 25.A statistically significant difference was found between demographic variables and depression (family type, presence of another person receiving care at home, age and education level) and psychological resilience (marital status, employment, status and disability of the child) of

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**  Dr. Öğr. Üyesi, Batman Üniversitesi, Sağlık Sağlık Hizmetleri Meslek Yüksekokulu, mehmetemin.sanli@batman.edu.tr, Batman/Türkiye

parents with special needs children ($p<0.05$). According to the results of the correlation analysis, a positive and low-level significant relationship ($r = .199$; $p = .001$) was found between the spirituality and psychological resilience of parents who have children with special needs. It was determined that there was a negative and low-level significant relationship between spirituality and depression levels of parents ($r = -.140$; $p = .019$). In addition, it was determined that the mean scores of the Spirituality Scale, Beck Depression Inventory and Brief Psychological Resilience Scale of parents were "18.44", "18.37" and "23.80", respectively.

Key Words: Parents, Children with Special Needs, Spirituality, Depression, Resilience

ÖZEL GEREKSİNİMLİ ÇOCUĞU OLAN EBEVEYNLERİN MANEVİYAT DEPRESYON VE PSİKOLOJİK SAĞLAMLIKLARI ARASINDAKİ İLİŞKİNİN BAZI DEMOGRAFİK DEĞİŞKENLERE GÖRE İNCELENMESİ

Öz

Bu araştırmanın amacı, özel gereksinimli çocuğu olan ebeveynlerinin maneviyat, depresyon ve psikolojik sağlamlıkları arasındaki ilişkiyi bazı sosyo-demografik değişkenlere göre incelemektir. Araştırma, tanımlayıcı ve ilişkisel desenedir. Çalışma, 284 ebeveynin katılımıyla tamamlandı. Veri toplama aracı olarak Tanıtıcı Özellikler Formu, Maneviyat Ölçeği (MÖ), Beck Depresyon Ölçeği (BDÖ) ve Kısa Psikolojik Sağlamlık Ölçeği (KPSÖ) kullanılmıştır. Çalışmanın verileri, SPSS 26 ile analiz edilmiştir. Özel gereksinimli çocuğu olan ebeveynlerin, depresyon (aile tipi, evde bakım alan başka birinin varlığı, yaş ve eğitim düzeyi) ve psikolojik sağlamlıkları (medeni durum, çalışma, durumu ve çocuğun engel durumu) ile demografik değişkenler arasında istatistiksel olarak önemli bir farklılık saptanmıştır ($p<0.05$). Korelasyona ait analiz sonuçlarına göre, özel gereksinimli çocuğu olan ebeveynlerin maneviyatları ve psikolojik sağlamlıkları arasında pozitif yönlü düşük düzeyde anlamlı bir ilişki tespit edilmiştir ($r = .199$; $p = .001$). Ebeveynlerin maneviyat ve depresyon düzeyleri arasında negatif yönlü düşük düzeyde anlamlı bir ilişki olduğu saptanmıştır ($r = -.140$; $p = .019$). Ayrıca, ebeveynlerin maneviyat ölçeği puanlarının ortalamasının "18,44", Beck depresyon ölçeği puanlarının ortalamasının "18,37" ve psikolojik sağlamlık ölçeği puanlarının ortalamasının "23,80" olduğu belirlenmiştir.

Anahtar kelimeler: Ebeveyn, Özel Gereksinimli Çocuk, Maneviyat, Depresyon, Dayanıklılık

1.INTRODUCTION

Disability is a phenomenon that has existed since the earliest periods of history although there are different perceptions about it from society to society (Subaşıoğlu & Atayurt Fenge, 2019). With each passing day, the number of children with special needs or disabilities is rising rapidly in the world and in Türkiye. The number of children who have disabilities or who are in need of special care constitutes a huge population. According to data obtained from World Health Organization (WHO), about 15% people in the world have some form of disability. In Türkiye, this rate is close to 10% (WHO, 2011; Yıldız & Önder, 2021; Şenyüz, 2022).

The decision of parents to have a child is an important turning point in their lives. This period brings many changes and new things with it. Parents expect their future children to show a healthy development, and often do not think that they may have a child with special needs (Aysever & Demirok, 2019). When parents learn that their children have special needs, they may experience such feelings as deep sadness, guilt, sinfulness, regret, being tested, anxiety and anger. It can take a long time for parents to accept the fact that they have a child who needs special care and to rearrange their lives according to this reality. In this process, parents display reactions such as denial, guilt, disappointment to these difficult situations, and they may experience psychological disorders such as stress, anxiety and depression (Ersoy & Discovery, 2019; Çiçek, 2022). Parents having children who are in need of special care have to consider the needs of their children while organizing their own lives. For this, parents have to devote a great deal of their time to their children who need special care and attention (Ersoy & Discovery, 2019). Therefore, negative experiences such as stress, anxiety, financial difficulties, depression and unhappiness lived by the parents having children who are in need of special care can cause parents to feel helpless and not enjoy their life (Bakırtaş & İmamoğlu, 2022; Şanlı et al., 2023). It was

determined that approximately 41.2% of parents having children who are in need of special care have difficulties in managing their children's behavior, communication difficulties and excessive burden of responsibility, as well as higher-level psychological problems compared to parents not having children who need special care (Masulani-Mwale et al., 2018; Oti-Boadi et al., 2020). The experienced negative emotional reactions are higher in mothers compared to fathers because mothers often undertake the primary role of providing care for their children (Dey & Amponsah, 2020). In some studies, it was established that the levels of the depression of parents having children with special needs are quite high (Scherer et al., 2019; Dhiman et al., 2020). In another similar meta-analysis study, it was revealed that parents of children with chronic illness had poor mental health (high level of depression) and that these parents had a higher risk of cardiovascular disease and death than parents who have normally developing children (Cohn et al., 2020). For this reason, parent's perspectives on receiving psychological support have an important place in their own lives and in the lives of children with special needs. In this context, it becomes a necessity for parents to both increase their psychological resilience and receive social support (Atalan & Kabasakal, 2023).

Psychological resilience is expressed as the ability of an individual to maintain stable psychological and physical functioning relatively or to restore a positive psychological state when faced with stressful life events and difficulties (injury, threats, and significant sources of stress) (Seiler & Jenewein, 2019). Parents who have children having special needs are to cope with a wide variety of psychological stressors they are exposed to. It can be said that each parent has a different strategy in coping with these difficulties caused by the care and treatment of the child with special needs (Masulani-Mwale et al., 2018). One of these strategies is resilience. Parents with strong psychological resilience can have the ability to successfully overcome and adapt to difficult and negative

conditions (Oti-Boadi et al., 2020; Dey et al., 2021). In some studies, it was reported that resilience has a significant impact on both prevention and therapy of psychiatric disorders such as depression (Steinhardt & Dolbier, 2008; Muñoz et al., 2012; Ozawa et al., 2017). It was revealed that psychological resilience has a negative relationship with depression yet a positive relationship with spirituality in a study carried out on patients with depressive disorder (Ozawa et al., 2017). In this context, it can be said that spirituality and psychological resilience have positive effects on mental health of individuals. It was stated that among the parents caring for their children with special needs, those with high spirituality show greater psychological resilience and exhibit lower depressive symptoms (Dey et al., 2021).

Spirituality is defined as the search of an individual for understanding life and death, which is usually related to one's inner world, and the search for commitment of a person to others, nature, and the sacred or important things (Doumit et al., 2019; Alvarenga et al., 2021). Spirituality is a complex, dynamic and multidimensional concept and does not necessarily have a religious connotation. However, we can say that spirituality is an integral part or need of man (Steinhauser et al., 2017; Doumit et al., 2019). Spirituality is always confused with the concept of religion. However, these are different concepts. On the other hand, considering that spirituality can be expressed through religious devotion, religious activities and religious beliefs, it is seen that religion and spirituality are interrelated (Weathers et al., 2016). In order to cope with their children's illness, the family caregivers of children who suffer from cancer face spiritual, psychological and emotional difficulties. (Doumit et al., 2019). In this context, we can say that spirituality has a significant role in people's lives, and mediates in overcoming difficult, distressing and stressful situations (Doumit et al., 2019; Alvarenga et al., 2021). It was established that most of the parents of children

who have cancer (Nicholas et al., 2017) and who receive palliative care (Hexem et al., 2011) turn to spirituality in order to cope with the fear and weakness of their children due to their illness, thus they have more positive emotions and thoughts. It was stated that the parents having a high level of spirituality accept the situation of their children and benefit from the support of belief communities in the face of emotional stress (Nicholas et al., 2017). In the midst of these struggles and emotional turmoil, some parents are able to protect themselves from mental disorders such as depression with strategies such as religiosity, spirituality, social support, and resilience (Oti-Boadi et al., 2020; Dey et al., 2021).

There are studies in the literature that examine spirituality, depression and psychological resilience of parents, who having children in need of special care separately. However, no scientific research was found that examines spirituality, depression, and resilience together. Determining the psychological problems experienced by parents who have children in need of special care and making interventions for this can positively contribute to a more comfortable life for the parents. In this way, the parents who have children in need of special care may have an influence on their ability to stay in touch with life and cope with their psychological distress.

In nursing based holistic care, providing positive psychotherapy and cognitive behavioral therapy-based trainings and conducting research on this subject will increase the quality of care to strengthen the spirituality and psychological resilience of parents who have children in need of special care and to protect them from depression. (Demir and Türk, 2020; Çaykuş and Eryılmaz, 2020; Şanlı, 2022). It is aimed to examine the relationship between spirituality, depression and psychological resilience of parents having children in need of special care in this study.

The research will search for answers to the following questions:

- Is there a relationship between the spirituality, psychological resilience and depression levels of parents having children in need of special care?

- Do the levels of spirituality, resilience and depression of parents having children in need of special care differ according to some demographic variables?

2. MATERIAL and METHOD

Type of Study

This study was scheduled as a descriptive-relational research.

Place and Time of the Study

The study was conducted between November 2022 and March 2023 in Batman Training and Research Hospital (BTARH) situated in Batman province of Türkiye.

Population and Sample of the Research

The study consisted of a population of the parents of children with special needs who applied to (BTARH) in Batman, Türkiye (N=758). In determining the sample size, it was established that a total of 265 parents with $\alpha = .05$, 95% confidence level should be reached (Wyman et al., 2018). Accordingly, the research was fulfilled with the participation of 284 volunteer parents agreeing to taking part in the study.

Inclusion Criteria

1. The volunteers should be over 18.
2. The volunteers should be able to read and understand Turkish.

3. The participants should have a child in need of special care.

Exclusion Criteria

1. The participants who are unable to read or understand Turkish.
2. The participants not having a child in need of special care.

Data Collection Tools

Introductory Characteristics Form: The form, prepared by the author of this scientific study, consists of 8 questions in total, including age, gender, marital status, family type, employment status, etc.

Spirituality Scale (SS): Demirci and Ekşi (2018) developed the scale. It was computed that Cronbach's α internal consistency coefficient of the scale was 0.88. The scale contains 6 items (For example, "My belief gives me peace.") in 5 Likert type and a single sub-dimension. Scoring of the scale: 1=Not suitable for me at all-5=Completely suitable for me. Cronbach's α internal consistency coefficient was computed as .856 in this study.

Beck Depression Inventory (BDI): The inventory was developed by Beck and Steer (1984) to determine the depression levels of individuals. Hisli (1989) performed the scale's Turkish validity and reliability. The scale is scored between 0-63, and consists of 21 items. The sample item is (0. "I don't feel like crying more than usual." 1. "I feel like crying from time to time." 2. "I cry most of the time." 3. "I was able to cry, but now I can't cry even if I wish to."). Scores 0-9 are the lowest, 10-16 are mild, 17-29 are moderate, and 30-63 are considered as the presence of severe depression. Hisli (1989) computed the Cronbach Alpha value of the scale as $\alpha=0.80$. Cronbach's alpha coefficient was found to be .87 in this study.

Brief Psychological Resilience Scale (BPRS): In order to measure the resilience of individuals, Smith et al. (2008) developed the scale, and then it was adapted into Turkish by Doğan (2015). The scale contains 6 items, of these items, three are positive and three are negative (For example, "I get through difficult times with very little distress"). This scale is a measurement tool with 5-point Likert type. It has an answer key from "Not at all appropriate" (1) to "Completely Suitable" (5). Items 2, 4 and 6 in the scale are reverse coded. After reverse coded items are translated, high level of psychological resilience is indicated with high scores. Internal consistency coefficient calculated for the reliability of the BPRS was worked out to be .83. Internal consistency coefficient was found as $\alpha=.89$ in this study.

Data Collection

In this study, data were collected by means of face-to-face interview method from the parents of children in need of special needs who applied to (BTARH) between November 2022 and March 2023 and were hospitalized in the wards. In addition, before starting to fill out the questionnaires, the parents submitted written consent forms, which is performed by using the 'Informed Voluntary Consent Form'. The questions that the parents did not understand were explained without comment. It took parents approximately 15-20 minutes to fill out the data collection forms.

Analysis of Data

The data attained in the research were assessed with SPSS 25.0 package program. percentile distribution, number, standard deviation and mean were utilized to show descriptive features. Kolmogorov-Smirnov Z test was utilized to establish the suitability of the data for normal distribution. While One Way Anova and the

independent t-test were used to evaluate the data that did not show normal distribution, correlation analysis was utilized to establish the relationship between the variables. It was accepted the significance level to be <0.05 .

3. RESULTS

In this part of the study, the findings attained after the analyses of the data collected with the data collection tools made with the sociodemographic characteristics of the parents, and spirituality, depression and psychological resilience scales are presented in tables.

Table 1: Distribution of Sociodemographic Characteristics of Parents Having Children with Special Needs

	NUMBER	PERCENT
Gender		
Female	219	77.1
Male	65	22.9
Marital Status		
Married	242	85.2
Single (separated, divorced, widowed)	42	14.8
Family Type		
Nuclear Family	229	80.6
Extended Family	55	19.4
Employment Status		
Employed	78	27.5
Unemployed	206	72.5
Presence of Another Member Receiving Home Care		
Yes	39	13,7
No	245	86,3
Age		
30 and below	51	18.0

31-34	38	13.4
35-39	76	26.8
40-44	52	18.3
45-49	36	12.7
50 and over	31	10.8
Education Level		
Literate	33	11.6
Primary School	63	22.2
Secondary School	42	14.8
High School	51	18.0
University and higher	95	33.4
Disability Status of Your Child		
Autism	83	29.2
Physical Disability	46	16.2
Cerebral Palsy	15	5.3
Down Syndrome	30	10.6
Learning Disability	17	6.0
Others	93	32.7
Total	284	100.0

In Table 1, when the sociodemographic characteristics of the parents taking part in this research study are examined, it is seen that 77.1% of the volunteers are female, 85.2% are married, 80.6% are nuclear family, 72.5% are unemployed, 86.3% do not have anyone else receiving home care, 26.8% of them are in the 35-39 age range, 33.5% of them are university graduates or higher, and 32.7% of their children have another disability.

Table 2: Examination of the Relationship between Spirituality, Depression, Psychological Resilience of Parents Having Children in need of special care and Sociodemographic Variables Using the Independent T-Test

Variables	n	Spirituality Scale	Beck Depression Inventory	Psychological Resilience Scale
Gender		Mean ± ss	Mean ± ss	Mean ± ss
1. Female	219	18.37 ± 2.93	18.78 ± 10.19	23.97±5. 16
2. Male	65	18.67 ± 3.52	17.01 ± 10.72	23.23 ± 5.36
t		-.684	1.212	1.014
p		.49	.22	.31
Marital Status				
1. Married	242	18.52 ± 3.09	17.99 ±10.17	24.15 ± 4.87
2. Single (separated, divorced, widowed)	42	17.97 ± 2.99	20.57 ±11.01	21.78 ± 6.52
t		1.074	-1.496	2.248
p		.28	.13	.02
Family Type				
1. Nuclear Family	229	18.40 ± 3.13	17.76 ± 10.31	23.90 ± 5.25
2. Extended Family	55	18.63 ± 2.85	20.90 ± 10.04	23.40 ± 5.06
t		-.507	-2.037	.643
p		.61	.04	.52
Employment Status				
1. Employed	78	18.58 ± 2.89	18.30 ± 10.22	22.17 ± 5.99
2. Unemployed	206	18.39 ±3.15	18.40 ± 10.38	24.42 ±4.75
t		.479	-.069	-2.970
p		.63	.94	.00
Presence of Another Member Receiving Home Care				
1.Yes	39	17.97± 3.05	21.69±10.86	22.76± 5.41
2.No	245	18.52± 3.08	17.84±10.25	23.97±5.17
t		-1.032	2.174	-1.340
p		.30	.03	.18

As regards to the Independent t-test analysis results in Table 2, no statistically significant difference was found between the spirituality levels of the parents and the demographic variables (marital status, gender, employment status, family type, existence of someone else receiving home care) ($p>0.05$). (Table 2). No statistically significant difference was seen between the depression levels of the

parents and the demographic variables (gender, marital status, employment status) ($p>0.05$). However, there was a statistically significant difference between the depression levels of the parents and the family type and the presence of someone else receiving home care ($p<0.05$) (Table 2). There was not found a statistically significant difference between the psychological resilience of the parents and the demographic variables (gender and the presence of someone else receiving home care) ($p>0.05$). However, the researcher found a statistically significant difference between the psychological resilience of the parents and their marital and employment status ($p<0.05$) (Table 2).

Table 3: Examination of the relationship between spirituality, depression, psychological resilience of parents having children in need of special and sociodemographic variables (Age, Education Level, and Disability of the Child) with One Way Anova

Variables	n	Spirituality Scale	Beck Depression Inventory	Psychological Resilience Scale
Age				
1.30 below	51	17.70±3.17	21.00 ±10.46	22.74±4.59
2. 31-34	38	18.47 ± 3.05	19.23 ± 10.44	23.97±5.55
3. 35-39	76	18.56 ±3.34	19.06 ±11.73	23.75±5.77
4.40-44	52	18.40±2.55	17.65±10.08	24.42±4.41
5.45-49	36	18.63±1.95	18.33±7.58	23.16±5.40
6.50 over	31	19.19±4.01	12.58±7.35	25.19± 5.22
Total	284	18.44±3.07	18.38±10.32	23.80±5.21
F		1.008	2.878	1.129
p		.41	.01	.34
Diffence			1-5; 3-5	
Education Status				
1. Literate	33	18.42±2.61	17.54±10.11	26.15±3.45
2. Primary School	63	18.41±3.94	17.23±10.45	24.23±4.95
3. Secondary School	42	18.85±3.35	18.83±10.14	24.64±3.97
4. High School	51	18.60±2.41	17.92±9.43	24.80±4.29

5. University and Higher	95	18.21±2.79	19.46±10.90	21.80±6.14
Total	284	18.44±3.07	18.37± 10.32	23.80±5.21
F		.360	.550	6,506
p		.83	.69	.00
Difference (Tukey HSD)				1-5; 2-5; 3-5; 4-5
Disability of the Child				
1. Autism	83	18.25±2.88	19.30±10.58	21.84±6.46
2. Physical Disability	46	18.47±3.58	17.50±9.44	25.63± 3.67
3. Cerebral Palsy	15	19.13±3.27	20.46±8.74	24.00±4.73
4. Down Syndrome	30	18.86±3.44	14.70±10.23	24.63±4.59
5. Learning Disability	17	17.88±3.05	18.05±9.67	22.88±4.28
6. Other	93	18.46±2.87	18.89±10.79	24.52±4.51
Total	284	18.44±3.07	18.37±10.32	23.80±5.21
F		.438	1.136	4.342
p		.82	.34	.00
Difference (Tukey HSD)				1-2; 1-6

As regards to One Way Anova analysis results of in Table 3, there was found no statistically significant difference between the spirituality levels of parents who have children with special needs and demographic variables ($p>0.05$) (Table 3). No statistically significant difference was determined between the depression levels of the parents and the demographic variables (education level, disability status of the child) ($p>0.05$). However, a statistically significant difference was determined between the depression levels of the parents and the age variable ($p<0.05$). It was established that these significant differences were between parents aged 30 and under 45-49, and between 35-39 and 45-49 years old (Table 3). No statistically significant difference was found between the psychological resilience of the parents and the age variable ($p>0.05$). However, a statistically significant difference was found between the psychological resilience of the parents and the demographic variables (education level and disability of the child) ($p<0.05$). It was determined that these significant differences were between those whose education level was literate and university and higher, between primary school and university and higher, between secondary school and university and higher, between high school and university and higher,

between autism and physical disabilities, and between parents who have children with autism and other disabilities (Table 3).

Table 4. Analysis results of correlation

		Spirituality Scale	Psychologic Resilience Scale	Beck Depression Inventory	\bar{x}	SS
Spirituality Scale	r	1	.199**	-.140*	18.44	3.07
	p		.00	.01		
Psychologic Resilience Scale	r	.199**	1	-.090	23.80	5.21
	p	.00		.13		
Beck Depression Inventory	r	-.140*	-.090	1	18.37	10.32
	p	.01	.13			

As regards to the results of the correlation analysis in Table 4, there is a positive low-level significant relationship ($r = .199$; $p = .00$) between the spirituality and psychological resilience of parents having children in need of special care.

A negative and low-level significant relationship was found between the spirituality and depression levels of parents having children in need of special care ($r = -.140$; $p = .01$).

There was no significant relationship ($r = -.090$; $p = .13$) between psychological resilience and depression levels of parents having children in need of special care.

It was established that the average of the spirituality scale scores of the parents having children in need of special care was "18.44", the average of the Beck depression scale scores was "18.37" and the psychological resilience scale mean score was "23.80".

4. DISCUSSION

The present research study aims to search the relationship between spirituality, depression and psychological resilience of parents having children in need of special care. Overall, the results supported the hypotheses of this study.

As regards to the independent t-test analysis results, there was found a significant difference between the study variables, between psychological resilience and marital status and employment status. This difference is that married parents have higher psychological resilience than those who are single (separate, divorced, widowed) and those who do not work than those who work. Consistent with these data, in a study conducted on veterans, a significant relationship was established between psychological resilience and marital status, and it was found to be in favor of married people (Wingo et al., 2017). In another study conducted on adult individuals, it was concluded that a significant relationship is present between resilience and marital status (Poole et al., 2017). During the Covid-19 epidemic, in a study conducted on the general population in China, it was established that a significant relationship was established between psychological resilience and marital status (Ran et al., 2020). In a study conducted by Özçetin and Erkan (2019) on high-risk pregnant women, it was established that the psychological resilience level of unemployed pregnant women was higher than that of employees. Contrary to the current study, there is also a study stating that no significant relationship exists between working status and psychological resilience. In the study conducted by Bozdağ (2020) on adult individuals, it was determined that no significant relationship existed between psychological resilience and working status. It is thought that this difference stems from the participants' sociodemographic characteristics and the work stress of the employees.

As regards to the independent t-test analysis results, a significant relationship was determined between depression and family type and the presence of someone else receiving home care. In a study conducted on caregivers of patients in need of home care, it was established that the depression levels of those responsible for caregiving were found to be high (Toker et al., 2019). It was found that there is a significant relationship between caregiver burden and depression in caregivers of paralyzed patients (Hu et al., 2018). In a research applied to diabetic patients, it was established that a statistically significant difference existed between the depressions' scores of patients according to family type (Aba & Tel, 2012). In another study on the elderly, a significant relationship was determined between depression and family type (Taqui et al., 2007). In literature studies, there are some studies stating that no significant relationship is present between family type and depression. In studies conducted on university students, it was established that the family type of the students does not affect the level of depressive symptoms (Tezel et al., 2009; Ulas et al., 2015). In another study on adolescents, the prevalence of severe depression was found to be 6.7% in adolescents who live in nuclear family and 12.0% in those who live in extended family, but the difference was not statistically significant (Ertem & Yazıcı, 2006).

It can be said that this difference in the literature is due to the demographic characteristics of the participants.

As regards to one-way Anova analysis results, a significant difference was established between the age variable of the parents and their depression levels. It was found that the level of depression increases as the age decreases. In a scientific study applied to the elderly people in China, it was determined that a relationship exists between age and depression (Han et al., 2020). In a study carried out on overweight women, there was found a significant relationship between depression and age (Naufel et al., 2019). There was established a statistically significant difference between the psychological resilience of the parents, their education level and the child's disability ($p < 0.05$). In a study performed by Campbell-Sills et al. (2009), it was seen that education level has a significant effect on resilience. In addition, in a study performed on elderly individuals with cardiovascular disease, a significant relationship was found between psychological resilience and education level (Lee et al., 2020). In a study on hemodialysis patients, it was determined that there is a significant relationship between psychological resilience and education level (Karadag et al., 2019). In a study conducted on Greek individuals with and without physical disabilities, it was reported that a significant relationship is present between disability and psychological resilience (Samsari & Soulis, 2019). In another study, in which parents of children with developmental disorders (autism, Down's syndrome) and non-disabled participated, it was established that there was a significant relationship between disability and psychological resilience (Gugliandolo et al., 2022). It can be said that the results of the research are compatible with the literature studies.

As regards to the correlation analysis results, a positive and low-level significant relationship existed between the spirituality and psychological resilience of parents who have children with special needs. Studies consistent with these data were conducted in women during Covid-19 epidemic (Roberto et al., 2020), among family caregivers of stroke patients (Gibbs et al., 2020), and in studies on children in need of special care and parents of normally developing children (İnal, 2022), it was noted that there was a statistically significant difference between spirituality and resilience. In this context, we can say that individuals should give importance to their spirituality and psychological resilience in their lives. These findings show that spirituality is important in predicting psychological resilience. The literature studies overlap with the research.

According to the results of the correlation analysis, it was found that there is a negative and low-level significant relationship between the spirituality and depression levels of the parents who have children with special needs. Studies consistent with these data, for example, in parents with a child with cancer (Rezavandi et al., 2018), adolescents (Sigurvinsdottir et al., 2021), adolescent psychiatric patients (Dew et al., 2010), and the elderly in Indonesia (Mahwati, 2017), it was established that a negative significant relationship exists between spirituality and depression. It was determined that as the attitudes of parents with special needs children towards getting psychological help increased, their level of resilience increased (Atalan & Kabasakal, 2023). In another similar study, it was determined that there was a positive and low-level significant relationship between psychological resilience and spirituality levels of parents with special needs children (Söylev & Öztürk, 2022). Therefore, we can say that parents with high spirituality exhibit lower depressive symptoms and are less likely to reach the probable case occurrence threshold. These findings show that spirituality is important in reducing the level of depression in parents. The literature studies overlap with the research.

Contribution

Parents having children who are in need of special care are among the individuals having the most common mental problems today. Efforts that require difficult treatment and workload, such as the burden of care for a disabled child, his education and health problems, make the life of parents rather stressful. Parents may experience psychological problems such as depression in the face of these difficulties. There is an increasing interest in studies on resilience and spirituality as a method of overcoming and coping with psychological problems. Resilience and spirituality play an important role in helping parents overcome psychological problems such as depression, anxiety and loneliness. Increasing resilience and spirituality, which is a psychological indicator of resilience against difficulties, may be useful for reducing the stress of parents and curing psychological disorders. In particular, the findings of this study have improved our understanding of how and under what circumstances spirituality serves as a mediator with depression. It is thought that these findings will be fruitful to inform researchers and practitioners about the development of interventions targeted at decreasing the impact of depressive symptoms on parents by promoting increased spirituality.

Limitations

There are some limitations in the present study. Initially, since this study was carried out in a specific region of Türkiye with parents who have similar socio-cultural characteristics, it limits the scope of generalization of the results beyond this group. In addition, some parents who accepted to take part in the research after they had filled out the questionnaire were reluctant and bored with the questions of the data collection tools. Second, the analyzes that were carried out are descriptive relational. Accordingly, moderate depression observed in parents caring for children in need of special care may be temporary. Third, only parents of children who are in need of special care took part in the study. Fourth, another limitation of the study is that causality cannot be adequately investigated due to the descriptive relational nature of this study.

Direction for future research

Our study results showed that there is a positive low-level significant relationship between the spirituality and psychological resilience of parents with children with special needs. In addition, it was found that there was a negative and low-level significant relationship between the spirituality and depression levels of the parents. Therefore, qualitative determination of the experiences of parents with children with special needs in future studies may provide more detailed data for such families. It is important to establish the depression and anxiety levels of parents with different family structures (nuclear, extended or fragmented) coping methods with stress. Because it will allow more detailed comparisons of parents of children from different cultures or different disease groups. It has been determined that positive psychotherapy is extremely important in coping with stress, reducing depression and anxiety levels of parents. For this reason, it will be useful to determine parents' levels of coping with stress, depression and anxiety, and to provide support to parents.

Conflicts of Interest:

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Ethical Aspect of The Study:

Before starting the study, the researcher obtained the ethical approval from the Ethics Committee of Health Sciences Non-Interventional Clinical Research (2022/xx-xx) of xxx University, and institutional permission with the date and number of documents was obtained from the institution where the research was conducted (11.10.2022-xxxx). Parents were given information about the objectives of the study that at any time, they could leave the study and that their information would be kept confidential. The author carried out this research study in line with the Principles of Helsinki Declaration.

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GENİŞLETİLMİŞ ÖZET

Giriş

Hakkında toplumdan topluma farklı algılama biçimleri olsa da, engellilik, tarihin en eski dönemlerinden günümüze kadar varlığını sürdüren bir olgudur (Subaşıoğlu & Atayurt Fenge, 2019). Her geçen gün, dünyada ve Türkiye’de engelli veya özel gereksinimi olan çocuk sayısı hızla artmaktadır. Engelli veya özel gereksinimi olan çocuk sayısı, oldukça büyük bir nüfusu oluşturmaktadır. Dünya Sağlık Örgütü (DSÖ) verilerine göre, dünya nüfusunun yaklaşık %15’i bir engellilik türüne sahiptir. Türkiye’de ise bu oran, %10’a yakındır (DSÖ, 2011; Yıldız & Önder, 2021; Şenyüz, 2022).

Ebeveynlerin çocuk sahibi olmaya karar vermesi, onların hayatlarında önemli bir dönüm noktası olup birçok değişikliği ve yeniliği beraberinde getirmektedir. Ebeveynler, dünyaya gelecek çocuklarının normal gelişim göstermesini beklemekte ve çoğu zaman özel gereksinimi olan bir çocuğa sahip olabileceklerini düşünmemektedirler (Aysever & Demirok, 2019). Psikolojik sağlamlık, bir bireyin stresli yaşam olayları ve zorluklarla karşılaştığında, (yaralanma, tehditler ve önemli stres kaynakları) istikrarlı psikolojik ve fiziksel işleyişi nispeten sürdürme veya psikolojik durumunu eski olumlu haline getirme yeteneği olarak ifade edilmektedir (Seiler & Jenewein, 2019).

Maneviyat, genellikle kişinin iç dünyası ile ilgili olan yaşam ve ölümü anlama arayışı, kendine, başkalarına, doğaya ve kutsal veya önemli olana bağlılık arayışı olarak tanımlanmaktadır (Doumit et al., 2019; Alvarenga et al., 2021). Literatürde, özel gereksinimli çocuğa sahip ebeveynlerin maneviyatları ile depresyon ve psikolojik sağlamlıklarını ayrı ayrı inceleyen çalışmalar bulunmaktadır. Ancak, maneviyat, depresyon ve psikolojik sağlamlığı birlikte inceleyen herhangi bir çalışmaya rastlanmamıştır. Özel gereksinimi olan çocukların ebeveynlerinin yaşadığı psikolojik sıkıntılarının belirlenmesi ve buna yönelik müdahalelerin yapılması, ebeveynlerin daha konforlu bir hayat yaşamasına olumlu katkı sağlayabilir. Bu sayede, özel gereksinimi olan çocukların ebeveynlerinin, hayattan kopmamaları ve psikolojik sıkıntılarıyla baş edebilmeleri sürecine etkisi olabilir.

Araştırmada şu sorulara cevap aranacaktır;

- Özel gereksinimli çocuğu olan ebeveynlerin maneviyat, psikolojik sağlamlık ve depresyon düzeyleri arasında bir ilişki var mıdır?

- Özel gereksinimli çocuęu olan ebeveynlerin maneviyat, psikolojik saęlık ve depresyon düzeyleri, bazı demografik deęişkenlere göre farklılık göstermekte midir?

MATERYAL ve METOT

Araştırmanın Türü

Araştırma, tanımlayıcı-ilişkişel olarak planlanmıştır.

Araştırmanın Yapıldığı Yer ve Zaman

Araştırma, Türkiye'nin Batman ilinde yer alan Batman Eğitim ve Araştırma Hastanesinde Kasım 2022-Mart 2023 tarihleri arasında yürütülmüştür.

Araştırmanın Evren ve Örnelemi

Çalışmanın evrenini Türkiye'nin Batman ilinde yer alan Batman Eğitim ve Araştırma Hastanesine başvuru yapan özel gereksinimi olan çocukların ebeveynleri oluşturmuştur (N=758). Örneklem büyüklüğünün belirlenmesinde, alfa= .05, %95 güven düzeyi olan toplam 265 ebeveyne ulaşılması gerektięi belirlenmiştir (Wyman et al., 2018). Bu doğrultuda, çalışma, araştırmaya katılmayı kabul eden 284 gönüllü ebeveynle tamamlanmıştır.

Veri Toplama Araçları

Tanıttıcı Özellikler Formu: Araştırmacı tarafından hazırlanan bu form, yaş, cinsiyet, medeni durum, aile tipi, çalışma durumu vb. olmak üzere toplam 8 sorudan oluşmaktadır. Maneviyat ölçeęi, Beck Depresyon Ölçeęi ve Kısa Psikolojik Saęlık Ölçeęi

Verilerin Toplanması

Veriler, Kasım 2022-Mart 2023 tarihleri arasında Batman eğitim ve araştırma hastanesine başvuru yapan ve servislerde yatan özel gereksinimi olan çocukların ebeveynlerinden yüz yüze görüşme yöntemiyle toplanmıştır. Ayrıca, ebeveynlerden, anketleri doldurmaya başlamadan önce, 'Bilgilendirilmiş Gönüllü Onam Formu' kullanılarak yazılı izin alınmıştır. Ebeveynlerin veri toplama formlarındaki sorulardan anlamadıkları sorular yorum yapılmadan açıklanmıştır. Veri toplama formlarının doldurulması, yaklaşık olarak 15-20 dk. sürmüştür.

Bulgular

Özel gereksinimli çocuğu olan ebeveynlerin, depresyon (aile tipi, evde bakım alan başka birinin varlığı, yaş ve eğitim düzeyi) ve psikolojik sağlımlıkları (medeni durum, çalışma, durumu ve çocuğun engel durumu) ile demografik deęişkenler arasında istatistiksel olarak önemli bir farklılık saptanmıştır ($p < 0.05$).

Sonuç ve Tartışma

Korelasyona ait analiz sonuçlarına göre, özel gereksinimli çocuğu olan ebeveynlerin maneviyatları ve psikolojik sağlımlıkları arasında pozitif yönlü düşük düzeyde anlamlı bir ilişki ($r = ,199$; $p = ,001$) tespit edilmiştir. Ebeveynlerin maneviyat ve depresyon düzeyleri arasında negatif yönlü düşük düzeyde anlamlı bir ilişki ($r = -,140$; $p = ,019$) olduğu saptanmıştır. Ayrıca, ebeveynlerin maneviyat ölçeęi puanlarının ortalamasının "18,44", Beck depresyon ölçeęi puanlarının ortalamasının "18,37" ve psikolojik sağlımlık ölçeęi puanlarının ortalamasının "23,80" olduğu belirlenmiştir.

Bu çalışma, özel gereksinimli çocuğu olan ebeveynlerin maneviyat, depresyon ve psikolojik sağlımlıkları arasındaki ilişkiyi araştırmayı amaçlamaktadır. Genel olarak, sonuçlar, bu çalışmanın hipotezlerini desteklemiştir.

Korelasyon analiz sonuçlarına göre; özel gereksinimli çocuğu olan ebeveynlerin maneviyat ve psikolojik sağlımlıkları arasında pozitif yönlü düşük düzeyde anlamlı bir ilişki bulunmuştur. Bu verilerle tutarlı olarak yapılan çalışmalar, Covid-19 salgınında kadınlarda (Roberto vd., 2020), inme geçiren hastaların aile bakıcıları arasında (Gibbs vd., 2020) ve özel gereksinimi olan çocuklar ile normal gelişim gösteren çocukların ebeveynleri üzerinde yapılan çalışmalarda (İnal, 2022) maneviyat ile psikolojik sağlımlık arasında istatistiksel olarak anlamlı bir farklılık olduğu kaydedilmiştir.

Sonuç olarak, bireylerin yaşamlarında maneviyat ile psikolojik sağlımlıklarına önem vermesi gerektiğini söyleyebiliriz. Elde edilen bu bulgular, maneviyatın psikolojik sağlımlığı yordama açısından önemli olduğunu göstermektedir.

Araştırmanın Literatüre Katkıları

Özel gereksinimi olan çocuęa sahip ebeveynler günümüzde en sık ruhsal sorunlar yaşayan bireylerin arasında yer almaktadır. Engelli bir çocuğun bakım yükü, eğitim ve sağlık sorunları gibi zorlu tedavi ve iş yükü gerektiren uğraşlar, ebeveynlerin yaşamını oldukça stresli bir hale getirmektedir. Ebeveynler bu zorluklar karşısında depresyon gibi psikolojik sorunlar yaşayabilirler. Psikolojik sorunların üstesinden gelme ve bunlarla baş etme yöntemi olarak psikolojik sağlımlık ve maneviyata yönelik çalışmalara ilgi artmaktadır. Psikolojik sağlımlık ve maneviyat ebeveynlerin depresyon, kaygı ve yalnızlık gibi psikolojik sorunların üstesinden gelmesinde önemli bir rol oynamaktadır. Zorluklara karşı

dayanıklılığın psikolojik bir göstergesi olan psikolojik sağlamlığın ve maneviyatın artırılması ebeveynlerin streslerini azaltma ve psikolojik bozuklukların iyileştirilmesi için yararlı olabilir. Özellikle, bu çalışmanın bulguları, maneviyatın depresyon ile nasıl ve hangi koşullar altında aracı ve arabulucu olarak hizmet ettiğine dair anlayışımızı geliştirdi. Bu bulgular, maneviyatın artırılmasını teşvik ederek depresif belirtilerin ebeveynler üzerindeki etkisini azaltmayı amaçlayan müdahalelerin geliştirilmesine ilişkin araştırma ve uygulamaları bilgilendirmek için verimli olacağı düşünülmektedir.

Sınırlılıklar

Mevcut çalışmanın bir takım sınırlılıkları vardır. İlk olarak, Türkiye'nin belli bir bölgesinde benzer sosyo-kültürel özelliklere ebeveynlerde yapılmış olması nedeniyle sonuçların bu grubun ötesine genelleştirilebilme kapsamını sınırlıyor. Ayrıca anket formunu doldurarak araştırmaya katılmayı kabul eden bazı ebeveynlerin veri toplama araçlarının sorularına karşı isteksiz ve sıkılmış olmalarıdır. İkincisi, analizler tanımlayıcı ilişkiseldir. Buna göre, özel gereksinim olan çocuklara bakan ebeveynlerde gözlemlenen orta düzeydeki depresyon geçici olabilir. Üçüncüsü, araştırma sadece özel gereksinimi olan çocukların ebeveynleri katılmıştır. Dördüncüsü, bu çalışmanın tanımlayıcı ilişki olması nedeniyle nedenselliğin yeterince araştırılmaması da çalışmanın bir diğer sınırlılığıdır.