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Research Article

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Investigation of the Awareness of Expectant Mothers about Responsive Care

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Abstract

Objective: This study was conducted to examine the awareness of expectant mothers in the last trimester of pregnancy about responsive care.

Materials and Methods: The study group consisted of 16 expectant mothers who were referred to the Obstetrics and Gynecology Department of a private hospital for NST (Nonstress Test). The data were collected using a demographic information form and a semi-structured interview form. The data were analyzed using the content analysis method by creating categories and subcategories based on similarities. The research data were analyzed in three subcategories: "questions about parental emotion state", "questions about daily life routines", "questions about parent-child relationship/interaction" and "questions about home environment".

Results: Twelve of the expectant mothers stated that their emotional states during the day would directly affect the care they would give to their babies; 16 of them stated that their babies' reactions to the person with whom they perform daily life routines such as sleeping, feeding, changing diapers and playing would differ; 6 of them stated that their babies would express their needs with different crying sounds; 8 of them stated that they did not expect the communication signals for their babies' needs to differ; 15 of them expected their babies to interact during breastfeeding; 6 of them stated that there would be no change in their babies' communication and play in the first year. Expectant mothers stated that they would pay attention to the light, temperature, sound, and number of materials in the room where their babies would sleep and to cleanliness, sound, and crowding in the room where they would feed. While all the expectant mothers thought that the emotional environment in their homes would affect the healthy development of their babies, 7 of them thought that the physical conditions of their homes would not be effective.

Conclusion: The result of the research reflects the expectations and thoughts of the expectant mothers in the study group about the situations that will affect the level of responsive care they will give after birth. It was observed that the knowledge of expectant mothers about responsive caregiving was generally superficial and that they could not answer or gave limited answers to questions that included more details such as causes and effects.

Keywords Expectant Mothers · Babies · Responsive Care

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INTRODUCTION

From a child development perspective, responsive care for children refers to quality care that is sensitive to the child's needs and supports the child's overall development and well-being (1). A responsive environment and responsive relationships are needed to create a solid foundation for the healthy development of the baby, starting immediately after pregnancy (2). This foundation lays the groundwork for a healthy brain development as well as physical and mental health (3). The main triggers for responsive care are infants' communication cues and how parents interpret these cues (4). All the emotional expressions of the infants, from smiling to crying, attract the attention of adults. This is an evolutionary process that aims to ensure that the care given to infants is under adult control, to recognize any danger, and to ensure the continuation of the species by supporting the infant's well-being in this direction (5).

From the first moments of life, infants display a wide variety of communication cues (6). How quickly, appropriately, and sensitively parents can respond to these cues is considered an important parenting capacity (7). There is a broad scientific consensus on the profound impact of this capacity on child development (8, 9, 10).

Many individual, social and cultural variables affect the caregiving process. For example, perinatal stress, mode of delivery (11), daily sleep duration of the mother and child (12), parental mental health, child temperament, and religious and cultural norms directly affect the caregiving process (13). Therefore, examining the variables affecting the process of responsive caregiving will play an important role in determining the national and global support to be provided to caregivers.

In the literature review and the studies examined, it is seen that environmental conditions, such as the provision or withholding of responsive care, have a lasting effect on the realization of children's innate capacities (14,15). In addition, the World Health Organization, the United Nations Children's Fund, and the World Bank Fund published the "Nurturing Care Framework" in 2018 (16), which is planned in line with the 2015-2030 Sustainable Development Goals (17). The Nurturing Care Framework encompasses parents' responsive caregiving behaviors. Responsive caregiving is a prerequisite for children's healthy development. This is because children need meaningful interactions with the environment and people from the moment they are born. The level of sensitivity of these interactions directly serves the purpose of maximizing the child's developmental potential (18).

The level of awareness on responsive caregiving will affect the quality of care that expectant mothers preparing for parenthood will provide to their infants. In this direction, a way to support child development in the long term is the awareness and knowledge levels of mothers on this issue. For this reason, it is thought that this study will help the literature, mothers and experts in the field to analyze the awareness, thoughts and feelings of mothers about responsive care. This study examines the level of awareness of expectant mothers about responsive caregiving.

MATERIALS AND METHODS

Participants: This research is a descriptive study according to its purpose and a cross-sectional study according to its time, using the phenomenological method, one of the qualitative research types. The study group consisted of 16 expectant mothers who were referred to the Obstetrics and Gynecology Department of a private hospital in Bagcılar district of Istanbul for NST (Nonstress Test). In determining the study group of the research, a deliberate sampling method, one of the non-probability-based sampling methods, was used. The criteria for inclusion of the mothers in the study group were volunteering to participate in the study, being in the last trimester of pregnancy and having her first pregnancy. A method for determining the size of the study group accepted in qualitative research is the saturation of the data (19). When the responses from the mothers started to be repeated, it was considered that data saturation was reached, and the interviews were terminated.

Collection of Research Data: Two midwives working in the NST unit of the hospital were interviewed and from the list of expectant mothers who came for NST, expectant mothers with appropriate gestational week and first pregnancy were identified. First, verbal and then written consent was obtained from the determined expectant mothers. In this process, 20 expectant mothers were reached, and 16 mothers agreed to participate in the study. Expectant mothers were given a participant consent form including the details of the study and were informed that voice recordings would be made because the questions were open-ended. Expectant mothers who agreed to participate and to be audio-recorded signed the consent form. The interviews lasted 25-30 minutes on average. All the interviews were conducted in the section of the hospital where the NST rooms are located. All the rooms in the unit where the mothers were located were single rooms and privacy was protected by separating the front part with a curtain. The audio recordings taken during the interview were transcribed on a computer after the interview.

Data Collection Tools: The research data were collected using the "Demographic Information Form" and "Semi-structured Interview Form" prepared by the researcher. The Demographic Information Form consists of questions prepared to obtain data on the demographic characteristics of the study group (age, education level, working and leave status of expectant mothers and fathers after birth, etc.). The semi-structured interview form was developed by the researcher and the consultant by reviewing the literature, and expert opinion was obtained. Then, the form was finalized with the changes made due to the pilot study.

Statistical Analysis: The MAXQDA program was used to analyze the research data. To protect the confidentiality of the identity information of the expectant mothers who agreed to participate in the study, codes between P1-P16 were assigned. The codes were created according to the order of data collection. In the next stage, all the data obtained were read and their contents were analyzed, and categories and subcategories were created. The categories and subcategories prepared by the researcher were examined and compared by three independent Child Development Experts as recommended by Braun and Clarke (2006) to ensure

Table 1. Opinions on caregiving behaviors

Categories	Subcategories	Frequency	Participant Code
Effects of their own emotional state on the care they will give to their babies			
Affects	The mother's emotional state is reflected in the child.	7	P2, P3, P5, P6, P9, P11, P13
	It affects the quality of caregiving.	4	P1, P4, P12, P16
	It affects the baby's development.	2	P8, P13
Does not affect	-	4	P7, P10, P14, P15
The effects on the child of the regularity of the baby's activities of daily living			
It's important, I think it will impact my baby's development	Effective in establishing a sleep routine (training).	5	P1, P5, P8, P10, P15
	It is effective in establishing a sleep and nutrition routine.	6	P2, P3, P4, P6, P7, P14
	It has a positive impact on your development.	6	P4, P5, P7, P8, P14, P15
	It is effective in helping the baby learn (routines, the concept of time, etc.).	3	P1, P6, P12,
	It is effective in maintaining routines in later life.	1	P13
It doesn't matter, I don't think it will affect my baby's development	What is important is that needs are met, not that they are regularized.	1	P11
Sleep is important, others are not	The sleep routine impacts behavioral, cognitive, and emotional development.	1	P9
	It has a positive impact on the child's developmental level and self-expression skills.	1	P16
The different signals that babies give about their needs			
Differentiates	The sound of crying is different.	6	P4, P6, P9, P10, P14, P16
	There is a change in behavior.	1	P8
	It opens its mouth when hungry.	2	P10, P14
	His facial expression changed.	1	P16
	I don't know how it will be different.	1	P3
It does not differentiate as a baby; it differentiates as it grows	When they are small, they only cry. As it grows older, it shows its needs physically.	3	P5, P7, P15
Does not differentiate I do not know	Only cries.	3	P1, P12, P13
	-	2	P2, P11

the validity and reliability of the qualitative data. In this way, the consistency of the categories and subcategories was ensured (20).

Ethical Aspect of the Study: The ethics committee approval of the study was obtained from the Istanbul Medipol University Social Sciences Scientific Research Ethics Committee with the date 22.05.2023 and number E-43037191-604.01.01.01-22172. Following the approval of the ethics committee, written approval was obtained from the chief physician of the hospital to conduct the study.

RESULTS

The demographic characteristics of the expectant mothers who participated in the study are as follows. The mean age of the mothers participating in the study was 28.88±2.94 and the mean age of the prospective fathers was 30.1±3.4. One of the mothers was a high school graduate, 14 were undergraduates and 1 was a postgraduate graduate, while one of the fathers was a primary school graduate, 6 were high school graduates and 9 were undergraduates. The perceived income level of 1 expectant mother was low, 8 were medium and 7 were good. All of the expectant mothers were married, and 13 of them had been married for 0-2 years, 2 for 3-4 years, and 1 for 4-5 years.

Information on the opinions of expectant mothers about the effects of their emotional states on the care they will give to their babies, the effects of the regularity of the baby's daily life activities on the child, and the different signals they give about their babies' needs are shown in Table-1.

When the expectant mothers were asked whether their emotional state would affect the care they would give to their babies, 12 expectant mothers stated that it would (Table 1). They stated that their emotional states such as happiness, sadness and tension could be reflected on their babies and that these emotional states could affect the quality of care they would give to their babies or that they could be negatively affected in areas such as emotional development and language development. Examples of the answers given by the mothers are as follows:

P3: "...I think that the happier I am, the more willingly and willingly I take care of my baby, the happier and more peaceful my baby will be."

P16: "...So in an environment where I'm unhappy, I don't think I can respond to my baby in a very productive way.."

P13: "I mean, if you are negative all the time, I think the baby will also be negative and cry....If there is a negative situation, it affects the child, it affects his development, it affects his speech, it affects his walking."

The 4 expectant mothers who thought that their emotional states would not affect the care they would give to their babies stated that they would be sure that the care they would give to their babies would always be the same in all emotional conditions (Table 1). An example of the answers given by the expectant mothers who thought in this way is as follows:

P10: "I mean, I don't think it will affect me. I must take care of my child no matter how I am, I don't think it will affect me."

When the expectant mothers were asked about the effects of regularity in daily life activities such as sleep, nutrition and play on the child, 13 expectant mothers stated that it would contribute to the healthy development of the baby and would be especially effective in terms of establishing a sleep and nutrition routine (Table 1). Examples of the answers given by the mothers are as follows:

P10: *"It will definitely have an effect..... I am already researching sleep training and play training.... I think I will be consistent about sleep training, sleep training and regular sleep will positively affect your life."*

P14: *"Of course I think it will have an impact..... it's really a problem for children when the order is disturbed..... mothers have to sacrifice some things..... When sleep is disturbed, it affects development and nutrition.."*

The expectant mother who thought that this would not be effective expressed her opinion as follows:

P11: *"I mean, if the baby's daytime sleep is 2 hours a day, yes, 2 hours of sleep is done, but I don't think it should always be at the same time."*

When the expectant mothers were asked whether the symptoms of wanting their babies' needs, such as sleepiness, hunger and changing diapers, to be met would differ, 8 expectant mothers stated that they would (Table 1). Among the expectant mothers who thought that there would be a difference, 6 of them stated that there might be a difference in the crying sound of their babies in line with the information they obtained from the environment. The other expectant mothers thought that they could show their needs behaviorally, such as opening their mouths when they were hungry and changing their facial expressions. For example, one of the expectant mothers expressed her opinion as follows:

P14: *"Forty days after birth, there is a difference, there is a way of crying.....with the mouth, for example, some babies do a lot of things, they are searched for, they open their mouth slurping like this, some open their mouth when they are hungry."*

Table 2. Opinions about the home environment

Categories	Subcategories	Frequency	Participant Code
Features of the baby's sleeping room			
Appropriate temperature	-	7	P1, P4, P6, P10, P11, P13, P15
Appropriate humidity	-	3	P1, P4, P15
Appropriate light	-	11	P1, P2, P4, P6, P7, P8, P9, P10, P14, P15, P16
Well ventilated/spacious	-	6	P3, P7, P9, P11, P12, P15
Free of excess stimuli	-	7	P1, P5, P8, P9, P13, P14, P15
Silent/quiet	-	9	P2, P3, P5, P6, P7, P8, P10, P14, P15
Clean	-	5	P2, P3, P7, P11, P13
Safe	-	1	P2
Color of the room	-	3	P5, P7, P12
The effects of the characteristics of the room where the baby will sleep on the baby			
Impacts	Easy/difficult transition to sleep	6	P1, P4, P6, P9, P15, P16
	Increase/decrease in the sleep duration	7	P3, P5, P8, P9, P10, P14, P15
	Establishment of sleep patterns	4	P2, P10, P15, P16
	Increased/decreased sleep quality	4	P4, P7, P8, P14
	Nightmares	1	P14
I don't know	-	2	P11, P12
Effects of the physical conditions of the home environment on child development			
The physical environment has an impact on a child's healthy development.	It should support independence/ individualization.	2	P4, P16
	It affects the level of taking responsibility.	2	P8, P14
	Positive/negative effects.	1	P12
	It makes him/her feel he/she belongs.	1	P13
	It affects the development of motor skills such as crawling and walking.	1	P16
	I don't know.	3	P3, P5, and P6
The physical environment does not influence a child's healthy development.	Security measures must be in place.	1	P1
	-	5	P2, P7, P10, P11, P15
I don't know.	-	1	P9
Effects of emotional conditions in the home environment on child development			
The emotional environment has an impact on a child's healthy development.	Positive/negative role modeling	1	P1
	Positive/negative impact on emotional development/psychology	14	P2, P3, P5, P6, P7, P8, P9, P10, P11, P12, P13, P14, P15, P16
	Healthy realization of daily life routines	1	P4
	The child is autonomous	1	P11

3 of the expectant mothers stated that they did not expect any changes during infancy and that they would be able to express this as they grew older; the only communication signal of babies is crying (Table 1). For example:

P15: *"Normally, when a newborn is born, he always reacts by crying when he is hungry and when he gets his diaper, so....but it will differ in every period in terms of age."*

P13: *"I don't think it will make a difference, she will cry, I know that."*

The mothers who answered "I don't know" mentioned that they had no idea whether it would change or not since it would be their first baby. For example:

P2: *"I don't know, I assume he yawns when he gets sleepy. I don't know, I don't have any children."*

Information on the views of expectant mothers about the characteristics of the room where their babies sleep, the effect of these characteristics on their babies' sleep, and the effects of the physical and emotional conditions of their homes on child development is shown in Table-2.

As shown in Table 2, expectant mothers stated the features they would pay attention to in the room where their babies would sleep as follows:

P4: "I like to sleep in the dark and I know that it is healthy. We plan to put the children to sleep in an environment that is usually dark or very dark. We are already trying to organize a room accordingly. Apart from that, I learned that there are details such as the temperature balance and the humidity balance. We tried to adjust them."

P11: "I just ensure that it is clean, airy, warm. She will want to be with me anyway. Then, when he has his own space, I try to create a place where he can play more, where he can hang out more freely."

P7: "Clean, spacious, bright, I think the house I like will be bright. Furthermore, a little calmness."

Expectant mothers were asked whether the characteristics of the room where their babies slept would affect their babies' sleep and if so, how. While 14 expectant mothers thought that it would affect, 2 expectant mothers stated that they did not know whether it would affect or not (Table 2). Expectant mothers who thought that it would affect their babies' sleep stated that the room features would make it easier or more difficult for their babies to transition to sleep, and that variables such as heat, light and sound during sleep would decrease or increase sleep time or affect sleep quality. For example:

P9: *"As I said, even if there is a sound at the moment when the child is about to fall asleep, even if it comes from outside, when the child wakes up and sees a toy around, his sleep may be disturbed, and he may want it. He may want to play with it, then his sleep is disrupted, and his sleep time is shortened."*

The answer of one of the expectant mothers who answered "I don't know" is as follows:

P11: "*I don't know whether it will affect it or not. I mean, a noisy environment can affect it, but I don't know if the room itself affects it."*

When asked about the effect of the physical conditions of the home environment on child development, 9 expectant mothers stated that the physical environment may have an effect on child development, 6 expectant mothers stated that it would not have an effect, and 1 expectant mother stated that she did not know whether it would have an effect or not. The reasons for thinking that it would or would not have an effect are given in the subcategories in Table 2. Examples of the responses of expectant mothers who thought that it would have an effect are as follows:

P16: "*Of course, having an area where he can crawl and walk, the house is cool, in conditions like Istanbul..."*

P4: *"Having a room of their own will be important for their individualization."*

5 expectant mothers stated that the physical environment would not affect child development, while 1 expectant mother stated that she know nothing about the subject. An example of the answers of the expectant mothers who think that it will not have any effect is as follows:

P1: *"I don't think the physical environment will affect much, except in terms of danger."*

All the expectant mothers think that emotional conditions in the home environment will impact child development. Fourteen of the 14 expectant mothers who participated in the study stated that emotional conditions would impact the psychological well-being and emotional development of their children.

P7: *"I mean, I don't think that a child with a high level of shouting in a house where there is a constant argument will have a superb psychology and grow up."*

P8: *"The communication between my spouse and me or the creation of happy moments at home will affect his/her development as it will affect his/her psychology."*

DISCUSSION

In this study, which aimed to examine the awareness of expectant mothers about responsive caregiving, most of the mothers thought that their emotional states would affect the care they would give to their babies, while very few thought that it would not (Table 1). Studies have shown that the emotional states of mothers have a significant effect on the development of their babies (21). For example, Punamäki et al. reported that the mother-infant attachment of expectant mothers in a war environment predicted the healthy development of the infant and maternal mental health (22). In another study, Behrendt et al. found that emotional regulation difficulties and depressive symptoms in mothers predicted less responsive care behaviors through

weak attachment patterns (23). Similarly, Walker et al. found that the maternal anxiety level affected the mental health of their children in early childhood (24). When the literature is reviewed, it is seen that there are many studies showing that the caregiving behaviors provided by the mother, the mother-child relationship and the quality of the mother-child interaction are generally affected by the emotional state of the mother (21,25,26,27). It is thought that this effect is not limited to a short period of time after birth but may lead to long-term consequences and may affect the mental health and emotional problems of the child in later childhood (28).

Most of the expectant mothers who participated in our study thought that meeting their babies' needs such as sleep, feeding and play at the same times of the day and regularly would be effective on their babies' development. When asked what kind of effect it would have on their babies' development, they gave superficial answers such as that it would be effective in establishing a routine and have a positive effect (Table 1). When the literature on the effect of regularity of caregiving behaviors on infants is examined, it is seen that establishing daily routines is extremely important in terms of predictability and safety (29). Predictable caregiving behavior in infancy positively supports children's cognitive and emotional development in the long term (30). The fact that the caregiver is sensitive to the needs of the infant and provides regular care in line with these needs ensures predictability and thus makes the infant feel safe (31). In addition, it is thought that regular and unpredictable care may lead to the activation of stress response systems in the infant and cause early maturation of the corticolimbic system (32). The corticolimbic system, which consists of the prefrontal cortex, amygdala, and hippocampus, is responsible for a wide range of behavioral and cognitive functions, including motor programming and control, decision-making, mnemonic function, and emotional regulation (33). Research on the effects of premature maturation of the corticolimbic system is ongoing, but it is thought to have long-term negative consequences for brain development and emotional development (34).

Another issue examined within the framework of responsive care is the communication signals of infants. Infants communicate their physiological needs such as hunger, diaper change, and gas through various communication signals (35). Infants can convey these signals to their caregivers in various ways, including rapid and transient facial expressions, gestures, bodily movements, and vocalizations (36,37). Although the exact meaning of these signals is not known, studies have reached a consensus on infant signals in some situations such as basic hunger, satiety and liking (37,38). Durak and Bayındır (2021) conducted a study in which they classified infants' cries according to their needs using machine learning. Because of the study, the baby's crying (hungry, sleepy, colic, painful, etc.) was classified with a 93% success rate (38). It is thought to be essential for mothers who have difficulty in understanding social communication and communication cues to get help from technology to make the care they give to their babies more sensitive.

Most of the expectant mothers who participated in our study emphasized the need for appropriate lighting in the environment where their babies would sleep. Appropriate lighting meant providing a completely dark environment for some mothers, while for others it meant providing a dim environment. Expectant mothers thought that room characteristics would affect their babies' sleep duration and transition to sleep (Table 2). In the literature, the provision of various behavioral and environmental factors that contribute to healthy and quality sleep is referred to as "sleep hygiene". Creating a sleep hygiene environment for infants is essential for their well-being and development (39). It is said that the environment in which the baby will sleep should have various characteristics to ensure sleep hygiene. The mattress on which the baby will sleep should be cotton and not too soft. It is also an important factor that the clothes the baby will wear while sleeping should be cotton, should not restrict his/her movements and should not be too thick or thin according to the room temperature. In line with the statements frequently expressed by the expectant mothers who participated in our study, studies show that light is a dominant environmental cue affecting the sleep-wake cycle. Prayag et al. (2019) conducted a review study discussing how specific characteristics of light, such as intensity, duration, timing, pattern, and wavelengths, affect sleep and wakefulness in humans through their effects on alertness or circadian rhythm. They concluded that exposure to inadequate light, such as too much blue-enriched light during circadian rhythm times, such as just before bedtime, can severely alter sleep physiology and lead to sleep disturbances in cases of chronic exposure (39). In summary, creating an optimal sleep environment for infants requires consideration of various factors such as light, temperature, and sleep quality.

While some of the expectant mothers who participated in our study thought that the physical conditions of the home environment would be effective on child development, another part of the expectant mothers thought that it would not be effective (Table 2). In the literature, many studies have shown that the quality of the home environment is a crucial factor in supporting optimal child development (40,41,42).

In their study, Kuhn et al. (2021) aimed to examine the relationship between the home environment and early child development in underdeveloped rural areas by collecting data from 445 children living in rural areas in the Guizhou province of China. They used a demographic information form, the Home Environment Observation List (HOME), and the Bayley-III Developmental Screening Inventory to collect data. According to the results of the study, a significant and positive relationship was found between the presence of learning materials at home, sensitivity of caregivers and organization subscales and early development of children (43). In parallel with this study, most of the expectant mothers who participated in our study stated that the physical conditions of the home environment would be effective on child development. However, when the expectant mothers were asked what kind of effect this would have on development, they gave non-detailed answers.

All the expectant mothers who participated in our study thought that the emotional conditions of the home environment would impact the development of their children. The majority of them stated that this effect would affect the psychology of their children (Table 2). In parallel with the responses of the expectant mothers, the emotional atmosphere of the home environment has an impact on the child's developmental areas such as cognitive, psychomotor and sociol-emotional. There are many factors affecting this emotional atmosphere. Positive parenting practices (44), emotional intelligence of parents (45), temperament characteristics and harmony between spouses are some of these factors (46). For example, Miller et al. (2016) conducted a study to test whether biological stress hormones influence the relationship between positive and negative home environment characteristics (routines; chaos) and emotion regulation. One of the aims of the study was to examine the relationship between home environment characteristics (routines; chaos) and emotion regulation. The study was conducted with 380 low-income families and their children. According to the results of the study, there is a negative and significant relationship between chaos at home and the emotional regulation skills of children (47).

It was observed that the information obtained from the expectant mothers participating in the study from various information sources was compatible with scientific studies at the basic level. However, it was observed that they generally had difficulty in the questions they were asked to elaborate. It is thought that the reason for this is that the mothers received short information from the sources where they obtained information about child development and responsive caregiving, but they did not have sufficient information on issues such as the causes, types and factors affecting this information.

Data for the current study were collected from a single hospital. The inability to reach a wider socioeconomic and sociocultural population is a limitation of the scope of the study. Due to the deliberate sampling and descriptive nature of the study group, it does not represent larger groups. The generalizability of the study can be increased by designing it relationally with larger groups. Another limitation of the study is the assumption that the expectant mothers in the study group answered the questions sincerely.

CONCLUSION

The results of this study, which was conducted to examine the awareness of expectant mothers about responsive care, showed that expectant mothers did not have sufficient knowledge about the process of responsive caregiving. While answering the questions, the expectant mothers frequently gave examples from other babies and their mothers that they observed around them. This situation suggested that the expectant mothers did not obtain their knowledge from formal sources but through observation. Expectant mothers' views on whether various factors would affect the development of their babies or whether there would be differences in their babies during the process of giving sensitive care are in parallel with the information in the literature. However, it is thought that the answers to more in-depth questions such as what these effects or differences are caused by, what kind of effects they may have or how they may result are at a superficial level.

Ethics Committee Approval	The ethics committee approval of the study was obtained from the Istanbul Medipol University Social Sciences Scientific Research Ethics Committee with the date 22.05.2023 and number E-43037191-604.01.01.01-22172. Following the approval of the ethics committee, written approval was obtained from the chief physician of the hospital to conduct the study.
Informed Consent	Written consent was obtained from the participants.
Peer Review	Externally peer-reviewed.
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