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ABOUT

Turkish Journal of Applied Social Work is an international refereed journal. The journal started its publication life in 2018. The present scientific journal is published in December and June, with two issues per year. The working languages of the journal are English and German. *Turkish Journal of Applied Social Work* is meeting the academic community with the first issue in December, 2018 and the processes required to be screened in many indexes have already started. Our journal, which is the first academic Social Work Journal in Turkey operating in foreign languages (English and German), is planning to have a new lease on social work and expects the support of the authors.

Any publications which can contribute to the development of the social work academic field and the related areas are welcome to our journal.

AIM

Turkish Journal of Applied Social Work started its publication life in 2018. This journal has embarked on the Open Access Policy with the idea that scientific information produced by academics, professionals, and others can be accessed by anyone, both locally and internationally, without any limitation.

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EDİTÖRDEN

TR *Türk Uygulamalı Sosyal Hizmet Dergisi, Türkiye'de sosyal hizmet alanında yalnızca İngilizce ve Almanca dillerinde yayın yapan ilk akademik dergidir. Dergimiz, Editör Kurulu başta olmak üzere gönüllü pek çok akademisyen tarafından büyük emekler harcanarak yayın hayatına devam etmektedir. Dergimizin Danışma Kuruluna Türkiye'den akademisyenlerin yanı sıra İngiltere, ABD, Avustralya, İsveç, Almanya, Portekiz, Romanya, Polonya, Çekya, Bosna Hersek, Letonya ve Slovenya'dan akademisyen ve araştırmacılar katkı vermektedir. 2018 yılından beri düzenli olarak yılda 2 sayı olarak çıkmakta olan Dergimiz, istikrarlı bir şekilde gelişimini sürdürmektedir. 2020 yılında Dergimizin 5. sayısını siz değerli okurlarımızla buluşturuyoruz. Bu sayımızda bizlere çalışmaları ile Katkı sağlayan yazarlarımız; Fizyoterapist Turgay ALTUNALAN, Prof. Dr. Zubeyir SARİ, Fizyoterapist Meltem ÇELİK, Fizyoterapist Selin SAĞLAM, Fizyoterapist Gülsena UTKU, Prof. Dr.Aliye Mavili AKTAŞ, Öğr. Gör. Umut SOLMAZ, Doç. Dr. Taner ARTAN, Dr. Öğr. Üyesi Sayra LOTFİ, Dr. Öğr. Üyesi Beyza ERKOÇ, Öğr. Gör. Selda MEYDAN, Arş. Gör. Bilgesu ÇÜM ve Arş. Gör. Aylin ARICI ve bu sayıda görev alan hakemlerimize teşekkürlerimizi sunuyoruz. Beşinci sayımızı dolu dolu 6 makale ile sizlere sunuyor olmanın gururunu yaşıyor ve Editör Kurulu, Yayın Kurulu ve Danışma Kurulumuz başta olmak üzere Dergimize katkı vermeyi kabul eden tüm akademisyenlere tekrar sonsuz teşekkürlerimizi sunuyoruz.*

PROF. DR. MEHMET ZAFER DANIŞ

FROM THE EDITOR IN CHIEF

EN *Turkish Journal of Applied Social Work is the first academic journal publishing articles in English and German languages in Turkey. Our journal continues its publishing process with the support of many academics, especially the Editorial Board. Apart from Turkey, our Advisory Board includes academics and researchers from the UK, USA, Australia, Sweden, Germany, Portugal, Romania, Poland, Czechia, Bosnia and Herzegovina, Latvia, and Slovenia.*

Our journal, which has been published twice a year regularly since 2018, has steadily developed. This is the 5th issue of our journal to meet you in 2020. The contributors to this issue are as follows:

Physiotherapist Turgay ALTUNALAN, Prof. Dr. Zubeyir SARİ, Physiotherapist Meltem ÇELİK, Physiotherapist Selin SAĞLAM, Physiotherapist Gülsena UTKU, Prof. Dr. Ali Mavili AKTAŞ, Lecturer Umut SOLMAZ, Assoc. Prof. Dr. Taner ARTAN, Dr. Lecturer Sayra LOTFI, Dr. Lecturer Beyza ERKOÇ, Lecturer Selda MEYDAN, Res. Asst. Bilgesu ÇÜM and Res. Asst. Aylin ARICI. Also, we would like to extend our thanks to our reviewers.

It is proud to present you our fifth issue with 6 full articles. All in all, we express our gratitude to all academics making contributions to this issue, primarily Editorial Board, Publishing Board, and Advisory Board.

PROF. DR. MEHMET ZAFER DANIŞ (Ph. D.)

ANMERKUNG DES HERAUSGEBERS

DE *Das Turkish Journal of Applied Social Work ist die erste wissenschaftliche Zeitschrift in der Türkei, die nur in englischer und deutscher Sprache im Bereich der Sozialarbeit publiziert. Unsere Zeitschrift setzt ihr Verlagsleben mit großen Anstrengungen vieler freiwilliger Akademiker und der Redaktion fort. Unser Beirat setzt sich aus Wissenschaftlern aus der Türkei, Großbritannien, den USA, Australien, Schweden, Deutschland, Portugal, Rumänien, Polen, der Tschechischen Republik, Bosnien und Herzegowina, Lettland und Slowenien zusammen, die mit Ihrer Unterstützung den Inhalt der Zeitschrift aufwerten. Unsere Zeitschrift erscheint seit 2018 regelmäßig 2 mal im Jahr und entwickelt sich mit jeder Ausgabe stetig weiter. Im Jahr 2020 erscheint nun die 5. Ausgabe.*

In dieser Ausgabe sind Beiträge folgender Autoren publiziert worden; Physiotherapeut Turgay ALTUNALAN, Prof. Dr. Zubeyir SARİ, Physiotherapeut Meltem ÇELİK, Physiotherapeut Selin SAĞLAM, Physiotherapeut Gülsena UTKU, Prof. Dr. Aliye Mavili AKTAŞ, Umut SOLMAZ, Assoc. Dr. Taner ARTAN, Dr. Sayra LOTFİ, Dr. Beyza ERKOÇ, Selda MEYDAN, wissens. Mitarbeiterin Bilgesu ÇÜM und wissens. Mitarbeiterin Aylin ARICI. Wir bedanken uns bei allen Autoren und den Jury-Mitgliedern, die bei dieser Ausgabe im Einsatz waren.

Wir sind stolz darauf, unsere fünfte Ausgabe mit 6 umfangreichen Artikeln zu präsentieren, und möchten uns bei allen Akademikern bedanken, die sich bereit erklärt haben, zum Erfolg unseres Journals beizutragen. Ein besonderer Dank gilt insbesondere unseren Herausgebern, der Redaktionsleitung und dem Beirat.

PROF. DR. (Phil.) MEHMET ZAFER DANIŞ

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INVESTIGATING ENROLLMENT AND CONTINUITY OF PARENTS TO EARLY CHILDHOOD INTERVENTION SERVICES

EBEVEYNLERİN ERKEN ÇOCUKLUKTA MÜDAHALE HİZMETLERİNE KATILIMLARININ VE DEVAMLILIKLARININ İNCELENMESİ

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ABSTRACT

Early childhood intervention (ECI) services are recognized as the fundamental right of children and their parents under "The Geneva Declaration of the Rights of the Child". Although the importance of early intervention services is well known, there are still some issues regarding the enrollment of parents. The aim of the study is to examine the enrollment of the parents who are directed/invited to ECI service. The enrollment of parents into two different ECI projects (one including neuro-developmentally high-risk group and another including neuro-developmentally low-risk group) executed in 2018-2019 was examined. The reasons for the parents who rejected to enroll the ECI service were recorded. The reasons for the parents who left ECI services were examined. Finally, it was examined why the parents missed their therapy sessions. Seventy-two (69.9%) parents out of 103 of the low-risk group and 53 (96.3%) parents out of 55 of the high-risk group accepted to participate in the study. Parents who rejected to enroll in ECI usually cited the difficulties of transportation and taking a day off. Respiratory Distress Syndrome (p=0.027) and distance to the center (p=0.048) significantly affect parents' continuity of the ECI in low risk group. The distance to center (p=0.008, r=371) and multiple pregnancies (p=0.008, r=314) significantly correlate with not being able to attend to therapy sessions. The study examined the barriers which limited the access to ECI services. It is important to mention that most of these factors are reversible.

Keywords: developmental disabilities, early intervention, family-centered practice, maternal-child health services, parent enrollment.

ÖZ

Erken çocukluk müdahale (EÇM) hizmetleri, "Cenevre Çocuk Hakları Bildirgesi" kapsamında çocukların ve ebeveynlerinin temel hakkı olarak kabul edilmektedir. Erken müdahale hizmetlerinin öneminin iyi bilinmesine rağmen, ebeveynlerin katılımında halen bazı sorunlar bulunmaktadır. Çalışmanın amacı, EÇM hizmetine yönlendirilen / davet edilen ebeveynlerin katılımlarını incelemektir. Çalışmada 2018-2019 yıllarında yürütülmüş iki farklı erken müdahale projesine ebeveynlerin katılımları incelenmiştir. Erken müdahale hizmetine katılmayı reddeden ailelerin gerekçeleri kaydedilmiştir. Erken müdahale servisini yarıda bırakan ebeveynlerin ayrılma nedenleri incelenmiştir. Son olarak, ailelerin terapi seanslarını neden kaçırdıkları incelenmiştir. Düşük risk grubunda yer alan 103 ebeveynin 72'si (%69,9) ve yüksek risk grubunda yer alan 55 ebeveynin 53'ü (%96,3) çalışmaya katılmayı kabul etmiştir. Erken müdahale programına katılmayı reddeden ebeveynler genellikle ulaşım ve iş yerinden izin alma sorunlarını gerekçe göstermişlerdir. Düşük riskli grupta Respiratuar Distres Sendromu (p=0,027) ve merkeze uzaklık (p=0,048) ebeveynlerin EÇM devamlılıklarını anlamlı bir şekilde etkilemektedir. Düşük riskli grupta merkeze uzaklığın (p=0.008, r=371) ve çoğul gebeliğin (p=0.008, r=314) terapi seansına katılamama ile anlamlı bir şekilde ilişkili bulunmuştur. Bu çalışma, ebeveynlerin erken müdahale hizmetlerine erişimini kısıtlayan engelleri incelemiştir. Tespit edilen faktörlerin çoğunun değiştirilebilir olduğunu belirtmek önemlidir.

Anahtar kelimeler: gelişimsel engellilikler, erken müdahale, aile merkezli yaklaşım, anne-çocuk sağlığı hizmetleri, ebeveyn katılımı

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INVESTIGATING ENROLLMENT AND CONTINUITY OF PARENTSTO EARLY CHILDHOOD INTERVENTION SERVICES

INTRODUCTION

In article number 3 of the United Nations Convention on the Rights of the Child, it is emphasized that in all actions concerning children the best interests of the child shall be a primary consideration and the states undertake to ensure the child such protection and care shall take all appropriate legislative and administrative measures (UNICEF, 1989). In addition to the rights in this convention, articles in Part C of Individual with Disabilities Educational Act (IDEA) approved by the United States Congress in 1986 for children with a disability has also inspired other countries. The aim of the IDEA is to enhance the development of infants and toddlers with disabilities, reduce educational costs through early intervention, maximize independent living, and enhance the capacity of parents (IDEA, 2004).

While some countries require a certain diagnosis or developmental delay for providing early childhood intervention (ECI) such as England, some other countries like Portugal initiate ECI if babies or their parents have risk factors (VETforEI, 2019; Zigler & Valentine, 1979). In Turkey babies at risk had been allowed to access early intervention services free of charge with a certain diagnosis until 2019. The new early intervention reporting system called ÇÖZGER was launched in 2019 (Çözger, 2019). With this system, babies at risk are offered to benefit ECI services free of charge even without a certain diagnosis. The early intervention support system procedure starts with the obtainment of medical and educational reports. Following obtainment of the reports, parents and their babies can receive developmental support for 8 sessions per month from the Special Education and Rehabilitation Centers free of charge. With this new system, it is predicted that more babies and their parents will apply to ECI services. Parents of babies at risk should apply individually in order to receive services for ECI. There is no mechanism to direct families to participate in the early intervention system. Therefore, the importance of parental awareness in early intervention services becomes very important (Karadavut et al., 2018).

There are important aspects of ECI services. The collaboration of parents and professionals in early intervention is very important for the effectiveness and continuity of the practices (Dunst, 1997). For the encouragement of enrollment and continuity of the parents in early intervention programs, different models such as clinic-based, family-centered, and home visiting have been developed (Guralnick, 2005; McWilliam, 2010). Seven key principles have been published in order to include the parents in the early intervention system and ensure their active participation (Eurlyaid, 2019).

- First key principle is that children of the parents who have the necessary support and possibility can assure an increase in learning and development. This support may include not only expert consultations but also social and economic well-being.
- Secondly, the progress which could be achieved through early childhood intervention is individual and variable according to preferences, learning styles of children, and the cultural beliefs of their parents.
- Interventions with young children and their parents must be based on formal sources such as validated practices, laws, and regulations.
- It is necessary to consider that children and parents identify the needs and priorities by themselves in the early intervention service.
- Within early childhood intervention there should be a case mediator. The first role of the case mediators in early childhood intervention is to work together and support parents and caregivers.
- The best way to learn something in a natural context is through the daily experiences and interactions for babies and toddlers.
- The case mediator directs the families about their priorities, needs, and interests (Eurlyaid, 2019).

The practices support the well-being of infants at risk and their parents are called early intervention programs. Although the importance of early intervention programs in early childhood is emphasized more and more every year, some parents may not accept developmental support. On the other hand, providing early intervention services have some limitations as; the awareness level of healthcare professionals about the early intervention might be low, parents may not realize that their babies need developmental support and there is not a certain pathway for including healthcare professionals and parents in the service (Twardzik, MacDonald, & Dixon-Ibarra, 2017). The economic, social, and cultural beliefs are also factors that affect enrollment in the early intervention system. Health and well-being might have different meanings for the people living in different cultures.

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It is expected for early intervention systems to differ in the social structures and economic characteristics of different societies (Rosenberg, Zhang, & Robinson, 2008). In the countries where early intervention is not a routine, the concerns of society affect the enrollment of parents (Jimenez et al., 2014). The studies have shown that living in rural areas, low income, and low education levels decrease enrollment of parents in the early intervention system (McManus, McCormick, Acevedo-Garcia, Ganz, & Hauser-Cram, 2009). The parent reports show that the race, young maternal age, low level of education, not being able to speak the local language of the place of residence, and financial reasons are the causes of not participating in the early intervention service (Clements, Barfield, Kotelchuck, Wilber, & journal, 2008; Peterson et al., 2004). In Turkey, with the new medical reporting system for babies at risk, a rise in ECI service referral is foreseen. In order to make early intervention services accessible, there is a need to examine the attitudes of enrollment of parents. With this perspective, the main aim of the current study is to investigate the enrollment of parents in early intervention services according to their babies' developmental risk levels. The second aim of the study is to analyze the reasons for parents who withdraw from early intervention services. The third aim of the study is to examine the continuity of parents to the therapy sessions provided within the scope of the projects.

METHOD

Sample Group

The enrollment of parents in two different ECI projects was examined between 2018 and 2019 at the TSÇV Family Counseling Center. In one of these projects, parents of premature babies which were born under 33 weeks, younger than six months corrected age, and have a low risk for cerebral palsy were invited. In the second project, parents of children under the age of 3 who have a high-risk for cerebral palsy such as abnormal neurological examination or cranial imaging findings were invited. In order to create a more homogeneous participant group, babies with genetic and metabolic diagnoses were excluded from the studies. Pediatric neurologists and neonatal intensive care professionals in the surrounding hospitals were informed of the referral of parents of babies who are convenient for the study.

Data Collection Tools

The parents in the low-risk groups were directed by physicians and invited by phone, while the parents in the high-risk groups were only directed by physicians. The biological, social, and environmental factors of parents and their babies were recorded at the first appointment. The socio-demographic scale, parents' ages, educational levels, professions, consanguinity, and income levels were recorded through parental reports. The biological risk factors of babies were obtained from medical reports. The excuses of the parents who refused to participate in ECI services were questioned and recorded. The parents from the low-risk group were called and invited to the study with the following invitation text.

Invitation Text: The invitation text for the parents of babies in low-risk group

"I am calling you through your doctor's direction to the early intervention service. We have an early intervention program that we follow the development of premature babies for 6 months for free. In this program, you will be able to get information about the development of your baby. You will have professional support to ask all the questions you wonder about the development of your baby. We have a sterile room where only babies at risk can enter. There is no blood collection or imaging method. Our only request is for you to attend the scheduled appointments regularly for six months."

If parents refused to participate in the project they were asked for their excuses with the question of "We invited you to enroll ECI service free of charge. You declared that you don't want to enroll for the service. Would you please give us your reasons why you don't want to enroll for the service? In this way we can improve our ECI service.". The appointments in the low-risk group were organized by three physiotherapists while the secretariat department of TSÇV Family Consultation Center followed the appointments in the high-risk group.

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While organizing appointments for the parents who agreed to participate in the project, the following criteria were taken into consideration.

- Parents were asked whether they want to come on weekdays or weekends.
- Whether they preferred specific visiting hours.
- They were reminded by messages or phone calls before all their appointments.
- Appointments were reorganized for the nearest possible dates if parents have hospital appointments, vaccination appointments, and any health issues.

Data Analysis

All analyses were performed using IBM SPSS Statistic Version 14. The baseline demographics and the views of parents who refused to participate in the study were given with frequencies and percentages. The relation between demographics and continuity of parents in the study were tested by Wilcoxon rank-sum analysis (Perolat 2015). The relation between the cited obstacles of the parents and their continuity to therapy sessions were examined with Spearmen Correlation (Myers, 2004). The effect size was computed differences between completed and dropout groups. Hedges g was interpreted as 0.2 ≥ small effects, 0.5 ≥ medium effects, 0.8 ≥ large effects (Lakens, 2013).

RESULTS

In the neuro-developmentally low-risk group, 103 parents were invited to the project between May 2018 and November 2019. Seventy-two (69.9%) parents agreed to enroll in the project while 12 parents (11.6%) enrolled but later on dropped out of the project. The corrected mean age of the babies was 1.5 months (min:0 months, max:4 months, 37 boys 51.4%, 35 girls 48.6%). In the neuro-developmentally high-risk group, 53 out of 55 parents of babies which were referred between January and December 2019, agreed to enroll, while three parents enrolled but later on dropped out of the project. The average corrected age of babies in the high-risk group was 9.6 months (min:0 months, max:22 months, 29 boys 52.7%, 28 girls 47.3%). The highest percentage of the reasons why parents refused to enroll in the project is the transportation problem. The highest percentage of the reasons why parents drop out of the project are issues regarding taking a day off. All the reasons why parents refused to enroll and dropped out of the project are listed in Table 1.

*This research had been submitted in NATO women officers meeting in Turkey Harbiye.

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Table 1. *The Reasons Why Parents Refused to Enroll and Dropped Out of the Project*

	Low-risk group		**High-risk group**	
	Refused to enroll in the project (n=31) Frequency (Percentage)	Dropped out (n= 12) Frequency (Percentage)	Refused to enroll in the project (n= 2) Frequency (Percentage)	Dropped out (n= 3) Frequency (Percentage)
Transportation problem	11(35%)	5(41%)	0	0
No given reason	9(29%)	1(8%)	0	0
Cannot get a day off	4(12%)	3(25%)	0	0
The risk of infection	3 (9%)	3(25%)	0	0
Do not have a need for early intervention program	3 (9%)	0	2(100%)	0
Moving out of town	1 (3%)	0	0	3 (100%)

Sixty parents (88.2%) completed the project in the neuro-developmentally low-risk group and 50 (94.3 %) parents completed in the neuro-developmentally high-risk group. Demographic characteristics and the distance between the place of residence and the center of the parents who completed and dropped out of the project of low-risk babies are shown in Table 2.

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Table 2. *The Socioeconomic Level of Parents, Environmental Conditions, and Biological Factors of Low-Risk Babies Who Completed and Dropped Out of the Project*

	Completed (n:60) M (SD) (min-max)	*Dropped Out (n:12) M (SD) (min-max)*	*p-value*	*Effect Size (Hedges' g)*
Birth week (gw)	29.3 (1.9) (24-32)	29.4 (2.4) (25-32)	0.621	0.04
Birth weight (gr)	1287 (377.8)(540-2170)	1385 (608.8) (830-2860)	0.918	0.24
Stay NICU (days)	54.8 (31.8) (14-150)	51.2 (29.9) (14-110)	0.565	0.14
RDS (%)	81	50	**0.027**	**0.73**
The education level of the mother (year)	10.4 (4) (5-18)	12.2 (5.4) (5-23)	0.220	0.24
The education level of the father (year)	10.9 (3.7) (5-17)	13.4 (7.5) (5-32)	0.223	**0.53**
Distance to the center (km)	17.7 (14) (3-90)	24.8 (26) (3-55)	**0.048**	**0.52**
Parental income (Multiplication of minimum wage)	2.7 (1.7) (1-10)	4 (3)(1-11)	0.173	**0.64**

NICU: Neonatal Intensive Care Unit, RDS: Respiratory Distress Syndrome

An average of 7.3 sessions was planned in six months in the low-risk group and an average of 5.1 of the planned sessions took place. In the high-risk group, an average of 41 of the 51.4 sessions planned was held. The distance between the center and their place of residence (p=0.008, r=371) and multiple pregnancies (p=0.008, r=314) were found significantly correlated with not attending to the therapy sessions. The reasons cited by parents for not being able to attend the sessions were infections (50%), not being able to get a day off (27.2%), being out of town, having holidays (9%), other health issues related appointments (9%) and multiple pregnancies ((parents who had twins or triplets needed help to come to the center) 4.8%).

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DISCUSSION

The first years of life are unique as they provide learning opportunities in a way that it never happens later (Krägeloh-Mann, Lidzba, Pavlova, Wilke, & Staudt, 2017). On the other hand, babies are quite vulnerable to adverse stimulations in the same age generation (Walker et al., 2007). Early intervention gives a chance to reduce the adverse conditions in the natural environment of the baby and enrich positive stimulations to support her/his development. Although researchers have accepted the importance of early intervention services, some difficulties may be experienced in delivering early intervention services to parents (Rosenberg, Zhang, & Robinson, 2008).

In our study, 69.9% of parents in the low-risk group and 96.3% in the high-risk group were accepted to enroll in the early intervention program. A cohort study took place in California has shown that enrollment rate was 76% at high risk babies (Hintz et al., 2019). The enrolment rate of the mentioned study is less than our sample for high risk babies. The high enrollment rate of high-risk families might be related to their anxiety level. Similarly, it has been shown in the literature that doctors tend to refer to early intervention programs for high-risk babies more frequently. Also, the parents' views about the developmental status of their baby affect positively their enrollment in the early intervention service (Heinrichs, Bertram, Kuschel, & Hahlweg, 2005).

It has been seen that the awareness of experts and parents about developmental monitoring in the low-risk group was insufficient(Carmanetal.,2017).Asurveystudywithpediatricianssh owedthatparentswhohavepretermbabieswerehesitantabout participating in early intervention services (Heinrichs, Bertram, Kuschel, & Hahlweg, 2005). It has been seen that planned behaviors, motivational factors, and the transtheoretical model were effective while the parents give their decisions (Jimenez et al., 2014). In accordance with the literature, we found that low-risk groups enroll less than the high-risk groups in the early intervention program.

In our study, 70% of the parents refused to enroll in ECI due to issues of transportation. These parents stated that they would like to benefit from the ECI service if it is implemented at home or in a center which is within walking distance. It was emphasized in previous studies that the parents who live in rural areas with low income, low education levels, and less knowledge on health have less enrollment in early intervention support (Jimenez et al., 2017). Some countries have initiated home-based support practices to increase participation in early intervention support (Silva et al., 2020).

We examined why parents dropped out of the project in the low-risk group. Totally, 11.7% of parents dropped out of the project in the low-risk groups. We found that Respiratory Distress Syndrome (RDS) has a statistically significant positive effect and distance to the center has a statistically significant negative effect on the completion of ECI project. The RDS has an adverse effect on the baby's neuro-development (Hoobler et al., 2010). The higher the concern level of the parent gets the more enrollment rate of parents in ECI is. While the parents who completed the project were living an average of 17.7 km from the center, the parents dropped out of the project were living 24.8 km away on average. Parents who dropped out of the project listed transportation issues, not being able to take a day off, and the risk of infections as reasons. Similarly, a study showed that transportation opportunities were important factors for participation in the early intervention program (Almsbhieen, 2016). In our study, parents who dropped out of the project had higher income and education levels than those who continued to the project. Parents with higher levels of income may have left the project due to their higher chance to access information and special ECI opportunities.

We also examined the therapy session participation of parents who continued to the project. The distance of the center and multiple pregnancies were found statistically significant with not being able to participate in therapy sessions. Parents who have twin and triplet babies stated that in addition to the mother and father, one more person should accompany them to their appointments, otherwise, they have difficulties. Similarly, the literature has shown that the time constraints, childcare needs, and transportation problems as structural barriers in the parents' enrollment in the early intervention program (Lamb-Parker et al., 2001; Spoth, Redmond, Trudeau, & Shin, 2002).

Babies with developmental risks such as premature birth have more visits to the doctor in the first year of life. They have additional controls in the fields of eye, ear, neurology, and neonatology besides routine vaccines

and controls (Cuevas et al., 2005). Therefore, it may be difficult to find suitable dates and times for both specialists and the family while setting a therapy session. The participation rates at planning sessions of the families who continued therapy were 69% and 79% in the low and high-risk group in our study. We found that multiple pregnancy and distance to the center were found statistically significant in order not to participate in the therapy sessions.

The fact that ECI services are not yet widespread in the national system may negatively affect parents' awareness of the importance of early intervention. As the ECI projects were conducted in the context of two different randomized controlled trials, parents may have felt insecure to enroll in the ECI service. Another limitation of the study is that the projects were driven in a metropolitan city. The enrolment rates and reasons of rejection in early intervention programs in rural areas may be different.

CONCLUSIONS AND RECOMMENDATIONS

As we known this is the first study to investigate the enrollment attitudes of parents of babies at high-risk and low-risk to ECI services in Turkey. Almost all parents of babies at high risk enrolled in ECI. Parents of babies at low-risk refused to participate the invitation because they thought they would have issues with transportation and not being able to get a day off. Parents who dropped out of the project in the low-risk group similarly cited issues with transportation, being able to take a day off, and the risk of infection. In the low-risk group, it has been shown that the distance of families to the ECI center significantly negative affects their participation attitudes. It has been shown that in families who can not attend their therapy sessions regularly, multiple pregnancies and their distance from the center significantly affect their enrollment attitudes.

The importance and advantages of early intervention should be well explained to the public. Awareness and in-service training should be provided for experts who work in pediatrics about the importance of early intervention and how developmental monitoring should be done.

The accessibility of early intervention programs should be facilitated especially for multiple pregnancies, parents living in rural areas, and low-income groups. In order to increase accessibility, options such as dissemination activities, home-based, or center-based services, transportation support, or travel fee support should be considered. In cases where there is a high risk of infection or re-hospitalization, priority should be given to home-based practices.

The appointment planning process should be dynamic in early intervention services. While organizing therapy sessions, the unique characteristics of parents, other physician appointments, and the days that they can get permission from work should be taken into consideration. The communication between parents and the early intervention staff should be flexible and fast. The necessary legal arrangements should be made to obtain permission from the workplace for the employees with babies at risk.

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RESOURCES

Almsbhieen, M. M. J. I. E. S. (2016). Early Intervention Services, Importance and Availability Extent from Workers Point of View, Who Serves in the Intellectual Disability Centers in Ma'an, Jordan. International Education Studies, 9(10), 216-230. http://dx.doi.org/10.5539/ies.v9n10p216

Carman, K. B., Kayhan, M., Bilge, U., Dinleyici, M., Balcıoğlu, H., Yarar, C., . . . Ünlüoğlu, İ. J. O. T. D. (2017). Aile Hekimlerinin Gelişimsel Tarama Testleri Hakkındaki Bilgi Düzeylerinin ve Uygulama Alışkanlıklarının Değerlendirilmesi. Osmangazi Tıp Dergisi, 39(3), 44-48. https://doi.org/10.20515/otd.320953

Clements, K. M., Barfield, W. D., Kotelchuck, M., Wilber, N. J. M., & journal, c. h. (2008). Maternal socio-economic and race/ethnic characteristics associated with early intervention participation. Maternal and child health journal, 12(6), 708-717. https://doi.org/10.1007/s10995-007-0291-3

Cuevas, K. D., Silver, D. R., Brooten, D., Youngblut, J. M., & Bobo, C. M. (2005). Hospital charges at birth and frequency of rehospitalizations and acute care visits over the first year of life: A comparison by gestational age and birth weight. The American journal of nursing, 105(7), 56

Dunst, C. J. (1997). Conceptual and empirical foundations of family-centered practice. American Psychological Association, 75-91. https://doi.org/10.1037/10236-004

Eurlyaid. (2019). Recommended practices in early childhood intervention: A guide book for profesionals. In. Retrieved from https://indd.adobe.com/view/ce456704-8e75-46a4-a7e6-700b024ed409 Last access March 2020

Çözger, (2019). Çocuklar için özel gereksinim değerlendirmesi hakkında yönetmelik Retrieved from https://www.resmigazete.gov.tr/eskiler/2019/02/20190220-1.htm Last access March 2020

Guralnick, M. J. (2005). An overview of the developmental systems model for early intervention. The developmental systems approach to early intervention, 1(1), 3-28.

Heinrichs, N., Bertram, H., Kuschel, A., & Hahlweg, K. J. P. S. (2005). Parent recruitment and retention in a universal prevention program for child behavior and emotional problems: Barriers to research and program participation. Prevention Science, 6(4), 275-286. https://doi.org/10.1007/s11121-005-0006-1

Patrianakos-Hoobler, A.I., Msall, M.E., Huo, D., Marks, J.D., Plesha-Troyke, S. And Schreiber, M.D. (2010). Predicting school readiness from neurodevelopmental assessments at age 2 years after respiratory distress syndrome in infants born preterm. Developmental Medicine & Child Neurology, 52: 379-385. https://doi:10.1111/j.1469-8749.2009.03343.x

IDEA. (2004). Individul With Disabilities Education Improvement Act. Retrieved from https://sites.ed.gov/idea/ Last access March 2020

Jimenez, M. E., DuRivage, N. E., Bezpalko, O., Suh, A., Wade, R., Blum, N. J., & Fiks, A. G. J. C. p. (2017). A pilot randomized trial of a video patient decision aid to facilitate early intervention referrals from primary care. Clinical pediatrics, 56(3), 268-277. https://doi.org/10.1177/0009922816677038

Jimenez, M. E., Fiks, A. G., Shah, L. R., Gerdes, M., Ni, A. Y., Pati, S., & Guevara, J. P. (2014). Factors associated with early intervention referral and evaluation: a mixed methods analysis. Academic pediatrics, 14(3), 315-323. https://doi.org/10.1016/j.acap.2014.01.007

INVESTIGATING ENROLLMENT AND CONTINUITY OF PARENTSTO EARLY CHILDHOOD INTERVENTION SERVICES

RESOURCES

Karadavut, K. İ., Biri, A., Şenbil, N., Gülümser, Ö., Aydın, R., Sezgin, M., . . . Atay, G. (2018). Consensus report for workshop on- early diagnosis and intervention in cerebral Palsy" Turkey's approach to babies at risk and suggestions 1. National congress on babies at risk (1-4 March 2018, the Ankara Hotel). http://hdl.handle.net/11727/3733

Krägeloh-Mann, I., Lidzba, K., Pavlova, M. A., Wilke, M., & Staudt, M. (2017). Plasticity during early brain development is determined by ontogenetic potential. Neuropediatrics, 48(02), 066-071. http://doi.org/10.1055/s-0037-1599234

Lamb-Parker, F., Piotrkowski, C. S., Baker, A. J., Kessler-Sklar, S., Clark, B., & Peay, L. J. E. C. R. Q. (2001). Understanding barriers to parent involvement in Head Start: A research-community partnership. Early Childhood Research Quarterly, 16(1), 35-51. https://doi.org/10.1016/S0885-2006(01)00084-9

Lakens D. (2013). Calculating and reporting effect sizes to facilitate cumulative science: a practical primer for t-tests and ANOVAs. Front Psychol, 4:863.

McManus, B., McCormick, M. C., Acevedo-Garcia, D., Ganz, M., & Hauser-Cram, P. (2009). The effect of state early intervention eligibility policy on participation among a cohort of young CSHCN. Pediatrics, 124(Supplement 4), S368-S374. https://doi.org/10.1542/peds.2009-1255G

McWilliam, R. (2010). Routines-based early intervention. Supporting Young Children and Their Families. Baltimore: Brookes. http://naturalenvironments.blogspot.com/

Myers, L., & Sirois, M. J. (2004). S pearman Correlation Coefficients, Differences between. Encyclopedia of statistical sciences.

Perolat, J., Couso, I., Loquin, K., & Strauss, O. (2015). Generalizing the Wilcoxon rank-sum test for i nterval data. International Journal of Approximate Reasoning, 56, 108-121.

Peterson, C. A., Wall, S., Raikes, H. A., Kisker, E. E., Swanson, M. E., Jerald, J., . . . Qiao, W. J. T. i. E. C. S. E. (2004). Early Head Start: Identifying and serving children with disabilities. Topics in Early Childhood Special Education, 24(2), 76-88. https://doi.org/10.1177/02711214040240020301

Rosenberg, S. A., Zhang, D., & Robinson, C. C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. Pediatrics, 121(6), e1503-e1509. https://doi.org/10.1542/peds.2007-1680

Spoth, R. L., Redmond, C., Trudeau, L., & Shin, C. J. P. o. A. B. (2002). Longitudinal substance initiation outcomes for a universal preventive intervention combining family and school programs. Psychology of Addictive Behaviors, 16(2), 129. https://doi.org/10.1037/0893-164X.16.2.129

Hintz, S. R., Gould, J. B., Bennett, M. V., Lu, T., Gray, E. E., Jocson, M. A., ... & Lee, H. C. (2019). Factors associated with successful first high-risk infant clinic visit for very low birth weight infants in California. The Journal of Pediatrics, 210, 91-98. https://doi.org/10.1016/j.jpeds.2019.03.007.

Silva, R. M. M. D., Zilly, A., Nonose, E. R. D. S., Fonseca, L. M. M., & Mello, D. F. D. (2020). Care opportunities for premature infants: home visits and telephone support. Revista Latino-Americana de Enfermagem, 28:e3308. https://doi.org/10.1590/1518-8345.3520.3308.

RESOURCES

Twardzik, E., MacDonald, M., & Dixon-Ibarra, A. (2017). The relationship between state lead agency and enrollment into early intervention services. Journal of Early Intervention, 39(3), 253-263. https://doi.org/10.1037/0893-164X.16.2.129 Unicef. (1989). Convention on the Rights of the Child.

VETforEI. (2019). Country Status Reports of Early Intervention. Retrieved from http://vetforei.eu/wp-content/uploads/2020/02/VETforEI_Country-Status-Report.pdf Accessed 24.11.2020

Walker, S. P., Wachs, T. D., Gardner, J. M., Lozoff, B., Wasserman, G. A., Pollitt, E., . . . Group, I. C. D. S. (2007). Child development: risk factors for adverse outcomes in developing countries. The lancet, 369(9556), 145-157. https://doi.org/10.1016/S0140-6736(07)60076-2

Zigler, E., & Valentine, J. (1979). Project Head Start: A legacy of the war on poverty. American Journal of Diseases of Children. https://doi.org/10.1001/archpedi.1980.02130220081043

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COMPARISON OF WORK, DOMESTIC STRESS LEVELS AND JOB SATISFACTION OF FEMALE AND MALE MILITARY OFFICERS

KADIN VE ERKEK SUBAYLARIN İŞ VE EV İÇİ STRES DÜZEYLERİ İLE İŞ DOYUMUNUN KARŞILAŞTIRILMASI*

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ABSTRACT

Stress can be defined as a tense situation that negatively affects the daily life and psychological well-being of the individual, but stress can be mild or severe. In this case, it is necessary to look at the factors that trigger stress. These factors may differ in person due to internal and external conditions. Stress can often be perceived as originating from family, work, school or external factors, but how stress is interpreted internally in the individual's cognitive and emotional world is very important. In this situation, the individual's responses to stress differ in an individual sense. At the same time, the bio-psycho-social and economic status of the individual affects the level of stress. Working men and women may experience stress and emotional distress due to their roles in both domestic and working life. In this study, the participants consisted of 118 military officers, 69 women and 49 men, serving in the Air, Naval and Army forces. The relationship between occupational stress factors, household stress factors and job satisfaction of these participants was examined. It provides a perspective on how occupational stress factors and domestic stress factors manifest differently in women and men involved in the study and to what extent this has an effect on job satisfaction.

Keywords: Stress, Occupational Stress Factor, Domestic Stress Factor, Job Satisfaction

ÖZ

Stres, bireyin günlük yaşantısını, psikolojik iyi olma halini olumsuz etkileyen gergin bir durum olarak tanımlanabilir ancak stres hafif düzeyde veya ağır düzeyde olabilir. Bu durumda stresi tetikleyen faktörlere bakmak gerekmektedir. Bu faktörler iç ve dış koşullardan kaynaklı olarak kişide farklılık gösterebilir. Stres çoğu zaman ailede, işte, okulda veya dış etkenlerden kaynaklandığı şeklinde algılanabilir ancak stresin bireyin bilişsel ve duygusal dünyasında içsel olarak nasıl yorumladığı çok önemlidir. Bu durum strese karşı verilen tepkilerin bireysel anlamda farklılık arz etmesi Aynı zamanda bireyin biyo-psiko-sosyal, ekonomik durumu stresin düzeyini etkilemektedir. Çalışan kadın ve erkeklerde hem ev içi hem de çalışma yaşamındaki rollerden dolayı stres ve duygusal sıkıntı yaşayabilmektedirler. Bu çalışmada ise katılımcılar Hava, Deniz ve Ordu kuvvetlerinde görev yapan 69'u kadın, 49'u erkek olmak üzere 118 subay oluşturmaktadır. Bu katılımcıların mesleki stres faktörleri, ev içi stres faktörleri ile iş memnuniyeti arasındaki ilişki incelenmiştir. Çalışmada yer alan kadınlar ve erkeklerde mesleki stres faktörleri ile ev içi stres faktörlerinin nasıl farklı tezahür ettiğini ve bunun kişinin iş doyumu üzerindeki etkisinin ne derecede olduğuna ilişkin bir bakış açısı sunmaktadır.

Anahtar Kelimeler: Stres, Mesleki Stres Faktörü, Ev İçi Stres Faktörü, İş Doyumu

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COMPARISON OF WORK, DOMESTIC STRESS LEVELS AND JOB SATISFACTION OF FEMALE AND MALE MILITARY OFFICERS

INTRODUCTION

Conceptualization of stress usually emphasizes the following a state of arousal resulting either from the presence of social-environmental demands that fix the ordinary adaptive capacity of the individual or from the absence of the means to attain sought after ends (Pearlin 1983, Menaghan 1983). External circumstances that challenge or obstruct are labeled stresses; stress refers to internal arousal. Thus stress is not an inherent attribute of external conditions but emanates from discrepancies between those conditions and characteristics of the individual his or her needs, values, perceptions, resources, and skills.

Stress is the non – specific response of the body to any demand on it. Although stresses affect each person differently, their relative importance is very uniform. All stressful events whether positive or negative to our way of thinking require us to the cape, adapt, or change to some degree. Stress researcher generally continues to emphasize one particular type of stressor life event changes. The initial conceptualization of any change as stress-provoking has given way to the agreement that undesirable events are most psychologically distressing other dimensions such as whether events can be controlled or predicted is of secondary importance (Thoits, 1983)

The deleterious health effects of life change are of concisely modest magnitude few who encounter life events suffer ill health as a result. Social psychological factors regulate the impact of stress. Most prominent is the concept of social support. Definitions of support about, but most include whether a person's basic social needs – affections, esteem, approval, belonging, identity, and security – are satisfied through interaction with others (House Kohn (1995)).

Social support, especially socioemotional support is related inversely to diverse forms of psychological disorder, physical morbidity, and mortality. Longitudinal studies demonstrate reciprocal relationships; causal influence goes from support to mental health and vice versa (Aneshensel, 1986). A major emphasis concerns whether social support acts as a stress – buffer, ameliorating the deleterious effects of stress (Dean and Lin. 1977). İn reviewing this contradictory literature, (Kessler and McLeod, 1985) concluded that mental health impact of stress is buffered by emotional and perceived social support, but not by membership in social networks.

Research concerning the nature and effectiveness of coping also has proliferated over the past decade. Folkman and Lazerus (1980) defined coping as cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts. Functions of coping include avoiding or eliminating the stress or; containing the proliferation of secondary stressors, altering the meaning of the situation, and managing states of arousal (Aneshensel, 1980) can be categorized as problem-focused versus emotions focused...

Coping and social support are functionally isomorphic concepts. Thoits (1984) conceptualized social support as coping assistance. Coping refers to actions taken on one's own behalf, whereas support refers to actions undertaken by another person. Coping and social support perform parallel functions, influencing the occurrence end impact of stressful life experience.

ITHEORETICAL FRAMEWORK

İn research literature several distinct sources of chronic stress have been identified. Wheaten (1983) delineated the following; barriers in the achievement of life goals; inequity in the form of inadequate rewards relative to invested effort or qualifications; excessive or inadequate environmental demand; the frustration of role expectation and resource deprivation. Chronic stressors also include difficulties associated with participation in institutionalized roles; enduring interpersonal difficulties; status inconsistency; goal-striving stress; and lifestyle incongruity; disjunction of economic goals and educational means; social and economic hardship including poverty, crime, violence, overcrowding, and noise, chronic physical disability (Turner and Non, 1988, Avison and Turner, 1988).

Role occupancy is necessary but not sufficient condition of role strain. İnstead, stress arises as a consequence of the experiences entailed in the enactment of a role. Women, the young, and those of low socio-economic status encounter the most severe role strains.

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Economic strains – particularly potent contributors to psychological distress – bear an obvious relationship to structure via dependency upon income. Family income is not the sole determinant of economic hardship among married couples. Being young, having young children, and having little education increase economic strains, as does being non while, at least among husbands.

Inconsistency of social standing can be a structural source of stress in itself. Status inconsistency among spouses is problematic only for those who value upward social mobility. Neither status heterogm by itself nor status striving by itself produces marital stress rather, it is the confluence of these two conditions. The effects of status inequality persist over lengthy marriages even among those who have experienced mobility after marriage.

Chronic stressors (illness, status neighborhood overcrowding) do not have a greater depressive impact on women has been overestimated because important risk factors for women have been omitted from the analysis. Some studies have demonstrated a greater depressive impact among women than men for social network events, but others have found a greater depressive impact among men than women for other stressors, including negative controllable events (Thoits, 1987, Turner and Avison, 1989). Meneghan and Merve's (1984) researches revealed that neither lower social status nor female gender is associated consistently with less adaptive coping efforts. Groups differ in their behavioral responses to stress, but these differences do not reflect the consistent selection of effective strategies.

Lastly, I want to discuss gender stratification and work-related stress. The intersection of occupational, family, and gender roles continues to generate a substantial body of stress-related research. The work concerning the impact of employment per se on women's well-being has gilded equivocal results although an overall beneficial impact of employment seems likely (Aneshensel et al, 1981, Rosenfield, 1989). The impact of work and homemaker roles are not universally positive or negative but depend upon role-related experiences (Aneshensel, 1986).

Any gender comparison of work-related stress must consider the gender stratification of the occupational system. Such stratification means women and men typically encounter work environments imposing different demands and constraints, conditions with disparate mental health consequences. Gender differences in how work is a structured note that women and men seldom work together in the same job. Loscocco and Spitze (1990) describe a "gender model" which predicts that gender moderates the relationship between aspects of the job and well–being. They found instead that women and men are influenced similarly by factors indicative of job stress – job demands, job deprivations, and rewards, and physical and social work environment. These findings support a "job model" of gender and work. The hygiene and motivation theories that make up Herzberg's dual factor theory convey that job satisfaction depends not only on internal factors but also on external factors. These external factors fall within the scope of hygiene theory. These factors include working conditions, job security, wages, and relationships with colleagues. When these factors are at a sufficient level, the satisfaction and job satisfaction of the person increase (Örsal and Mavili, 2020: 46).

Ross and Mirowsky (1988) asserted that stress among employed mothers is generated by temporary disjunctures in the internal organization of family roles and integration of the family with other institutions. Specifically, they reasoned that one facet of family roles has changed (employment of mothers), but other family roles (e.g. husband's participation in childcare) and family's links to other institutions (e.g. formal childcare) have not kept pace. This, difficulty obtaining childcare and lack of paternal participation in childcare generates stress and emotional distress among employed wives but not fathers.

In sum, work-related stress and unemployment are harmful to both gender, although the manner in which stress is manifested by women and men may differ. Working outside the home or working as a homemaker both may generate stress for women continent upon experiences within these roles and the social, economic, and historical context within which these roles are enacted.

HYPOTHESES

1.There is a significant difference between men and female occupational stress scores.

2.There is a significant difference between men and female domestic stress scores.

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3.There is a significant difference between men scores of occupational stress and domestic stress from the following points.

4. Marital status

5. Age

6. Work duration

7. To participate in domestic responsibilities.

8. The effects of marital status, age, work duration, and participation of domestic responsibilities on occupational stress scores, domestic stress scores, and job satisfaction scores are important.

THE METHOD

A quasi-experimental model has been used in this research. The statistical test used to test the hypotheses of this study is as follows: t-test, variance, multiple regression, and correlation.

DATA COLLECTING

Three means of data collection have been employed in this research. The first one is occupational stress factors ındex (OSFI). This index has 15 items. The second one is the domestic stress factors index (DSFI). This index has 18 items. Two of them were developed by the researcher of this study in 1993. In order to determine job satisfaction, only one question has been asked (Likert type). Each of the index items represents some form of behavior and situation that reflect domestic and occupational positions.

In addition to these (three indexes) data was also obtained through a questionnaire. In the questionnaire, questions are related to gender position, marital status, number of children, interest, alcoholism, work history, responsibility in housework.

SAMPLE

The sample of this research of 118 military officers working for the Navy, Army and Air Force, 69 of them are women and 49 of them are men. We are able to determine the limits of our population in Genelkurmay. Because of time and money difficulties, we were not able to sample populations through Turkey. So we selected a research sample from Ankara.

THE FINDINGS OF RESEARCH AND DISCUSSION

As it was stated earlier the sample of this research consists of 118 military officers, 69 of them are women and 49 of them are men. In the beginning, ıt was examined whether there is any difference between men's and women's occupational, domestic stress factors scores, and job satisfaction scores.

According to the test results, there is a significant difference between men and female occupational stress scores (P<00I). The mean of women's occupational stress scores is higher then men's. (42-62 for women, 36-61 for men). In Turkey, women have participated in the military force since 1980. In military sector, women and men work at the same conditions with respect to salary, status, and rank. But in this sector, most of the men think that women are protected from bad working conditions. In literature, the similar idea is valid. For example, according to Pearlin (1983), men and women may occupy the same role such as being of the officer but be exposed to different constraints and imperatives as a consequence of gender stratification. The dimensions of ongoing role strain include difficulty in satisfying role demands, interpersonal conflict with others in the roles, and restriction of continuing roles.

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Regarding domestic stress factors, there is not a significant difference between men and women (p>005). Similarly in the sample, there is not a significant difference between men and women job satisfaction (p>005). For example, Newman (1986) found similar result that is chronic stressor domestic responsibilities do not have a greater depressive impact on women than men, she maintained that the relative impact of life events on women has been overestimated because important risk factors for women have been omitted from the analysis. This result is shown in table I.

This research has examined whether there is any difference between age groups (21-30, 31-40, 41-50) on occupational domestic stress factor scores and job satisfaction scores. 39 percent of the sample (46 persons) is between the ages of 21-30, 40-67 percent pf the sample (48 persons) is between the ages of 31-40 and 17-79 percent of the sample (21 persons) is between the ages of 41-50. There is only one person between the ages of 51-60. So he is omitted.

According to variance analysis results; there is a significant difference between the occupational stress factor scores of the ages group (21-30) and the age group (41-50) that is p<0.0001. the mean of the 21-30 age group (35-83) is lower then the 41-50 age group (43;30). Generally, we can say that at the age of 21-30 idealistic values are most common. So in this period, occupational stress scores can be found at lower degrees. In contrast to the age of 41-50, the expectations of workers can be higher than the younger age group. Regarding the domestic stress factors, there is not a significant difference among the three age groups (p>0.005). Similarly, in the sample, there is not a significant difference between the job satisfaction of the age group (p>0.005) This result is shown in Table II.

Table I. Shown the result of t-test related with organizational, domestic stress factor scores and job satisfaction scores of men and female officer.

	Gender	***Number of cases***	***Mean***	***SD.***	
Organizational Stress Factor	Female	69	42.62	9.434	
	Male	49	36.61	12.288	P =.008*
Domestic Stress Factor	Female	69	39.79	8.789	
	Male	47	37.70	10.125	P =.463
Job Satisfaction	Female	69	9.78	2.035	
	Male	49	9.73	2.334	P=.430

*Significant at the 0.1 level.

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Table II. *Shows the result of variance analysis related with organizational, domestic stress factor scores and job* satisfaction scores of age groups.

Organizational Stress Factor Scores	21 – 30	46	43.30	9.062	significant p <.001
	31 – 40	48	39.25	11.094	p >.001
	41 – 50	21	35.85	12.864	significant p <.001
Domestic Stress Factor Scores	(21 – 30)	46	39.84	8.851	ccc
	(31 - 40)	48	39.29	9.847	p >.001
	(41 – 50)	21	36.23	9.51	p >.001
Job Satisfaction Scores	21 – 30	46	9.60	2.185	p >.001 F=5260
	31 – 40	48	9.68	1.980	p >.001
	41 – 50	21	10.23	2.547	p >.001

This research has examined whether there is any difference between the occupational, domestic stress factor, and job satisfaction scores of work duration groups (1-5), (6-10), (11-20). Approximately 50 percent of the research group had a 1-5 year work duration. 15;5 percent of the total group had 6-10 years and 33;6 percent had 11-20 year work duration. As women have been participating in the Military since 1985, as combat, officer, the majority of the sample were in the 1-5 year work duration group. This result is showing Table III.

It has been examined whether there is any difference among work duration groups (1-5) (6-10) (11-20) occupational, domestic stress factor scores and job satisfaction scores. According to variance analysis results, there is a significant difference among (1-5) year work duration group and (6-10) (11-20) year work duration group occupational stress factor scores (p<.005) but there is not any significant difference between (6-10) and (11-20) year work duration groups (p>.005).

Regarding domestic stress factor scores, there is a significant difference between the year 1-5 year work duration group and the 6-10 year work duration group (p<.005). But there is not any significant difference between the 1-5 year group and the 11-20 year work duration group (p>.005). Also, there is not any significant difference between the 6-10 year group and the 11-20 year work duration group (p>.005). Similarly it has been examined whether there is any difference among the job satisfaction scores of work duration groups. According to variance analysis results, there is not a significant difference among the job satisfaction scores of work duration groups (p>.005).

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Table III. *Shows the results of variance analysis related to organizational, domestic stress factor scores, and job satisfaction scores of work duration groups.*

	Age Group	Number Cases	Mean	Sd.	F-Prob. Duration of
Organizational Stress Factor Scores	1 – 5	59	43.64	9.614	p <.001 F=.0026
	6 - 10	18	36.38	12.010	p <.001
	11 - 20	39	36.74	11.502	p <.001
Domestic Stress Factor Scores	1 - 5	46	41.44	8.851	p <.001 F=.0031
	6 - 10	48	33.38	9.281	p <.001
	11 - 20	21	37.74	9.391	p >.001
Job Satisfaction Scores	1 - 5	59	9.38	2.228	p >.001 F=.1482
	6 – 10	18	10.22	1.629	p >.001
	11 - 20	39	10.15	2.230	p >.001

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According to these results, at the being of work-life, some problems can be expected related to occupational and domestic stress factors. Especially for the first year, difficulty obtaining child care generates stress and emotional distress among employed wives (Ross and Mirowsky, 1988). This research has examined whether there is any difference between the occupational, domestic stress factor, and job satisfaction scores of married and unmarried officers. 13.55 percent of the sample is unmarried and 84.71 percent is married. Two officers were divorced (both were ignored from statistical analysis).

According to t-test results, there is not a significant difference between married and unmarried officers' occupational, domestic stress factor scores, and job satisfaction scores. These findings are in contrast with literature findings in some respects. Because the search literature shows that generally unmarried people encounter chronic stressors more then do the married (Pearlin, 1983; Aneshensel,1986). In Turkey generally, women seem to accept their domestic and work responsibilities at some time. This result is parallel with the research result of sharing domestic responsibilities. This result has shown in Table IV.

The research has examined whether there is any difference between the occupational and domestic stress factor scores and job satisfaction scores of shared and unshared responsibilities of officers. According to the variance analysis results, there is no significant difference between the occupational and domestic stress factor scores and job satisfaction scores of shared and unshared responsibilities of military officers (p>.005).

	Marital Position	Number of Cases	Mean	Sd.	P.value
Organizational Stress Factor Scores	***Married***	***98***	***39.90***	***11.656***	***p = .038***
	Unmarried	***18***	***42.00***	***7.716***	***insignificant***
Domestic Stress Factor Scores	***Married***	***98***	***9.71***	***2.096***	***p = .964***
	Unmarried	***18***	***9.83***	***2.550***	***insignificant***
Job Satisfaction Scores	***Married***	***100***	***39.63***	***9.631***	***p =..333*** **insignificant**
	Unmarried	***16***	***36.37***	***8.508***	***insignificant***

In Turkey generally, men and women accept their gender role expectations. Especially in recent years most of the men from high socio-economic levels try to share domestic responsibilities. This result has shown in Table V.

This research has examined whether the effects of marital status, age, gender, work duration, and participation in domestic responsibilities on occupational and domestic stress scores and job satisfaction scores are important or not. According to the results of regression analysis, the variation of the independent variables which are given above (age, work duration, marital status, gender) explains 45,87 percent of the variation in the dependent variables (occupational domestic stress factor scores and job satisfaction scores) at the 0.1 level. But among independent variables gender, job satisfaction, domestic stress factor, and participation domestic responsibilities variables are important in explaining organizational stress scores at the 0.1 level. The other independent variables are sadistically insignificant.

According to the result of multiple regression analysis, it is found that the determination coefficient (R2) is 11 percent, among the independent variables only. According to this result, there is a relationship between job satisfaction and organizational stress factor (Aneshensel et al, 1991). This result has shown in Table VI.

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CONCLUSION

The most important result of the research is that there is a significant difference between the organizational stress factor scores of women and men. We all expected this result (Hypotheses 1 is accepted) because women have been in the military since 1985. Up to now, some social welfare services haven't been provided for women. The quality and quantity of these services are insufficient. Especially the women who entered the workforce as officers will be confronted with the problems of work and the problems of domestic responsibilities at the same time. To the same extent women have been constrained in their choices of employment by their traditional dual responsibilities. After four or five years of work and marriage, work and family responsibilities should bring some changes in family relationships. Since work is becoming a continuing commitment.

According to the research result, the number 2 hypotheses have been rejected. This result can be explained related to the acceptance of women's domestic responsibilities. On the other hand, the importance of some variables (age, work duration, participation domestic responsibilities...) in predicting the degree of occupational, domestic stress factor scores and job satisfaction scores was not totally shown in this study. (Hypotheses 3 has been accepted but not totally)

Tables VI. Shown the result of the Regression Analysis.

Organizational Stress Factor Scores	Gender	0024	-3.102	important	45.87
	Age	8084	-248	-	
	Domestic Stress	0000	7.729	important	
	Marital Status	2522	-1.151	-	
	Job Satisfaction	0181	-2.400	important	
	Work Duration	8401	-.202	-	
Domestic Stress Factor Scores	Sharing Responsibilities	0001	2967	-	37.87
	Gender	.3658	.908	-	
	Age	6477	.458	-	
	Organizational Stress	0000	8.184	-	
	Marital Status	0885	1.719	-	
	Job				
	Satisfaction	8861	-.144	-	
	Work Duration	9366	0.80	-	
	Sharing Responsibilities	01.48	-2.476	important	
Job Satisfaction Scores	Gender	.0541	-1.947	-	11
	Age	0000	.981	-	
	Organizational Stress	.0229	-2.308	important	
	Marital Status	.6786	-.416	-	
	Job Satisfaction	9326	-085	-	
	Work Duration	2879	1.068	-	
	Sharing Responsibilities	.7855	.273	-	

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This situation can be tied to our country's circumstances. Probably some other undefined variables are important in order to explain organizational domestic stress factors and job satisfaction. Lastly, we can easily say that men and women officers work under the same conditions. There is not any discrimination in the areas of wages and rank also there is not any discrimination in the assignment of women's managerial responsibilities. At this point, men's prejudice against women's ability to fill military positions should be changed through some educational programs and training at the society level. Such research should be re-examined with extensive samples and dept interviews. Probably this kind of researches will provide more detailed information.

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REFERENCES

Aneshel, C.S., Frerichs. R.R., Clark, U., Ar. 1981. Family roles and sex differences in depression. J. Health Soc. Behavior, 22(4): 379-93.

Aneshel, C.S., Pearlin. L.L., 1987. Structural contexts of sex differences in stress. In Gender and Stress ed. R.C. Barnelt, L.Bienner G.K. Baruch.pp.75.95.New-York-Free.

Aneshel, C.S., Rutter. C.M., Lachenbruch, P.A. 1991. Social Structure, stress and mental health: competing conceptual and analytic models. Arc. Gen. Psychiatry. 39:1392-96

Avison, W.R.,Turner, R.J.1988 Stressful life events and depressive symptoms Desegregating the effects of acute stressors and chronic strains. J.Health. Soc.Behav. 29(3)-253-64.

Dean,A..,Lin.N.1977. The stress–buffering role of social support: Problems and prospects for systematic investigation. J.Nerv.Ment.Dis. 165(6):403-17.

Folkman, S..,Lazarus, R.S. 1980. An analysis of coping in a middle aged community sample. J.Health Soc.Behav. 21(3):219-39

Kessler,R.C.,McLeod J.D.1985.Social support and mental health in community samples. See Cohen&Syme. 1985.pp-219-40.

Loscocco.K.A., Spitze,G. 1990. Working conditions, social support and the well being of female and male factory workers, J.Health. Soc.Behav. 31(4):313-27.

Menoghan,E.G., Merves E.S. 1984. Coping with occupational problems: The Limits of individual efforts. J.Health. Soc. Behav. 25(4):406-23.

Newman,J.P. 1986.Gender, Life strains and depression. J.Health Soc. Behav. 27(2):161-28.

Örsal, Ö., Mavili, A. (2020). Effects of managers' emotional intelligence and personality types on job satisfaction: Eskisehir example. Ed. Sefer Yılmaz, 41-71, Ankara: Akademisyen Yayınevi.

Pearlin,L.L. 1983. Role strains and personal stress. See Kaplan 1983. Pp.3-32.

Peitchinis, G.S.Women at Work. Discrimination and Response McClelland & Steward Inc. The Canadian Publisher. 1989.

Ross.C.E., Mirowsky.J.1988.Child care and emotional adjustment to wives employment. J.Health Soc.Behav. 29(2):127-38.

Rosenfield,D. 1989. The effects of women's employment: Personal control and sex differences in mental health. J.Health Soc.Beh. 30(1):79-91.

Thoits.PA. 1984. Explaining distrubitions of psychological vulnerability: Lack of social support in the face of life stress. Soc.Forces. 63(2):453-81.

Thoits.P.A. 1987. Gender and marital status differences in control and distress: Common stress versus unique stress explanations. J.Health. Soc.Behav. 28(1):23-37.

Turner R.J., Noh.S.1988 Physical disability and depression: A Longitudinal analiysis. J.Health:Soc.Behav.29(1):23-37.

Wheaton.B.1983.Stress. Personal coping resources and psychiatric symptoms: An investigation of interactive models J.Health Soc.Behav. 24(3):208-29.

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THE EVALUATION OF SUICIDE IN ELDERLINESS PERIOD FROM THE PERSPECTIVE OF SOCIAL WORK

YAŞLILIK DÖNEMİNDE İNTIHARIN SOSYAL HİZMET PERSPEKTİFİNDEN DEĞERLENDİRİLMESİ

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ABSTRACT

The process of ageing is a process in which individuals lack of physical abilities and experience the losses of role and status. The process brings some problems in terms of biological, physical, economic, psycho-social and social aspects. In the context of psycho-social problems, some problems such as depression, anxiety, loneliness and suicide occur in individuals. Being one of these problems, suicide can be defined as the attempt of putting an end to the life due to biological, psychological or social reasons. The purpose of this review is to offer solution alternatives from the perspective of social work by identifying the reasons of suicide risks in the period of ageing. Another purpose of the study is to make contribution to the professional literature related to the suicide in old age and evaluate the suicide in old age and lay out the insights about the topic from the angle of social work. In this regard, first of all, the concepts of elderliness, ageing and suicide are defined. Then the risk factors of suicide in old age period are discussed and social work practices towards the elderly are introduced. Last of all, in the results and recommendations section, solution alternatives towards elderly suicides are provided within the scope of social work.

Keywords: Suicide, The Attempt of Suicide, The Elderly, Social Work with The Elderly.

ÖZ

Yaşlanma süreci bireylerin fiziksel olarak yetilerinin azaldığı, rol ve statü kayıplarının yaşandığı bir süreçtir. Süreç beraberinde biyolojik, fiziksel, ekonomik, psiko-sosyal ve toplumsal anlamda kişinin karşısına bazı sorunlar çıkarmaktadır. Psiko-sosyal sorunlar bağlamında bireylerde depresyon, anksiyete, yalnızlık, intihar gibi sorunlar ortaya çıkmaktadır. Bu sorunlardan biri olan intihar, bireylerin biyolojik, psikolojik veya sosyal sebeplerden kaynaklı olarak yaşamına son verme girişimi olarak tanımlanmaktadır. Bu derlemenin amacı yaşlanma sürecinde intihar riskinin nedenlerini belirleyerek sosyal hizmet perspektifiyle çözüm önerilerinin getirmektir. Getirilen çözüm önerileri sorunun çözümünde her mesleğin kendine özgü bakış açısı noktasında diğer meslek gruplarına yol gösterici olacaktır. Bunun yanı sıra yaşlılıkta intihara ilişkin mesleki literatüre katkıda bulunmak ve sosyal hizmet mesleği açısından yaşlılıkta intiharın değerlendirilmesi noktasında ortaya konacak sonuçlar önemlidir. Bu kapsamda; öncelikle yaşlılık, yaşlanma ve intihar kavramları açıklanmıştır. Ardından yaşlılıkta intiharın risk faktörlerine değinilerek yaşlılara yönelik sosyal hizmet uygulamaları tanıtılmıştır. Son olarak sonuç ve öneriler kısmında yaşlılarla sosyal hizmet kapsamında yaşlı intiharlarına ilişkin çözüm önerileri getirilmiştir.

Anahtar Kelimler: İntihar, İntihar Girişimi, Yaşlılık, Yaşlılarla Sosyal Hizmet.

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INTRODUCTION

Elderliness has been a phenomenon whose definition has changed throughout the flow of history. While the elderly have been important individuals in some societies, some societies have ignored them. Various definitions of elderliness have been made so far. Ageing has different biological, psychological, sociological and chronological definitions. From chronological point of view, ageing is accepted as a situation that appears with getting older. While ageing comes in sight with the deformation of organs from biological perspective, ageing is a process that is connected to intelligence, learning and memory from psychological point of view. The sociological dimension of ageing is a process which is directly related to the decrease in the meaning imposed by the social environment to people and the decrease in the social support network.

With industrial societies, there has been a decrease in the amount of importance adhered to the elderly. Some factors such as transition from extended family to nuclear family, the changes in production relations, urbanization, and prolonged life expectancy caused a change in the role and status of the elderly. This situation led the decrease in social support system of individuals. With the aforementioned decrease, there has been a decrease in the amount of psycho-social problems of old age period. One of the problems arising with this increase is surely suicide.

Suicide is an attempt of individuals to kill themselves due to various reasons. Individuals are likely to attempt suicide in particular periods of their lives. These suicide attempts are often seen in adolescence period; however, there appear suicide attempts in every period of one's life owing to the factors affecting him. One of these periods is definitely the period of elderliness. The attempts or acts of suicide can be seen in individuals, particularly for many reasons such as chronic disease, loneliness, loss of status and relatives, and meaninglessness of life.

The present review aims to explain the risk factors of suicidal behavior in the elderly and the theoretical background of these acts, evaluate elderly suicides in different periods, and suggest solutions for elderly suicides within the scope of social work. For this purpose, a literature review was conducted and an evaluation was made with the studies on elderly suicides in the literature in the discussion section. In the conclusion section, solution suggestions related to elderly suicides were proposed from the perspective of social work.

CONCEPTUAL FRAMEWORK

The Concepts of Elderliness, Ageing and Suicide

Ageing which is defined as a period of individuals' lives is a physiological process that consists of functional and structural transformations occurring in organism (Turaman, 2001, p.23). Elderliness is a process which is impossible to avoid in biological, historical and socio-cultural manner and contains unique problems within itself (Konak and Çiğdem, 2005, p.23). Besides, elderliness is called as the phase of losses including certain problems such as cognitive and physical decline, the end of the productive role, change in social status, weakening of the support mechanism, and loss of health. (Cited from Işık, Haran et al., 1991, s.26).

The most explicit description related to when old age begins has been done by World Health Organization (WHO). WHO classified old age in three groups in 1972: 65-75 years early old age, 76-85 years middle old age and over 86 years advanced old age. With the progress in technology, the classification of old age period was updated in 2015. According to new old age classification of WHO, 66-79 years refer to middle old age, 80 years and over refer to old age (https://www.who.int/ageing/publications/wo).

The fact that there is not an explicit age classification paves the way for evaluating elderliness as a phenomenon in a broad perspective. The absence of a clear age classification paves the way for a wider evaluation of old age. To evaluate the issue in this regard, it can be advocated that the number of psycho-social problems in elderliness is also high and it gains different dimensions as parallel to the progress. The following problems can be considered in this regard: financial inadequacy, loss of status, depression, living alone, loss of mental and physical ability. Suicide act, which can be encountered in all ages, becomes more evident with the effect of physical, mental and social losses particularly in elderliness.

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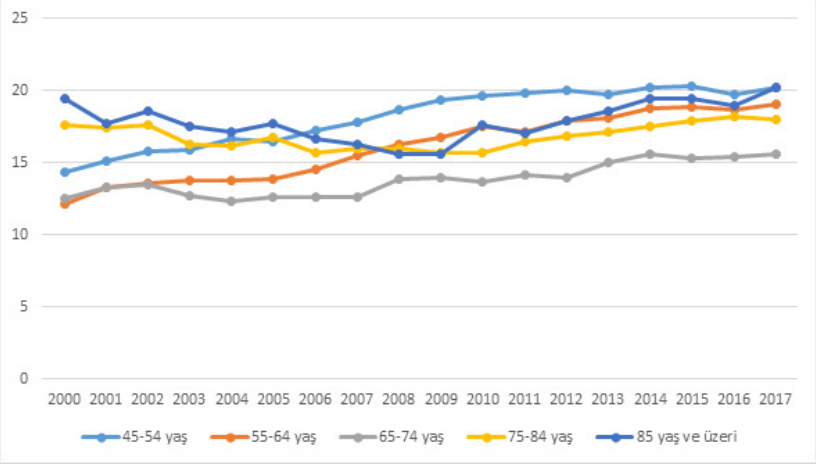
The concept of suicide has been a research interest in scientific studies since the Enlightenment period and the 20th century. Undoubtedly, the change in thought in the 19th century (the replacement of scientific explanation with the progress in positive sciences over religious explanation) has been primary factor in the increase of scientific studies about suicide. According to Richman, "suicide is a kind of communication; it means crying for help; it means asking for help; it is a method of threat or revenge; it means regret and confession". No matter whether it is verbal or non-verbal, communication used in the meaning of suicide is a message, which can be direct or indirect. With reference to this point, the suicide of the elderly individual can be regarded as "the scream of help" and "the scream of loneliness" (Güler, 2017, p.182-185). There are three types of behavior related to suicide, which are: the idea of suicide, the attempt of suicide and the act of suicide. The idea of suicide causes the attempt of suicide and the attempt of suicide sometimes causes the act of suicide. The attempts of suicide and the acts of suicide are dealt differently by various professionals. To enlighten the issue, sociologists accept the attempts of suicide and the acts of suicide as a social problem, psychologists approach these concepts as a psychological problem and social anthropologists review the above-mentioned concepts as a problem of nation (Teğin, 2014, p.2). The prevalence of suicide idea in society is between 13.5% and 35% (Özgüven, 2008, p.3). In another study, the ranking of countries' suicide rates on the basis of 2020 population density is provided. The study concludes that maximum suicide cases is in Lithuania with the rate of 31.9 per thousand and then Russia comes with the rate of 31 per thousand. The least rate of suicide cases belongs to Barbados with the rate of 0.8 per thousand and then Antigua comes with the rate of 0.5 per thousand (http://worldpopulationreview.com/co., 2020).

Fuse designated three models indicating the connection between age and the frequency of suicide, which are Hungarian model, Japanese model and Scandinavian model. It is stated that there is a direct proportion between the suicide rate and the increase in ageing in Hungarian model. In Japanese model, there are two peak points, which are the lowest and the highest suicide rates. Of these peak points, the period when the lowest suicide rates appear refers to the young adulthood while the period when the highest suicide rates appear refers to the elderliness. In Scandinavian model, the suicide rate in middle age reaches its peak level and this rate decreases in elderliness (cited from Fuse: Turan, 2008, p.36).

Considering the aforementioned models, elderly suicides display an increase in Hungarian model axis. Global suicide rates are high, particularly among elderly people who are over the age of 75 (Droper et al., 2013, p.2). Despite the fact that global suicide rates are high, different authors have various comments on suicide rates in elderliness. According to Özel et al. (2007, p.57), the rate of desire for death among the elderly people stands



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for 39.2 % but the idea of suicide and the number of suicide attempts keep the rate between 1.5% and 4.6%.

Suicide in elderliness period has increasingly taken place throughout history. The rates of suicides in the world are found in a report released by American Foundation for Suicide Prevention (AFSP) in 2017. Graph 1 below displays suicide rates of elderly people:

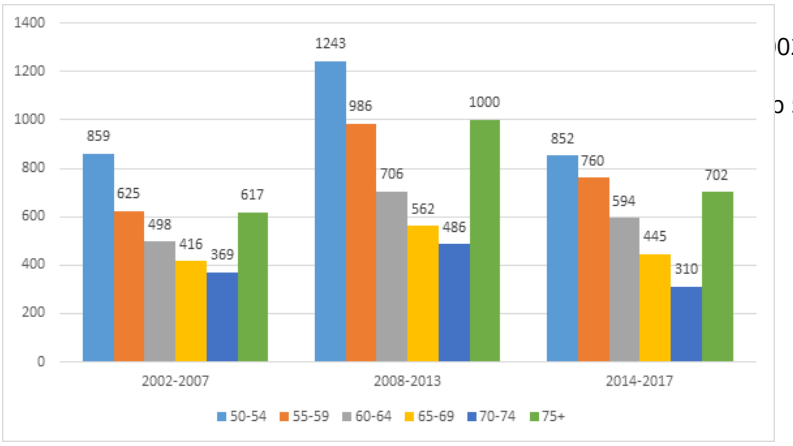
Graph 1. Suicide Rates of Elderly People between 2000 and 2017

The report provides with the suicide rates of people who are over 45 years old. According to Graph 1, the most frequent suicides were tracked with the individuals who are over 85 years old (%20.2). In other words, 20 of every 100 individual put an end to his / her life by committing suicide (https://afsp.org/about-suicide/suicide-statistics/).

As a result of the literature review, it was concluded that the data on elderly suicides before 2000 are limited. In the literature, these data were mostly reviewed on a country basis (Yip et al., 1998; Kua, H. E., 1989; Kim, 2016; Chia et al., 2010; Zhong et al., 2016; Etzersdorfer et al., 1993; He et al., 2001; Heikkinen et al., 1995; Ho et al., 2011; Hoxey et al., 2000; Ko et al., 1995; Kua, H. E. et al., 2003; Lotrakul, 2006; Pitkala et al., 2000; Pritchard et al., 2002; Shah, 2007; Shah et al., 2009; Takahashi et al., 1995; Voracek, 2008). The absence of a general analysis on historical data across the world causes limited comments related to elderly suicides.

Turkey also shows Turkish Statistical Institute display that the 02-2017) (Graph 2).

Graph 50-75+



Suicide rates of the individuals who are over the age of 50 in Turkey between the years of 2002 and 2017 are provided by Turkish Statistical Institute. The number of suicides can be seen in Graph 2. While presenting the data, a scale was administered in the following periods: 2002-2007, 2008-2013 and 2014-2017. When the rates of elderly suicides are examined between 2002 and 2007, it can be seen that 50-54 years age scale is the group where the most deaths are seen with 859 people; the following group refers to the people who are over 75 with the highest number of deaths. Also it is explicit that the period between 2008 and 2013 refers to the years when the most people committed suicide. It is seen that 1243 people between the age of 50 and 54, 986 people between the age of 55 and 59 and 1000 people over the age 75 ended their lives by committing suicide. Besides, it is tracked that the people who are aged between 50 and 54 reached the highest number of suicides (852) in the period of 2014-2017; then the people who are aged between 55 and 59 appear with the

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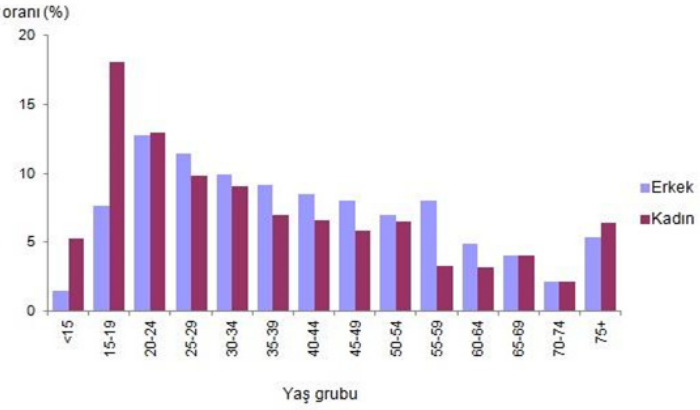
most suicide cases (760) and the last group includes the people who are over 75 years old with 702 suicide cases. When total numbers of people in the age groups are examined, it can be concluded that the most people belong to the age group 50-54 years old (2954 people); 2371 people ended their lives by committing suicide among the individuals who are between 55 and 59 years old and 2319 people who belong to the group of over 75 years old put an end to their lives via suicide. Considering the individ ıo are in the group of 50-59 years old and over 75 years o ɔs (http://tuik.gov.tr/PreTablo.do).

Graph 3. The R e to age)



According to the most recent 2015 data set of Turkish Statistical Institute which was released in 2016, considering the age distribution of suicide cases among men and women in Turkey, it is seen that women committed suicides more than men in the age group of 15-19 years old. On the other hand, there is a balanced distribution among other age groups. While the suicide cases are equal for both genders within the age groups of 65-69 years old and 70-74 years old, it is obvious that women committed suicide more than men in the age group of over 75 years old (http://www.tuik.gov.tr/PreHaber).

When the research literature of suicide in elderly people in Turkey is examined, it is clear that Turkey falls behind the international literature. The studies carried out in Turkey related to the issue mostly contribute to the literature in the format of reviews (Ceyhun, 1994; Aydemir, 1999; Duru and Özdemir; 2009; Aslan and Çicekoğlu, 2014; Güler, 2017). However, there appear three studies in which case presentation and empiricism can be found (Gündoğar, 2007; Karbeyaz et al., 2017; Hösükler et al., 2017). It is clear that the literature related to the topic is quite limited in Turkey.

When all these studies and data are examined, it is seen that elderly suicides increase by years. This increase reveals that elderly suicides are social problems; however, the society's interest in elderly suicides is low. According to Tufan (2002, p.207), the society's interest in the suicides of the elderly is lower than the suicides of young people and there are specific reasons behind this reality, which are:

- The fact that the death of young people is more pathetic since they are at the beginning of their lives,
- Difficulty of identifying the reasons for the suicides of the elderly,
- Presenting therapeutic precautions for young people more than the elderly,
- The fact that suicide is a "taboo" for society and low interest towards the issue by people

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The Risk Factors in Elderly Suicides

There appear some reasons behind the realization of suicidal act. The attempts of suicide or suicidal behaviors in elderliness can occur owing to biological, psychological or social factors. The previous studies on suicide-related factors in elderly adults focused on the causes such as mental illness, physical and functional disorders, loneliness, low income, the addiction of alcohol and drugs, and stressful events such as grief and loss of relatives.(Ngui, 2015, p.2). In addition to the above-mentioned causes, some factors such as the loss of one of family members, social isolation, diseases, weakness of religious belief, and loss of status that come with the advancement of age can be listed. (Hösükler et al.2017, p.159). Zengin et al. (2015: 281) reached the conclusion that elderly individuals, who attempted suicide in Turkey, committed suicide because of the following factors: loneliness, retirement, adjustment disorder and anxiety. These factors can interact with each other. Elderly people may commit suicide by getting influenced from a single factor, or they may attempt suicide or commit suicide under the effect of more than one factor. In general terms, the factors which trigger suicide in the elderly are listed as biological, psychological and social factors.

Biological Factors

One of the most important factors in elderly suicides is biological factors. The diseases which increase the risk of suicide in the elderly are as follows: chronological diseases, heart diseases, nerve diseases and cancer (Ekici et al., 2001, p.168). In suicide cases, the rate of somatic diseases varies between 23% and 72%. Physical diseases rank number one among the reasons of suicide in Turkey. According to a report published by Turkish Statistical Institute in 2014, the causes of 52.9% suicides were unknown and the rest of suicide cases included a disease at the rate of 17.9% (Avcı et al., 2017, p.3). In another study on deadly cancer patients, it was reported that 17% of the patients stated a desire for the accelerated death, which was associated with the measurements of depression, hopelessness, limited physical functionality, and lack of social support (Cole et al., 2014, p. 2).

Psychological and Social Factors

Psychological and social factors are other risk parameters of suicide in the elderly. Depression, stress, and mourning appear among psychological factors. In a study about elderly suicides, it was revealed that 71% of elderly suicides were caused by psychological diseases and more than half of the elderly people were found to be in a depressed mood during suicide attempts (Conwell, Raby and Caine, 1995, p. 175). Suffering from a psychological disease causes the individual not to be satisfied with the life and results in suicide attempt. Social factors can be uttered as other factors of suicide in the elderly. These factors can be listed as follows: divorcement, racial discourses in some regions, the loss of income and status, and the feeling of loneliness. (Aslan and Hocaoğlu, 2014, p.303). The loss of social support is an important risk factor for suicide among elderly people. As people get older, significant changes occur in common social support networks. Loss of social ties can occur with retirement, loss of movement ability, death of spouse, the end of friendships, deterioration of health and separation of adult children from home (Yeates et al., 2015, p.5). Erel et al. concluded that 88% of elderly suicides were committed by the individuals living alone (Erel et al., 2011, p. 308).

Loss of employment due to retirement and elderliness is also a risk factor for suicide in older adults. The results of the studies reveal that anxiety and stress levels of the elderly people can increase as a consequence of retirement. Role theory assumes that compliance with identity roles throughout the retirement process facilitates an individual's sense of well-being and loss of role-related activities creates psychological unconformity, decreased life satisfaction, stress, depression and anxiety (Yeates et al., 2015, p.7).

All these factors cause suicide act in the elderly people. Besides, the academic studies indicate that the number of elderly suicides is high. The high number of elderly suicides led to the development of some theories. Among these theories, the following ones can be listed: Durkheim's sociological theory, hopelessness theory and emotion dysregulation theory.

Theories Related to Suicide in the Old Age

Suicide is a phenomenon that affects the sociological structure of the society as well as the individual. Hence, the theories about this subject have been developed in the fields of sociology and psychology. In the current study, Durkheim's

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Suicide Theory, Beck's Hopelessness Theory and Linehan's Emotion Dysregulation Theory are discussed.

Durkheim's Sociological Theory

Durkheim is one of the first thinkers who put forward the systematic theory of suicide. According to Durkheim, there are four types of suicide typologies. The first of them is egoistic suicide, which appears as a result of deficiency in social integration (Stanley et al., 2015, p.114). According to Durkheim, who comments on egoistic suicide, it is explicit that the same relationships occur in every religious, family or political group and suicide rates increase as selfishness increases (Stones, 2008, p.82). Besides, Durkheim attributes the increase of suicide rates in the sense of egoistic suicide to the reduction of religious, familial and political integration (Breault, 1986, p. 629). Consequently, weakening of the social support systems leads individuals to loneliness, then suicide occurs.

Anomic suicide, the second typology of suicide, occurs when adequate regulation is not provided in society. These suicides can happen when the current and future roles of individuals are not clear during the economic crisis (Stanley et al., 2015, p.114). From the point of Durkheim, social existence cannot be regulated by traditions in the societies where anomic suicide exists (Aron, 2014, p. 243).

Altruistic suicide, the third typology of suicide, occurs when individuals are extremely integrated with society. The people who support this view believe that suicide brings social confusion and death. Fatalistic suicide, the fourth typology of suicide, occur among the prisoners and slaves in oppressive societies (Stanley et al., 2015, s.114). Durkheim puts forward that fatalistic suicides are frequently witnessed in conservative societies which limit individuals (Oktik et al., 2003, p. 4).

Hopelessness Theory

Beck put forward that suicidal behavior is caused by cognitive distortions. Suicidal behavior is defined as a solution and way out against hopelessness (Durak and Palabıyıkoğlu, 1994, p. 312). In order to cope with the state of hopelessness, the individual considers suicide and ending his life as a way out. Beck et al. advocated that the causal mechanism of suicide theory is hopelessness. Hopelessness was defined as the immutability of the situation and common negative and deadly thoughts about the future. In this model, hopelessness is seen as a single default cause of suicidal ideation (Stanley et al., 2015, p.114-115). Beck et al. detected that depression and hopelessness were associated with suicidal tendency in the patients who received inpatient treatment and attempted suicide and the authors concluded that when despair was taken under control, the suicidal tendency disappeared (Dilbaz and Seber, 1998, p.137).

Hopelessness can be a symptom of suicide idea in older ages. Szanto, Reynolds, Conwell, Begley and Houck detected that there was a significant relationship between perpetual hopelessness level and the attempt of suicide after adult patients, who suffered from emotion dysregulation, were treated in polyclinic environment. Among the patients living in retirement communities, hopelessness was identified as a single cause of suicide (Stanley et al., 2015, p.114-115). It is explicitly seen that the conducted researches coincide with the theory. In a study, it was detected that the factor related to suicide was hopelessness (Brezo, Paris and Turecki, 2005, p.192); another study revealed that the hopelessness levels of the people who committed suicide were higher than those who did not attempt suicide (Page et al., 2006, p.590). Considering the results of the research, it is explicit that hopelessness is closely related to the attempts or acts of suicide.

Emotion Dysregulation Theory

Emotion Dysregulation Theory developed by Linehan is a theory which supports that emotional disorder may be seen with the people who are defenseless emotionally and whose emotional indicators repeatedly fail in function (Reeves et al., 2010, p. 312-313). In this theory, which was originally developed in the context of borderline patients, Linehan puts forward that the background of suicidal behavior is in the interaction of emotional disorder and emotional extinction. Dialectical behavior therapy derived from this theory for the treatment of BDP. It also aims the deficits in emotional order by making use of traditional cognitive-behavioral techniques as well as emotional validity principles (Stanley et al., 2015, p. 116).

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Social Work with the Elderly

Elderliness is a process in which the individual experiences physical, mental and social decline with some problems. In this process, services offered to individuals should also be active. In this sense, the elderly are inside the disadvantaged groups. Thus, social work practices need to be structured for the elderly. In general, it seems that social work practices for the elderly were not collected in a single field. The fields of social work focusing on the elderly individuals are examined under three sub-fields, which are: geriatric social work, gerontological social work and medical social work (Berkman et al., 2016).

Geriatric and Gerontological Social Work

Although geriatric social work and gerontological social work are close to each other as a concept, they are two different fields. There is a patient care team at the core of geriatric social work. In geriatric care, social workers are included in this team. Geriatric social workers aim to strengthen individuals by eliminating physical, psycho-social, familial, cultural and other factors that prevent the well-being of elderly individuals and their relatives. Also social workers aim to help the elderly people get satisfaction from life, improve their problem solving skills and develop their life quality (Howe et al., 2001). When all these targets are taken into account, the role of the social worker in the geriatric care team is important.

Gerontological social work, on the other hand, is a field where the following tasks are carried out: evaluating the needs and functional capacity of the elderly, providing expert opinion on physical, mental and health-related issues, managing cases and patient care, evaluating and reporting elderly abuse, conducting long-term patient care, evaluating the quality of life conditions, making service plan and planning future patient care. Social workers in the field of gerontology should be acknowledged about the legislation, policy and social programs concerning the elderly (Yanardağ, 2019, p. 33). Gerontological social workers, with their special methods, provide support for elderly individuals to make their own decisions (Mellor and Lindeman, 1998).

Geriatric or gerontological social work fields include the practices to increase the welfare of the elderly. For this reason, social workers need to take part in the practices by fulfilling the role of social workers with regard to the welfare of the elderly. Also the field of medical social work focuses on the well-being of the elderly; however, medical social work functions more integrated with the healthcare field.

Medical Social Work

Medical social work is an applied branch of social work which aims to conduct applications to solve the problems originating from the disease which affect patients and their families, prevent diseases, help the patients and their families solve the psycho-social problems arising from the disease and enable to stay healthy (Cited from Friedlander and Barker, Özkan, 2018, p. 9).

Medical social work practices are divided into two branches: primary care and inpatient care for the elderly. Primary care services are defined as basic health care which is provided at an affordable cost for the welfare of everyone in society (Foster and Beddoe, 2012, p. 39). In another definition, primary healthcare services are defined as the medical services for the elimination of various factors harming human health and the protection of the society from the effects of these factors, treatment of patients, rehabilitation of those whose physical and mental abilities and competencies are weakened (Sevencan et al., 2010, p. 104). In Turkey, primary health care services are provided in family health centers and community centers. Social workers provide emotional support and counseling in these institutions to cope with the disease, treatment and the course of the disease (Özden, 2019, p. 235).

Social work practices for the elderly in inpatient services constitute the second step of medical social work practices. Social workers can have the role of "empathizing with the problems of individuals, supporting the patients to express their

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CONCLUSION AND RECOMMENDATIONS

Suicide in old age is a social problem which increases owing to the change in family types, long life expectancy and the elderly person's living alone, particularly after the Industrial Revolution. As mentioned in the first chapter, it was concluded that the number of elderly suicides escalated. Considering that elderly people are among the disadvantaged individuals, it is a must to increase and expand social work practices. Within the context of social work with the elderly, practices are carried out as gerontological and medical social work. Social work interventions which can be made against this social problem should be supported with the practices at micro, mezzo and macro levels. For this reason, the following recommendations are of great importance for the suicides of elderly people.

- Within the scope of gerontological and geriatric social work for the identification of the psychological problems of individuals, social workers, psychologists and psychiatrists should work in a multidisciplinary way.
- With the increase of home care services, individuals will be encouraged to continue their lives within their families by increasing social supports. In this way, the levels of stress and anxiety will decrease in people and the idea of suicide will decrease in return.
- It is a must to increase the practices of social work intended for the services of primary health care and inpatient treatment.
- Professional practices increasing life quality should be carried out with a holistic approach so as to prevent social isolation in elderly individuals.
- It is of great significance to develop the research towards identifying the causes of suicides in elderly people and start writing projects which are related to the issue.
- The data on elderly suicides seem to be insufficient. Thus, a comprehensive database on elderly suicides needs to be created.
- Supervision should be provided to all professional staff in the gerontological team by academics who are experts in their fields.
- Psycho-social training should be provided for the individuals who attempted suicide but did not achieve, and treatment-rehabilitation processes should be carried out in a more systematic way.
- An important step towards preventing suicide raises awareness about healthy aging in the society. In this context, meetings and seminars should be organized to increase awareness in the society.

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REFERENCES

American Foundation for Suicide Prevention. (t.y.). Suicide Rates. Accessed: https://afsp.org/about-suicide/suicide-statistics/

Aron, R. (2014). Sosyolojik Düşüncenin Evreleri. İstanbul: Kırmızı Yayınları.

Aslan, M. and Hocaoğlu Ç. (2014). Yaşlılarda İntihar Davranışı. *Psikiyatride Güncel Yaklaşımlar*. 3,6, 294-309.

Avcı D, Selçuk K.T. and Doğan S. (2017). Suicide Risk in Turkey and Affecting Factors. *Arch Psychiatr Nurs*, 31, 55-61.

Aydemir, Ç. (1999). Türkiye'de Yaşlı İntiharları. *Kriz Dergisi,* 7, 1, 21-25.

Berkman, B., Sılverstone, B., Sımmons, W.J., Volland, P. J. and Howe, J. L. (2016). Social Work Gerontological Practice The Need For Development in the New Millennium. *Journal of Gerontological Social Work*, 59, 162-177.

Breault, D. K. (1986). Suicide in America: A Test of Durkheim's Theory of Religious and Family Integration, 1933-1980. *American Journal of Sociology*, 92, 3, 628-656.

Brezo, J., Paris, J. and Turecki, G. (2006). Personality Traits As Correlates Of Suicidal İdeation, Suicide Attempts, And Suicide Completions: Asystematic Review. *Acta Psychiatr Scand*, 113, 180-206.

Catell, H. (2000). Suicide in the elderly. *Advances in Psychiatric Treatment*. 6, 102-108.

Chia, H. B., Chia, A., Yee, W. N. and Choo, B. T. (2010). Suicide Trends in Singapore: 1995-2004. *Archives of Suicide Research*, 14, 276-283.

Ceyhun, B. (1994). Yaşlılık-Narsisistik Krizler ve İntihar. *Kriz Dergisi*, 2, 2, 331-333.

Cole, B. T., Bowling, M. J., Patetta, J. M. and Blazer, D. G. (2014). Risk Factors for Suicide Among Older Adults with Cancer. *Aging&Mental Health*, 18, 7, 854-860.

Conwell, Y., Raby, W. N. and Caine, E. D. (1995). Suicide and Aging II: The Psychobiological İnterface. *Int. Psychogeriatr,* 7, 165-181.

Dilbaz, N. and Seber, G. (1998). Umutsuzluk Kavramı: Depresyon ve İntiharda Önemi. *Kriz Dergisi*, 1, 3, 134-138.

Droper, M. B., Kölves, K. , Leo, D. D. and Snowdon, J. (2013). Suicides in Older Adults: A Case Control Psychological Autopsy Study in Australia. *Journal of Psychiatric Research*. 47, 7, 980-988.

Durak, A. and Palabıyıkoğlu, R. (1994). Beck Umutsuzluk Ölçeği Geçerlilik Çalışması. *Kriz Dergisi*, 2, 2, 311-319.

Duru, G. and Özdemir, L. (2009). Yaşlı İntiharları, Nedenleri ve Önleyici Uygulamalar. *Sağlık Bilimleri Fakültesi Hemşirelik Dergisi*, 34-41.

Dünya Sağlık Örgütü İntihar Oranları. (2019, March, 20). Accessed: http://www.who.int/gho/mental_health/suicide_rates/en/

World report on ageing and health. (2020, March, 23). Accessed: https://www.who.int/ageing/publications/world-report-2015/en/

Ekici, G., Savaş, A. H. and Çıtak, S. (2001). Tamamlanmış İntiharlarda İki Önemli Risk Etmeni: Fiziksel Hastalığın Varlığı ve Yetersiz Dozda Psikiyatrik Tedavi. *Klinik Psikofarmakoloji Bülteni*, 11, 3, 168-173.

Erel O, Demirağ S. and Katkıcı U. (2011). Homicide and Suicide İn The Elderly: Data From Aydın. *Turkish Journal of Geriatrics*, 14, 4, 306-310.

THE EVALUATION OF SUICIDE IN ELDERLINESS PERIOD FROM THE PERSPECTIVE OF SOCIAL WORK

REFERENCES

Etzersdorfer, E. and Fischer, P. (1993). Suicide in the Elderly in Austria. *International Journal of Geriatric Psychiatry*, 8, 727-730.

Foster, S. and Beddoe, L. (2012). Social Work with Older Adults in Primary Health-Is It Time to Move Our Focus? *Aotearoa New Zealand Social Work*, 24, 2, 37-48.

Güler, Z. (2017). Yaşlılık ve İntihar. Sosyoloji Konferansları. No: 55. 2017-1.

Gündoğar, D. (2007). İntihar Ederek Ölen Yaşlıların Arkadaşları ve Yakınlarının Yas Yaşantıları ve İhtiyaçları: Tanımlayıcı ve Vaka-Kontrol Çalışması. *Kriz Dergisi*, 15, 1, 39-48.

Haran, S. , Köse K. , Palabıyıklıoğlu R. and Yücat T. (1991). Yaşlılarda Depresyon ve Yaşam Doyumu. *Kriz Dergisi*. 1, 1. 26-31.

He, X. Z. and Lester, D. (2001). Elderly Suicide in China. *Psychological Reports*, 89, 675-676.

Heikkinen, E. M. and Lönnqvist, K. J. (1995). Recent Life Events in Elderly Suicide: A Nationwide Study in Finland. *International Psychogeriatrics*, 7, 2, 287-300.

Ho, L. C. E., Chiu, F. K. H., Chong, Y. M., Yu, X., Kundadak, G. and Kua, H. E. (2011). Elderly Suicide in Chinese Populations. *Asia- Pasific Psychiatry*, 4, 5-9.

Howe, J. Z., Hyer, K., Mellor, M. J., Lindeman, D. and Luptak , M. (2001). Educational Approaches for Preparing Social Work Students for Interdisciplinary Teamwork on Geriatric Health Care Teams. *Social Work in Health Care*, 4, 19-42.

Hoxey, K. and Shah, A. A. (2000). Recent Trends in Elderly Suicide Rates in England and Wales. *International Journal of Geriatric Psychiatry*, 15, 274-279.

Hösükler, E. , Erkol, Z. Z., Gündoğdu, V., Petekkaya, S., Samurcu, H. and Hösükler, B. (2017). Yaşlı İntiharları: Üç Olgu Sunumu. *Adli Tıp Dergisi*, 31, 3, 155-163.

Karbeyaz, K., Çelikel, A., Emiral, E. ve Emiral, Ö. G. (2017). Elderly Suicide in Eskişehir. *Forensic and Legal Medicine*, 52, 12-15.

Kim, S. H. (2016). A Comparative Study on Elderly Suicide Rates in Korea and the United States and Its Implications. *Journal of Digital Convergence*, 427-435.

Ko, M. S. and Kua, H. E. (1995). Ethnicity and Elderly Suicide in Singapore. *International Psychogeriatrics*, 7, 2, 309-317.

Konak, A. and Çiğdem, Y., (2005). Yaşlılık Olgusu: Sivas Huzurevi Örneği. *Cumhuriyet Üniversitesi Sosyal Bilimler Dergisi*, 29, 1, 23-63.

Kua, H. E. (1989). Elderly Suicide in Singapore. *Sıng Med Journal*, 30, 148-150.

Kua, H. E., Ko, M. S. and Ng, P. T. (2003). Recent Trends in Elderly Suicide Rates in A Multi-Ethnic Asian City. *International Journal of Geriatric Psychiatry*, 18, 533-536.

Mellor, M. J. and Lindeman, D. (1999). The Role of the Social Worker in İnterdisciplinary Geriatrics Teams. *Journal of Gerontological Social Work*, 30, 3-40.

Ngui, N. A., Preville M. and Vasiliadis, M. H. (2015). Individual And Area-Level Factors Correlated With Death By Suicide in Older Adults. *Preventive Medicine*. 75, 44-48.

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REFERENCES

Oktik, N., Top, A., Sezer, S. and Bozver, Ü. (2003). Muğla İli İntihar Girişimlerinin Sosyolojik Olarak İncelenmesi, *Kriz Dergisi*, 11, 3, 1-19.

Özden, A. S. (2019). *Yaşlılara Yönelik Tıbbi Sosyal Hizmet Uygulamaları*. U. Yanardağ and M. Z. Yanardağ (Eds.). In Yaşlılık ve Sosyal Hizmet (229-242). Ankara: Nika Yayınevi.

Özel E. T., Yolaç Y.A. , Ekinci S. , Sorgun M. , Turan E. D. (2007). Bir Geropsikiyatri Polikliniğine Başvuran Depresyonlu Yaşlılarda İntihar Davranışının İncelenmesi. *Türk Geriatri Dergisi*, 10, 57-60.

Özkan, E. (2018). *Master Thesis*. Tıbbi Sosyal Hizmet Uzmanlarının İşyerinde Sosyal Destek Algısı, Mesleki Benlik Saygısı ve Yaşam Doyumu Arasındaki İlişkilerin İncelenmesi. *Manisa Celal Bayar University, Graduate School of Health Sciences*, Manisa.

Özgüven, H. D. (2008). İntihar Davranışının Epidemolojisi. *Türkiye Klinikleri Psikiyatri Özel Sayısı*. 1, 3, Sy: 1-7.

Page, R. M., Yanagishita, J., Suwanteerangkul, J., Zarco, E.P., Mei-Lee, C. and Miao, N. F. (2006). Hopelessness And Loneliness Among Suicide Attempters İn School-Based Samples Of Taiwanese, Philippine And Thai Adolescents. *School Psychology International*, 27, 583-598.

Pak, D. M. (2017). Nadir Hastalıklarda Sosyal Hizmetin Rolü. *Sağlık ve Toplum*, 27, 3, 3-13.

Pitkala, K., Isometsa, T. E., Henriksson, M. M. and Lönnqvist, K. J. (2000). Elderly Suicide in Finland. *International Psychogeriatrics*, 12, 2, 209-220.

Pritchard, C. and Baldwin, D. S. (2002). Elderly Suicide Rates in Asian and English- Speaking Countries. *Acta Psychiatr Scand*, 105, 271-275.

Reeves, M. , James, M. L., Pizzarello, M. S. and Taylor, E. J. (2010). Support For Linehan's Biosocial Theory From a Nonclinical Sample. *Journal of Personality Disorders*, 24, 3, 312-326.

Sevencan, F., Boztaş, G., Temel, F., Akbay, M. and Üner, S. (2010). Birinci Basamakta Çalışan Sağlık Personelinin Aile Hekimliği Mevzuatında Yer Alan Bazı Konuları Benimseme Durumu. *Erciyes Tıp Dergisi*, 32, 2, 103-110.

Shah, A. (2007). Elderly Suicide Rates in the United Kingdom: Trends from 1979 to 2002. *Medicine, Science and the Law*, 47, 1, 56-60.

Shah, A. and Coupe, J. (2009). A Comparative Study Of Elderly Suicides İn England And Wales, Scotland And Northern Ireland: Trends Over Time And Age-Associated Trends. *International Psychogeriatrics,* 21, 3, 581-587.

Stanley, I. H. , Hom, M. A. , Rogers, M. L. , Hagan, C. R. and Thomas E. J. Jr. (2015). Understanding Suicide Among Older Adults: A Review Of Psychological And Sociological Theories Of Suicide. *Aging & Mental Health*, 20, 2, 113-122.

Stones, R. (2008). Sosyolojik Düşüncede İz Bırakanlar. Ankara: Bağlam Yayıncılık.

Takahashi, Y., Hirasawa, H., Koyama, K., Asakawa, O., Kido, M., Onose, H., Masahiko, U., Ishikawa, Y. and Uno, M. (1995). Suicide and Aging in Japan: An Examination of Treated Elderly Suicide Attempters. *International Psychogeriatrics*, 7, 2, 239-251.

Teğin, N. (2014). Siirt İlinde İntihar Girişimi ve İntihar Olayları Üzerine Sosyolojik Bir Araştırma. *Master Thesis*. Fırat University, Graduate School of Social Sciences, Department of Sociology, Elazığ.

Tufan, İ. (2002). Antik Çağdan Günümüze Yaşlılık. İstanbul: Aykırı Yayınları.

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REFERENCES

Turaman, C. (2001). Yaşlı Sağlığı Hizmetlerinin Birinci Basamakta Planlanması. *Türk Geriatri Dergisi*, 4, 22-27.

Turan, E. (2008). Özel Gruplarda İntihar: Yaşlı İntiharları. *Türkiye Klinikleri Psikiyatri Özel Dergisi,* 1, 3, 34-39.

Türkiye İntihar İstatistikleri. (2019, March, 15). Accessed: http://www.tuik.gov.tr/PreHaberBultenleri.do?id=21516.

Türkiye İntihar Raporları. (2019, April, 04). Accessed: http://tuik.gov.tr/PreTablo.do?alt_id=1060.

Voracek, M. (2008). State IQ and Elderly Suicide Rates in the United States. *Psychological Reports,* 102, 601-602.

World Population Review. (t.y.). Suicide Rate by Country. Accessed: http://worldpopulationreview.com/countries/suicide-rate-by-country/

Yanardağ, Z. M. (2019). *Sosyal Hizmet Mesleğinde Gerontolojik ve Geriatrik Boyut Üzerine Bir İnceleme.* U. Yanardağ and M. Z. Yanardağ (Eds.). In Yaşlılık ve Sosyal Hizmet (31-43). Ankara: Nika Yayınevi.

Yip, S. F. P., Chi, I. and Chiu, H. (1998). A Multi-Disciplinary Study on the Causes of Elderly Suicides in Hong Kong. Research Trends, 19, 1, 35-46.

Zengin Y, Gündüz E, İcer M, Dursun R, Durgun M. H. , Gürbüz H, Demir S, Kuyumcu M. (2015). Socio-Demographic And Clinical Factors Related To Mortality Among The Geriatric Suicide Attempters Admitted To The Emergency Department. *Dicle Med Journal*, 42, 3, 279-283.

Zhong, L. B., Chiu, F. K. H. and Conwell, Y. (2016). Elderly Suicide Trends in the Context of Trasforming China, 1987-2014. *Scientific Reports*, 6, 1-9.

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PROBLEMS OF OLD MIGRANTS AND SOCIAL WORK INTERVENTIONS

YAŞLI GÖÇMENLERİN YAŞADIĞI SORUNLAR VE SOSYAL HİZMET MÜDAHALELERİ

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ABSTRACT

Old age is one of the periods of individual life such as infancy, childhood, adolescence, youth and adulthood. During this period, individuals experience many biological, psychological, social and economic problems. The problems generally arise due to reasons such as the slowing down of the regeneration rate of the body due to the advancement of age, job losses, retirement, and loss of relationships. Immigration is the movement of individuals inside or outside the country of residence for a number of reasons. The phenomenon of immigration brings along many problems such as adaptation to individuals, housing, nutrition, health, and economic problems. The transition to immigrant status for elderly individuals who are trying to cope with the problems of their old age by being included in the immigration process can make the problems intractable. These problems they experience make elderly people very vulnerable. Both old age problems and immigration process problems can cause serious traumas on the elderly. At this point, planned social work interventions for older immigrants become very important.

The purpose of this review is to explain the problems faced by elderly immigrants who have to go through the immigration process, and to provide information and suggestions about social work interventions for elderly immigrants. This study focuses on the problems of elderly immigrants in general, especially for older immigrants experiencing external migration, and social work interventions to address these problems. In this direction, problems of elderly immigrants were discussed, social work interventions that could be applied were emphasized, and solutions were proposed.

Keywords: Immigration, Social Work Interventions, Elderly, Problems Experienced.

ÖZ

Yaşlılık, birey yaşamının bebeklik, çocukluk, ergenlik, gençlik, yetişkinlik gibi dönemlerinden bir tanesidir. Bu dönemde bireyler biyolojik, psikolojik, sosyal, ekonomik birçok sorun yaşarlar. Sorunlar genel itibari ile yaşın ilerlemesine bağlı olarak yaşanan vücudun yenilenme hızının yavaşlaması, iş kayıpları, emeklilik, ilişkilerin kaybı gibi nedenlere bağlı olarak ortaya çıkar. Göç, bireylerin bir takım nedenlerden ötürü bulundukları ülke içerisinde ya da bulundukları ülkenin dışına doğru yer değiştirmeleridir. Göç olgusu, bireylere uyum barınma, beslenme, sağlık, ekonomik sorunlar gibi birçok sorunu beraberinde getirir. Yaşlılık dönemini sorunları ile baş etmeye çalışan yaşlı bireylerin göç sürecine dahil olarak göçmen statüsüne geçişleri sorunları içinden çıkılmaz bir hale getirebilmektedir. Yaşadıkları bu sorunlar yaşlı bireyleri iyice kırılgan hale getirir. Hem yaşlılık dönemi sorunları hem de göç süreci sorunları yaşlılar üzerinde ciddi travmalara neden olabilmektedir. Bu noktada yaşlı göçmenlere yönelik planlanmış sosyal hizmet müdahaleleri çok önem kazanmaktadır.

Bu derlemenin amacı, göç sürecini yaşamak zorunda kalan yaşlı bireylerin yani yaşlı göçmenlerin yaşamış oldukları sorunları açıklamak ve yaşlı göçmenlere yönelik sosyal hizmet müdahaleleri hakkında bilgiler vererek öneriler sunmaktır. Bu çalışma genelinde yaşlı göçmenlere, özelinde ise dış göç yaşayan yaşlı göçmenlere yönelik problemler ve bu problemlere yönelik olarak sosyal hizmet müdahaleleri üzerine odaklanmıştır. Bu doğrultuda yaşlı göçmenlerin sorunları ele alınmış, uygulanabilecek sosyal hizmet müdahaleleri üzerinde durulmuş ve çözüm önerileri getirilmiştir.

Anahtar Kelimeler: Göç, Sosyal Hizmet Müdahaleleri, Yaşlı, Yaşadıkları Sorunlar.

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INTRODUCTION

Old age can be defined as the last stage of life, in which individuals experience biological and physiological changes, structural and functional differences are observed, and which is one of the life periods of individuals. In the old age, changes occur in terms of physical, mental and personality traits. Problems frequently seen in old age can be classified as economic, health, psychological, social, care, housing problems etc. Economic problems emerge from reasons such as the decrease in job opportunities of individuals and retirement, and individuals' dependence on other people increases in such cases. When health problems are taken into consideration, elderly individuals can get many diseases, especially chronic diseases, together with their changing physiological characteristics. Social problems can arise due to the disconnections in the roles and status of individuals and their relationships. The housing problem may arise due to the inadequate income of elderly people and therefore, elderly people may have to live in unhealthy environments (Tereci and Turan, 2016: 85-86). Types of migration include seasonal migration, labor migration, permanent or temporary migration, forced or voluntary migration, while worker migration, brain drain, population exchange migration, political and socio-economic migration form external migrations. Internal migration refers to the change of location within the borders of the country. It occurs temporarily or permanently from one place to another within the country and does not cause any change in the country's population (Erol and Ersever, 2014: 50).

Immigration can be defined as individuals moving from where they live to live in another geography for various reasons. Immigration can be temporary or permanent and the phenomenon of immigration affects all structures of society. Types of migration can be divided into internal immigration and external immigration. Internal immigration is the movement of individuals within the country of residence. External immigration is the transition of individuals from the country they are in to another country (Koçak and Terzi 2012: 164,169,172).

Elderly individuals are one of the groups most affected by the immigration process. Old age is a period in which physical, psychological, social, and economic returns are experienced. At the same time, being an immigrant elder makes the process more difficult and causes serious traumas in elderly individuals. Examples of possible problems that elderly people may experience due to immigration can be given as exclusion by the society due to their disadvantages, depression due to weakening social relations, trauma, neglect and abuse due to their weakness, accommodation, nutrition, health problems due to economic inadequacy, etc. Elderly individuals who are weak in many dimensions need social support, especially during the immigration period. Considering their cognitive capacities, it is likely that elderly people who are difficult to learn a new language and adapt to a new culture will stay away from many services and face many problems. Elderly immigrants should be handled multi-dimensionally and social policies should be reshaped on behalf of them (Kartal & Alptekin, 2015).

Old Age

The period from the end of the reproductive period to the death of the living being can be defined as old age. The World Health Organization (WHO) accepts the chronological aging limit as 65 years and above (Beğer and Yavuzer, 2012: 1). With the aging period, due to the regressions in muscles and joints, there are changes in the posture and gait styles of elderly individuals, fatigue and balance problems. Changes in the elderly cause the risk of falling in the elderly (Yerli, 2017: 1281). At the same time, nutritional problems, excessive use of medication, stress, unconsciously used drugs affect the health of the elderly negatively (Karadeniz, Yanıkkerem Uçum, Dedeli, Oran, Talaz, and Version, 2009: 78). With the decrease in physical strength, the individual actions of the elderly are restricted. The loss of relatives in old age becomes difficult to endure in the elderly. Retirement reduces self-esteem of elderly people and makes them feel worthless and useless (İlgar and İlgar, 2007: 151). At the same time, the unplanned retirement period can cause economic problems for the elderly (Öztop, 2010: 189). Relationships of elderly individuals with their families have an important point for them to integrate with the society and enjoy life (İçli, 2010: 4). In this context, the decrease in the social relations of elderly people with their families prevents active participation in the society. Psychological changes are also experienced in old age and elderly individuals. With the old age period, elderly individuals long for the old times. Elderly individuals who are forced by the changing world conditions long

for their old lives (Yerli, 2017: 1283). Changing world conditions, immigration from rural settlements to urban settlements, transition from extended family structure to nuclear family structure cause crises. Crisis experience causes neglect and abuse of elderly individuals, and an increase in feelings such as loneliness, worthlessness and uselessness (Gülen et al., 2013: 394).

In line with the physical changes that occur in elderly individuals due to the old age, their functionality decreases and they stay away from working life. Individuals who suffer from economic disabilities during retirement have to work. Elderly individuals who do not have the power to work experience economic deprivation by staying away from working life. While the economic problems experienced negatively affect the health and psychology of elderly individuals, they also reduce their social relations. In this context, active participation of elderly individuals in their social environment and society has an important point.

Immigration

Immigration involves the movement of temporary or permanent settlement based on short-term, medium-term or long-term resettlement, depending on individual problems or due to political and economic reasons (Bayraklı, 2007: 5). There are many reasons why people leave their places and go elsewhere. Examples of these are economic problems, deteriorating environmental structure, deficiencies in education, political and security-related problems, etc. (Günay, Atılgan, & Arslan, 2017: 39). For individuals who decide to live in a foreign place due to various reasons, it is difficult for them and the people where they are going to continue their lives in a foreign place, and it is also a challenging process for individuals to abandon their culture and language (Kömürcü & Özkan, 2011: 26).

According to the Turkish Statistical Institute (TURKSTAT 2020) data, the number of migrants from abroad to Turkey increased by 17.2% compared to the previous year in 2019 to 677 thousand 42 people. 54.4% of the population who migrate to Turkey from abroad are male, while 45.6% of them are female. Of the population from abroad, 98,554 are citizens of the Republic of Turkey (T.R.), and 578,488 are foreign nationals. The number of people who migrated abroad from Turkey increased by 2% in 2019 compared to the previous year to 330 thousand 289. 54.6% of the migrating population consists of men and 45.4% of women. Tr citizens make up 84,863 of the population going abroad from Turkey, and 245,426 are foreign nationals. When the distribution of migrants to Turkey in 2019 by provinces is examined, it is seen that Istanbul is the province with the highest migration rate of 45.3%. Ankara follows Istanbul with 9.2%, Antalya with 6.5%, Bursa with 3.5%, and Izmir with 2.2%. When the distribution of foreign nationals coming to Turkey in 2019 is examined, Iraqi citizens take the first place with 14.5%. Iraq is followed by Turkmenistan with 13.8%, Afghanistan with 8.2%, Syria with 7.5%, and Iranian citizens with 7.3%.

Immigration is a concept that is used for individuals who are going through the immigration process and is generally used in a negative sense. While even migrant individuals who can work are stigmatized as "unemployed immigrants", elderly individuals who are in a position of unemployment are devalued by the expression "elderly immigrant". Old age includes the isolation process of all elderly people, including immigrants. Older immigrants experience language and cultural problems in accessing social and care services provided to retired immigrants. As a result, they move away from the social environment. Older immigrants experience difficult socio-cultural conditions during their retirement. Due to migration, they leave the socio-cultural areas they are used to. Retirement is a process that can give elderly people a cultural devaluation. Accordingly, psychological problems are experienced in elderly immigrants. The elderly should be handled in contexts (Yüksel & Hırdurmaz, 2019).

Immigration has many physical, spiritual and social effects on older people. Older immigrants feel lonely, adversely affected and weakened mentally. In addition, family relations and social relations are damaged (Aslan and Akarçay Ulutaş, 2018: 13, 16). Social relations have a great impact on the health status and care of elderly immigrants. Older immigrants who have good social relations feel good and valuable (Kartal & Alptekin, 2015: 600). The places that receive migration want more educated and young people who can cope with the physical, psychological and sociological problems that may be experienced due to migration rather than older migrants (Etiler and Lordoğlu, 2010: 101).

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Problems of Elderly Immigrants

Immigration refers to the situation of individuals leaving their places, relationships, and order to move to other places. Immigrants migrate in order to improve their situation. Immigrant refers to the person who needs to socialize with the individuals and the society in the new places he/she came from, and who takes risks by leaving his/her place. Immigration negatively affects immigrants and the lives of migrated communities in economic, social, psychological, political, and cultural terms (Şahin, 2001: 58).

Elderly individuals have social support systems such as family, peers, and familiar circles. Being known where they live makes them respectable and ensures them to have status. Therefore, elderly people who leave their places of residence and encounter a different geography, culture, language and living standards have difficulty in adapting. The elderly who have difficulties in this adaptation process become social problems in the society in time.

Social Problems of Elderly Immigrants

Immigration refers to the situation of individuals leaving their places, relationships and order to move to other places. Immigrants migrate in order to improve their situation. Immigrant refers to the person who needs to socialize with the individuals and the society in the new places he/she came from, and who takes risks by leaving his/her place. Immigration negatively affects immigrants and the lives of migrated communities in economic, social, psychological, political and cultural terms (Şahin, 2001: 58).

Problems such as adaptation problems, not being accepted by the new environment and exclusion can be given as examples of the social effects of migration. Good social relations affect elderly immigrants positively (Kartal and Alptekin, 2015: 599-607). Lack of family support among elderly immigrants and the elderly people seem to be a burden constitute a major problem (Arslan and Ulutaş, 2018: 12-22).

Older immigrants experience many social problems. An immigrant experiences a cultural difference between the country of origin and the country of immigration, and encounters problems of belonging and adaptation. Older immigrants who get the status of "elderly immigrants" due to their aging, the termination of their business life and their retirement are excluded and feel themselves worthless (Yüksel and Hiçdurmaz, 2019: 221). At the same time, elderly migrants have to cope with many problems such as being alone with the death of their spouses, decreased family social support, fear and unwillingness to go to a nursing home, fear of low respect for the elderly in the country where they migrate, longing for the hometown (Kartal and Alptekin, 2015: 602-603). Older immigrants are unable to maintain integrity with the country of immigration and try to establish a link between the country of origin and the country of immigration. The thought of not living the religion of elderly immigrants, the fear of different forms of death and burial after death due to different cultures are another problem (Yüksel and Hiçdurmaz, 2019: 221).

Economic Problems of Elderly Immigrants

Income level is an important factor that shapes the old age of immigrants. The absence of housing for elderly immigrants is a major problem. Among the reasons for housing problems, low pension fees can be given. The main problem of old age in the immigration process is poverty. Individuals' early retirement turns into a big problem in the old age period and results in low retirement income (Kartal and Alptekin, 2015: 599-607). With the retirement period, elderly people have to maintain their lives with low income in addition to the loss of status they experience. Elderly individuals with insufficient retirement wages and physically fit can earn additional income by working in jobs depending on their skills, but elderly individuals with poor health continue their lives under difficult conditions with low income. In cases where elderly immigrants experience economic deprivation, they are not where they live, so their opportunities are more limited than local elderly people. Due to language and cultural problems, immigrant elderly people stay away from working life and experience financial difficulties. Health, accommodation and nutrition problems arise due to economic insufficiency (Arab, 2013: 53). The social benefits that should be given to elderly immigrants in order to live in the same economic prosperity as the rest of the society and the

current inadequacies were determined by the report written by Bachelay (2013). Older immigrants prefer affordable housing throughout their lives, including adulthood, due to their low income. As a result of this choice, they are exposed to a life below living standards and inadequate housing conditions and these inadequate housing conditions are one of the most important problems of elderly migrants. "Accommodation conditions and qualifications are directly linked to immigrants' social cohesion problems." Older immigrants try to keep their housing spending low so that they can send some of their wages to their countries of origin, even in their old age. This situation causes elderly immigrants to continue to stay in low-priced houses and to create a devaluation situation, including social problems, in the context of spatial impact (Yüksel & Hiçdurmaz, 2019: 281-282).

Health Problems of Elderly Immigrants

During migration and with the advancement of age, different health problems in psychological, physical and social nature emerge. Older immigrants have problems in terms of receiving health services due to the inadequacy of their language, insufficient information about health services in the place of migration (Kartal and Alptekin, 2015: 599-607). Immigration affects physical and mental health a lot. When older migrants have problems in accessing healthcare services, they may have to work in order to obtain the necessary services. It is a very important issue that elderly migrants can access health services and that both elderly and needy individuals can receive health services in their home environment (Arslan & Ulutaş, 2018). Culture is an important factor in determining the benefit of health services and health outcomes of elderly people (Day & Cohen, 2000). Cultural values and beliefs shape health processes when older immigrants from different cultures are in question (Lai, Tsang, Chappell, Lai and Chau, 2007: 172).

The pre-migration and migration process creates various stress factors for older migrants. During the settlement phase, immigrants have to experience a lot of harmony, such as new status, family members, routines, property, sense of place, etc. (Potocky-Tripodi, 2002). Reasons such as cultural differences and lack of language proficiency cause acculturation stress, ie culture shock. Acculturation stress generates feelings of anxiety, depression, marginality and alienation, increased psychosomatic symptoms, and identity confusion. Overcoming the stress of acculturation is part of the resettlement process. Gonsalves (1992) developed a five-step model developed for refugees, which is also applicable to migrants, to overcome their stress. This model includes the need to learn language, learn new traditions and roles, develop a support group and develop flexible cultural learning in order to achieve successful resettlement (Taylor, Taylor-Henley and Doan, 2002: 24). Older immigrants are at high risk of mental health problems and experience barriers to health care, especially if their cultures are inadequate (Tieu, Konnert, and Wang, 2010: 1318). Elderly immigrant health, which has differences from general elderly health, affects individuals physically, psychologically and socially. During immigration, various health problems occur depending on the advancement of age. The health status of older immigrants is below average compared to the local population, and psychological disorders are more common among them. Older immigrants get acquainted with chronic and multidimensional diseases and early retirement process earlier (Kartal & Alptekin, 2015: 600). The health and social conditions of older migrants are directly related to their disadvantaged position in the communities they migrate to. In general, elderly migrants' demand for preventive health services is lower than those of local population. The reasons for this situation can be given as insufficient language, disconnected social relations, inadequate policy implementation or low income level. Simple health problems of older migrants who benefit from treatment late become complicated and the cost of health care and treatment increases. Simple health problems of older migrants who benefit from treatment late become complicated and the cost of health care and treatment increases. This causes psychological pressure on the elderly. In addition, some elderly migrants need care services due to their severe illness, but cannot access these services due to discrimination, being away from their family, insufficient language, and low income (Yüksel and Hiçdurmaz, 2019: 285-286).

Social Work Interventions Related to Problems Experienced by Older Immigrants

Social work interventions shaped by innovative and human needs are important in eliminating the problems arising from migration. Interventions should be carried out in line with the basic philosophy and objectives of social work, such as the reasons for migration of elderly migrants, the adaptation process in the country of immigration, social exclusion, social justice, equal opportunities, and human rights (Cox and Geisen, 2014).

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Migrants need social work and migration is a subject of social work. In line with the problems encountered, social work interventions should be carried out within human rights. Social work is an important field in terms of needs and their fulfillment, and it is very important for social workers to be interested in micro, macro work and policies in migration studies (Yanardağ-Zubaroğlu, Yanardağ, Avcı, 2020). Social work activities required for the bio-psychosocial health of elderly migrants should be structured (Yaylacı and Sirkeci, 2019).

Services to elderly immigrants are divided into social security and care services. Care services are provided by social workers from the Ministry of Family, Labor and Social Services. It is aimed to protect and raise the living conditions of the elderly. For this purpose, experts are tasked with planning, organizing, monitoring, coordinating, and supervision. Care services are divided into home care services and institution care services. Within the scope of home care services, the needs that the elderly could not meet alone are addressed in the household without separating them from their social environment. In the institution care services, the elderly stay in elderly care and rehabilitation centers and nursing homes and social services are provided outside the household (Yerli, 2017:1285).

Social work interventions for elderly immigrants is implemented in three dimensions as micro, mezzo and macro;

• Micro dimension refers to individual studies for older immigrants. The aim of these studies is to enable immigrant elders to meet their own needs, to increase their capacity to cope with problems, and to ensure that they become self-sufficient. The micro dimension works to solve basic problems such as individual, accommodation and nutrition.

• Mezzo dimension aims to provide all kinds of psychosocial well-being and group studies are carried out for this purpose. At the mezzo level, practices such as information and support activities for families, self-support groups, etc. are carried out. Cultural differences and language problems can be challenging in this process.

• Macro dimension includes conducting multidimensional researches on old immigrants and making necessary policies and regulations in this context. It is necessary to strengthen macro practices and to reorganize policies.

• When social work specialists work with older immigrants, they should involve the family and social environment of their spouses, children, grandchildren, relatives, friends and neighbours in the support system of the elderly. Efforts to meet their basic needs, particularly shelter and feeding of the elderly should be organized. Then, psychosocial interventions should be carried out for the elderly individual whose basic needs are met. At the same time, social work specialists should assume advocacy roles and defend the rights of older migrants, do not help them meet with resources and institutions by assuming a mediation role, and provide information on many issues such as their rights by assuming the role of educator and informative.

CONCLUSION and RECOMMENDATIONS

Older immigrants are perceived as a problem in the countries they go to. The reason for this perception is related to the inadequacy of the policies and the system. In other words, the main reasons why retired elderly migrants are seen as a problem is that services such as accommodation, health care and care services are not well planned. These inadequate planning negatively affect the quality of life of older immigrants. The low pensions received by older immigrants directly affect their lives, which causes immigrants to live in inappropriate conditions and deteriorate their health. The old age period is a difficult process in itself, and the negative benefits of immigration in the elderly immigrants make the situation even more difficult. Reasons such as difficult working conditions, malnutrition and accommodation, and inability to access health services cause immigrants to be deprived of social and cultural activities. Older immigrants may have to live a lonely and excluded life. This situation is contrary to the concept of good aging for the elderly immigrant. Language problem is one of the most important problems faced by immigrants in general. It is also a big problem for older immigrants. Insufficient language is a barrier in situations such as socialization of elderly immigrants and benefiting from health services. In this context, the work and interventions of social work specialists are of vital importance in order to minimize the aforementioned problems.

PROBLEMS OF OLD MIGRANTS AND SOCIAL WORK INTERVENTIONS

In the light of this information and from a social work perspective, the following recommendations have been developed for elderly immigrants:

- Older immigrants should be informed about the services that will be provided to them in their country of origin.
- Efforts should be made to ensure that all immigrants are fully registered and that they can be covered by social insurance.
- All immigrants should be supported in terms of language. Those who can learn should be educated, and interpreter support should be provided in case of need, especially for individuals with learning difficulties such as elderly migrants.
- Funds should be created for immigrants who have financial difficulties, and if there is such a fund, the needy and funding sources should be brought together.
- Micro, mezzo, and macro applications should be carried out by social workers continuously and the uniqueness of individuals, human dignity, human rights and well-being of individuals should shed light on practices.
- Social workers should take a holistic approach to the biological, psychological and social health of elderly immigrants and take the necessary roles to meet all their needs, with priority being their primary needs.
- In the process of social adaptation of older migrants, social workers should provide the necessary social support and ensure the establishment of social support systems.
- Social work specialists should develop macro practices and policies on issues such as social exclusion, discrimination and isolation, and prevent vulnerable groups such as older immigrants from experiencing these processes.
- Social work specialists should also ensure that elderly migrants are screened regularly on health issues and that arrangements are made for those who need to be cared for at home.
- Considering the cultural differences of elderly immigrants, planned studies and practices should be carried out in this direction.

PROBLEMS OF OLD MIGRANTS AND SOCIAL WORK INTERVENTIONS

REFERENCES

Arab, C. (2013). Le troisièmeâge: le "migrantinutile". *Hommes et Migrations,* 1303, 47-55.

Aslan, Ş. and Akarçay Ulutaş, D. (2018). Migration and elderliness in the sense of health. *The Journal of Migration Studies*, 4(1),10-29.

Bayraklı, C. (2007). "Socio-economic effects of international migration: The example of Bulgarian migrants living in Görece Göçmen Konutları (in İzmir). Master Thesis. Adnan Menderes University.

Beğer, T., Yavuzer, H. (2012). Yaşlılık ve yaşlılık epidemiyolojisi. Klinik Gelişim, 25,1-3.

Cox, P. and Geisen, T. (2014). "Migration perspectives in social work research: local, nationaland international contexts". *British Journal of Social Work*, 44, Supplement 1, i157–i173.

Erol, M. and Ersever, O.G. (2014). Migration crisis and migration crisis intervention. *The Journal of Defence and War Studies,* 24(1), 47-68.

Etiler, N. ve Lordoğlu, K. (2010). Göçmenlerin sağlık sorunları: ev hizmetlerinde bir alan araştırması. *Sosyal Haklar Ulusal Sempozyumu*, 93-118.

Gülen, M., Aktürk, A., Acehan, S., Seğmen, M. S., Açıkalın, A. and Bilen, A. (2013). Elder abuse and neglect. *Archives Medical Review Journal*, 22(3), 393-407.

Günay, E., Atılgan, D. and Serin, E. (2017). Migration management in the world and in Turkey. K*ahramanmaras Sutcu Imam University Journal,* 7(2), 37-60.

İçli, G. (2010). Evaluation of elders and elderliness: A qualitative research on Denizli. *Elderly Issues Research Journal,* (1),1-13.

Ilgar, L. ve İlgar, Ş. (2007). Yaşlılık dönemi ve yaşlının gelişim görevleri. *Hayef Journal of Education,* 4(1), 147-156.

Karadeniz, G., Yanıkkerem Uçum, E., Dedeli, Ö., Oran, s., Talaz, D. and Sürüm, S. (2009). Üniversite öğrencilerinin yaşlı istismarına yönelik düşünceleri. *Aile ve Toplum*, 5(17),77-87.

Kartal, B. and Alptekin, D. (2015). Transnational migration process and aging : first generation turkish immigrants in Germany. *The Journal of International Social Research*, 8(37), 595- 612.

Koçak, Y. and Terzi, E. (2012). Immigration factor at Turkey: Influences of migrants' to cities and solution suggestions. *Kafkas University, Journal Of Economics and Administrative Sciences Faculty*. 3(3): 163-184.

Kömürcü, E. (2011). Socio-cultural problems of turkish immigrants in Germany: an integration study. *Master Thesis*. Ankara University Graduate School of Natural and Applied Sciences Departmant of Home Economics.

Küçükçavuş M. A. (2009). Ülkemiz vatandaşı olmayanlara yapılan sosyal yardımlar: bir politika önerisi denemesi. Ankara: T.C Başbakanlık Sosyal Yardımlaşma ve Dayanışma Genel Müdürlüğü.

Lai, D.W. L., Tsang, K.T., Chappell, N., Lai, D.C.Y. and Chau, S.B.Y. (2007). Relationships between cultureand health status: a multi-site study of the older Chinese in Canada. *CanadianJ ournal on Aging / La Revue canadienneduvieillissement*, 26 (3), 171 – 184.

Öztop, H. (2010). Yaşlılık dönemi ve tüketim. babaoğul, M., Şener, A. (Editor). *Tüketici Yazıları* (II). 187-202.

Potocky-Tripodi, M. (2002). Best practices for social work with refugees and immigrants. New York: Columbia UniversityPress.

PROBLEMS OF OLD MIGRANTS AND SOCIAL WORK INTERVENTIONS

REFERENCES

Şahin, C. (2001). A Theoretical study reated to the effects of immigrating abroad on individuals mental health. *Gazi University Journal of Gazi Educational Faculty*, 21(2).

Taylor, L. E., Taylor-Henley, S. and Doan, L. (2002). Older immıgrants: language competencıes and mental health. *Canadian Journal of Community Mental Health*. 23-33.

Tereci, D., Turan, G., Kasa, N., Öncel, T. and Arslansoyu, N. (2016). An overview of the concept of old age. *Journal of Confederation of Disabled People*. 16(1):84-116.

Tieu, Y., Konnert, C. And Wang, J. (2010). Depression literacy among older chinese immigrants in Canada: a comparison with a population-based Survey. *Int Psychogeriatr*, 22(8),1318-26.

Yanardağ-Zubaroğlu, M., Yanardağ, U. and Avcı, Ö. (2020). Improvements which effect migration policies in the European Union and Turkey and a discussion of social work as a profession. *Arch Health Sci Res*. 7 (1): 95-103.

Yaylacı, F. G. ve Sirkeci, İ. (2019). Sunuş: Göç ülkesi türkiye'de sosyal hizmet, Yaylacı F. G. (Der). *London*: Transnational Press.

Yerli, G. (2017). Characteristics of ageing period and social works for the elderly. *Journal of International Social Research*, 10(52).

Yüksel, H. ve Hiçdurmaz, Z. (2019). From "Guest Worker" to "Elderly Immigrant" Problems of Aging Migrants in Europe: the example of France. *Journal of Economy Culture and Society,* 59(1), 271-292.

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ANALYSIS OF THE LEVEL OF RESPECT FOR DIFFERENCES OF SOCIAL WORK DEPARTMENT STUDENTS

SOSYAL HİZMET BÖLÜMÜ ÖĞRENCİLERİNİN FARKLILIKLARA SAYGI DÜZEYİNİN İNCELENMESİ

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ABSTRACT

In this study, it is aimed to examine the level of respect for differences of the students who are studying in the Social Work Departments.

The 192 students enrolled in the Social Work Departments of two private universities located in Istanbul constitute the sample of the study. The data of the study were collected through an online questionnaire using the Socio-demographic Information Form and the Respect of Differences Scale (RDS). Hypothesis tests and correlation analysis were used to analyze the data.

When the findings of this study were examined, it was found that (1) female students had a higher level of respect for differences. (2) Students who do not think they are prejudiced have higher levels of respect for differences. (3) No relationship was found between the ages of the participants and their level of respect for differences. (4) It was found that the participants did not differ significantly according to their department preference and sexual orientations. (5) It was observed that there was no significant difference according to the place where the participants lived for the longest time, their family types, their parents' education level and class level. (6) It was revealed that the participants who stated that they had difficulty in respecting differences in sexual orientation had lower average scores and their level of respect for differences was also lower.

According to the results obtained from the analyzes, it is thought that significant and expected results have been achieved in line with the education that the students received. It should be stated that if the content of social work education provided in universities is formed in line with an understanding that emphasizes professional ethical principles and values, then it will contribute more to the development of the profession and the maintenance of social welfare.

Keywords: Respect for differences, Social work, University student.

ÖZ

Bu çalışmada Sosyal Hizmet Bölümü'nde öğrenim görmekte olan öğrencilerin farklılıklara saygı düzeyinin incelenmesi amaçlanmaktadır.

İstanbul'da bulunan iki vakıf üniversitesinin Sosyal Hizmet Bölümü'ne kayıtlı 192 öğrenci araştırmanın örneklemini oluşturmaktadır. Araştırmanın verileri, Sosyo-demografik Bilgi Formu ve Farklılıklara Saygı Ölçeği (FSÖ) kullanılarak internet ortamında anket yoluyla toplanmıştır. Verilerin analizi için hipotez testleri ve korelasyon analizi uygulanmıştır.

Bu araştırmanın bulguları incelendiğinde; (1) Kadın öğrencilerin farklılıklara saygı düzeyinin daha yüksek olduğu ortaya çıkmıştır. (2) Önyargılı olduğunu düşünmeyen öğrencilerin farklılıklara saygı düzeyleri daha yüksek bulunmuştur. (3) Katılımcıların yaşları ile farklılıklara saygı düzeyleri arasında ilişki bulunmamıştır. (4) Katılımcıların bölüm tercih durumları ve cinsel yönelim durumlarına göre anlamlı bir şekilde farklılaşmadığı ortaya çıkmıştır. (5) Katılımcıların en uzun süre yaşadığı yer, aile tipi, anne-baba eğitim düzeyi ve sınıf düzeyine göre anlamlı bir farklılaşma olmadığı görülmüştür. (6) Cinsel yönelim farklılıklarına saygı duymakta zorlandığını ifade eden katılımcıların aldığı puan ortalamasının daha düşük olduğu ve farklılıklara saygı düzeylerinin daha az olduğu ortaya çıkmıştır. Analizlerden elde edilen sonuçlarda; öğrencilerin aldıkları eğitim doğrultusunda anlamlı ve beklenen sonuçlara ulaşıldığı düşünülmektedir. Üniversitelerde verilen sosyal hizmet eğitiminin içeriğinin mesleki etik ilke ve değerleri daha fazla önemseyen ve vurgulayan bir anlayış doğrultusunda oluşturulmasının mesleğin gelişimine ve toplumsal refahın sürdürülmesine katkı sağlayacağı ifade edilmelidir.

Anahtar Kelimeler: Farklılıklara saygı, Sosyal hizmet, Üniversite öğrencisi.

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ANALYSIS OF THE LEVEL OF RESPECT FOR DIFFERENCES OF SOCIAL WORK DEPARTMENT STUDENTS

INTRODUCTION

It is a well-known fact that people are born with various differences and these differences add unique features to these people and thus create social diversity. Since the very old times Turkey has been a country where people with different social categories and values with respect to their ethnic origins, religious beliefs, races, languages and cultures are living together and each of these differences possessed by the individuals add a value into the social life.

When the concept of difference is examined in the context of national and international literature, it is known that it is defined as "the status of being different" by the Turkish Language Association in the national literature (TDK, 2020). On the other hand, in the international literature the United Nations (UN) uses this concept to mean "diversity" and "things that are different from each other" (UN, 2017), while Yuen and Pardeck (1998: 249) basically defines this concept as the human diversity including groups distinguished by race, ethnic origin, culture, class, gender, sexual orientation, religion, physical or mental ability, age and national origin which is encompassing everything that describes many different categories of people.

In the document published by the UN in 2017, the differences that individuals have, are explained using the iceberg metaphor. Based on this, it is stated that there are two types of differences, which are clearly visible for the above water part of the iceberg, and not clearly visible for the part that is submerged. The actions of seeing, hearing, smelling and touching, and clearly visible differences in which four sensory organs are used, include race, ethnicity, language, hair, face and eye color, gender, age, body, physical ability, clothing, profession, nutrition, art, dance. However, beliefs, values, experiences, attitudes and behaviors such as the concept of time, business ethics, religious beliefs and the concept of justice are described as invisible differences (UN, 2017).

At this point, it can be said that there are basically two distinctions regarding differences. Apart from the individual's own choice, there are innate differences that cannot be changed, as well as differences that are acquired and can be changed in line with the individual's own choices. In this context, different race, ethnicity, language, age, gender, body appearance, sexual orientation, educational status, family status, income level, marital status, beliefs, value judgments, lives, attitudes, behaviors in any community can be evaluated under this scope.

It is very important to be able to live together while respecting differences for the establishment and maintenance of the social order.It is seen that the UN has established fundamental values regarding respect for differences. Among these values are; working efficiently with people from different backgrounds, treating all people with dignity and respect, giving importance to gender equality, respecting different perspectives by examining one's own prejudices and behaviors, and not discriminating against any person (UN, 2017).

It is observed that the concept of respect for differences is defined with different explanations in the literature. However, it is necessary to include a few definitions that form the basis of this concept. According to Yıldırımçakar (2018: 9), respect for differences is defined as making the other person feel valuable and also valuing what they say and what they do and being sensitive to their needs, while Çatlak and Yiğit (2017) expresses the respect for differences as not judging people according to their different innate qualities, being aware that everyone is living within the framework of their own rights, seeing differences as wealth and showing sympathy and respect for the differences of every single individual living in the society.

The essence of the concept of respect for differences lies in the understanding of respecting and tolerating the existence, ideas, needs, living spaces, worship, etc. of a certain individual or group despite all religious, racial, ethnic and intellectual differences.

When the differences of individuals are not respected in social life, the dignity, value and self-esteem of that individual are damaged and then discrimination and exclusion among individuals will be encountered and this will cause difficulties in maintaining the social order. At this point, respecting differences means adopting an anti-discriminatory attitude. Discrimination of a person due to his race, religion, sexual orientation, disability or ethnic origin is not an acceptable treatment, but also prevents the protection of human rights. The freedom and human rights of individuals, groups or societies who are subjected to neglect, abuse and ill-treatment because of their differences become restricted in this manner.

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At this point, Zengin and Altındağ (2016) state that the current social work approach puts emphasis on defining and supporting the fundamental rights and ensuring that each person enjoys these rights without discrimination in line with the theory, ethics, values and practices of the social work discipline.

In the context of the relationship between social work and respect for differences, it has been stated that the principle of being sensitive to and respecting differences is important enough to form the heart of the social work profession (ASWB, 2014: 1). However, within the framework of the generalist approach, it is also stated that the social work profession, which focuses on the problems and needs of client groups from different life situations and from different segments of the society, aims to increase the quality of life by promoting human-society welfare and at the same time respecting for differences (Korkmaz and Özbesler, 2020: 1251; CSWE, 2015: 5; CSWE, 2012: 1).

Stating that the concept of ethics, which includes rights, responsibilities and welfare issues, is related to how people behave to each other and the ecosystem, Wright (2015) also expressed that social work ethics should be examined as a discipline-specific version of professional ethics, focusing on the professional behaviors, characters and responsibilities of social workers.

The code of ethics for the social work profession, which was approved by the National Association of Social Workers (NASW) Delegates in 1996 and revised in 2017, aims to guide the daily professional behavior of social workers. This document, which serves as an ethical guide for social workers, gives information on the mission and core values of the social work profession, the "Purpose of the "NASW Code of Ethics", the broad ethical principles of social work practices which are based on these core values and also contains specific ethical standards to guide the behavior of social workers and to provide a basis for judgment (NASW, 2017).

According to the definition of the International Federation of Social Workers (IFSW), one of the international organizations operating in the field of social work, social work is a practice-based profession that supports social change and development, empowers and liberates people, therefore, the social worker are known to have many fundamental values and missions such as increasing the welfare of individuals and the society and responding to the needs and contributing to the empowerment of people who are in the disadvantaged group and living in poverty (IFSW, 2014). Among these values, “service, social justice, the dignity and value of the individual, the importance of human relations, integrity and competence” constitute the basis of the unique purpose and perspective of social work (NASW, 2017).

The social justice value of social work aims to enable social workers to follow social change with and on behalf of individuals and groups in need and to be sensitive and knowledgeable against pressure, cultural and ethnic diversity, while the principle regarding the dignity and value of the individual implicates that social workers should act with care and respect, paying attention to personal differences and cultural and ethnic diversity (Reamer, 2018). It is also stated that social workers should promote policies and practices that respect for differences, support the expansion of cultural knowledge and resources, possess cultural competence and protect the rights of all people (NASW, 2015: 15; Parrott, 2010: 23). At this point, as Serpen and Hasgül (2015) describe, it is very significant that the students of social work departments have the qualification of a professional staff that can take responsibility, respect and take into account differences, think critically and be open to criticism, use their verbal and non-verbal communication skills as well as understand and show empathy towards the emotions of their clients. Otherwise, it is thought that the lack of knowledge, consciousness and awareness of social workers on this issue will cause negative effects on their client groups (Korkmaz and Özbesler, 2020: 1251).

In a multicultural society such as Turkey, the presence and accountability of social ethics is extremely important for understanding the individuals having differences in the society and for showing respect for these differences. As Ersoy Yılmaz (2015) stated in this regard; all social workers' adhering to the same ethical rules, principles and standards in social work practices shall also constitute the basis for social work to be a profession with its own characteristics, the formation of professional identity and culture and the realization of professional functions.

The results of the research conducted on students who have received the education of respect for differences show that there is a positive effect on students' attitudes towards this issue, and these attitudes continue to be evident in students enrolled in higher grades (Yuen and Pardeck, 1998: 249; Topcubaşı, 2015; Aykut, 2019).

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The social work students, who are the participants of this study, should also have the knowledge of cultural awareness and social diversity in the society in the context of professional ethical responsibilities while still in the education phase. People receiving social work education are expected to be sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty and other forms of social injustice. For this reason, it is of great importance that courses on respect for differences are included in the lesson plans of the social work department.

Based on this, it becomes important to investigate the level of respect for differences of the students of a profession that adopts "respect for differences" as the professional ethic. When the literature is examined, it is seen that the studies on this subject are not sufficient. In this respect, it is thought that the study will contribute to the literature and create an idea for other studies to be conducted on this subject.

METHOD

Research Design

This study is designed within the scope of the general survey model, which is one of the quantitative research methods. This model aims to define the subject, event or individuals researched under their own conditions as they were in the past or at present (Karasar, 2012: 77-79). In this study, relational scanning, one of the general survey model types, was used to examine the relationships between scale scores and socio-demographic variables.

Population and Sample

The population of this research is 400 students enrolled in the Social Work Department of two private universities in Istanbul. The purposive sampling method, which is one of the non-random sampling methods, was used as the sampling method in the study, and it is stated that a population that is thought to represent the main population in the context of the purpose of the study is selected according to the judgments of the researcher (Kurtuluş, 2010: 64). Within the scope of the study, 192 students studying at the undergraduate level of the Social Work Department who answered the questionnaire and voluntarily accepted to participate in the study constituted the sample of the study. In order to determine the sample size of this study, the sample sizes suggested by Sekaran (2003: 294) given in the literature by Coşkun et al. (2017: 144) were accepted. Based on this, it was concluded that the available sample size might be sufficient for the study.

Data Collection Tools

Socio-demographic Information Form and Respect of Differences Scale (RDS) were used as data collection tools in the study (Öksüz and Güven, 2012). The data of the study were collected between January and February 2020 by using the online questionnaire method created over "Google Forms".

Socio-Demographic Information Form: It was prepared by the researchers in line with the literature review and consists of questions about gender, age, family type and class information as well as attitude towards differences in order to reveal the socio-demographic characteristics of the participants.Respect of Differences Scale (RDS): The validity and reliability study of the scale was conducted by Öksüz and Güven in 2012, and it is known that it was prepared to determine the level of respect for differences among individuals. The scale consists of a structure of 3 factors: "Knowledge Based Differences", "Social Category Differences" and "Value Differences". Items no 4-8, 11-15, 17, 18, 21, 22, 24-29 of this 30-item scale contain negative expressions and reverse coding is required. The response levels of the items in the scale were designed as a five-point Likert type between "1-totally disagree" and "5-totally agree". The lowest score that can be obtained from the scale is 30, and the highest score is 150. High scores from the scale show that individuals have high levels of respect for differences.

Analysis of Data

IBM Statistical Package for Social Science (SPSS) 21 package program was used for the analysis of the data set collected for this study. The statistical significance limit of 0.05 was taken as the basis in the study. In the study, the analysis of socio-demographic variables is considered within the scope of descriptive statistics. Mann Whitney U, Kruskal-Wallis tests and correlation analysis were used to analyze the variables in the study.

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FINDINGS

The sample size of this study consists of 192 students, and the frequency distributions of the variables in the socio-demographic information form of the students participating in the study are shown in Table 1.

Table 1. Frequency distribution of demographic characteristics of the participants

Variable	Variable Levels	N	%
Gender	Female	170	88.5
	Male	22	11.5
Age	18	30	15.6
	19	51	26.6
	20	37	19.3
	21	38	19.8
	22	18	9.4
	23	11	5.7
	24	7	3.6

When Table 1 is examined, it is observed that 170 subjects within the sample of the study are female students (88.5%). 65.7% of these students are between the ages of 19 and 21 and their average age is 20.

The frequency distribution of the class levels of the students is included in Table 2.

Table 2. Frequency distribution of class levels of the participants

Variable	Variable Levels	N	%
Class	First	78	40.6
	Second	44	22.9
	Third	42	21.9
	Fourth	28	14.6

When Table 2 is examined, it is seen that 40.6% of these students in the research are first grade students.

The frequency distribution showing the attitude of these students to differences is presented in Table 3.

Table 3. Frequency distribution of showing attitude towards differences of the participants

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Variable	Variable Levels	N	%
Attitude towards differences	I try to understand	98	51
	I show tolerance	82	42.7
	I walk away	7	3.6
	I discuss	5	2.6

When Table 3 is examined, 51% of the students stated that they would show an attitude towards trying to understand in the face of any difference.

The frequency distribution showing the differences that these students see themselves in the minority is presented in Table 4.

Table 4. Differences that participants see themselves in the minority

Variable	Variable Levels	N	%
Differences you see yourself in the minority	None	130	67.7
	Language	19	9.9
	Political belief	18	9.4
	Religious belief / sect	13	6.8
	Sexual orientation	5	2.6
	Ethnic	4	2.1
	Other	3	1.6

According to the data in Table 4, 67.7% of the students stated that they did not see themselves as a minority in any case, while 9.9% stated that they see themselves as a minority in terms of language differences.

In addition, 65.1% of the students stated that there was no difference that they had difficulty in respecting, 13% had difficulty respecting the differences related to sexual orientation and 75% did not see themselves as prejudiced.

At this stage, the factor score was calculated to be used in hypothesis tests and presented in Table 5.

Table 5. Descriptive statistics for the factor

Factor	Minimum value	Maximum value	Mean	Standard deviation
Respect for Differences	84	148	126.510	10.903

When the response levels of the participants are rated between 30 and 150, the factor score of a participant who responds as '1-totally disagree' to all items is 30 while the factor score of a participant who responds as '5-I totally agree' is 150. In this case, when Table 5 is examined, it is seen that the lowest value in the series is 84 and the highest value is 148.

On the other hand, in this study, by using the response categories of the variables in the socio-demographic information form, whether there is a difference between the categories on the basis of variables was tested by ap-

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plying hypothesis tests. Since parametric test assumptions could not be provided within the scope of this study, the non-parametric tests Mann-Whitney U and Kruskall Wallis tests were used and correlation analysis was also applied.

First of all, variables related to the participants' gender, department preference, sexual orientation and prejudice status were analyzed. The results of the Mann-Whitney U test, which was applied to determine whether there is a difference in terms of respect for differences with regard to these variables are shown in Table 6.

Variable	Group	N	Mean Rank	p
Gender	Female	170	99.92	0.018*
	Male	22	70.09	
Department preference	Willing	176	98.28	0.140*
	Unwilling	16	76.88	
Sexual orientation	Heterosexual	179	97.98	0.170*
	Homosexual	13	76.08	
Being biased	Yes	48	81.58	0.032*
	No	144	101.47	

*p<0.05

When Table 6 is examined, as a result of the Mann-Whitney U test;

a) It is seen that there is a statistically significant difference of 0.05 in terms of respect for differences between the male and female groups. Therefore, it can be said that the basic hypothesis is rejected. It is observed that the average score obtained by males is lower than that of females and that males have less respect for differences than women.

b) It was revealed that the scores of the participants received from the Respect of Differences Scale did not differ significantly according to their department preference (p<0.05).

c) It was revealed that the scores of the participants received from the Respect of Differences Scale did not differ significantly according to their sexual orientation (p<0.05).

d) It is seen that there is a statistical difference of 0.05 in terms of respect for differences according to the prejudice status of the participants and it can be said that the basic hypothesis is rejected. In this case, it is seen that the level of respect for differences is lower because the average score of those who stated that they are prejudiced is lower.

The result of the correlation analysis applied to find out whether there is a relationship between the ages of the students and their level of respect for differences is given in Table 7.

Table 7. The level of respect for differences by age variable

Variable	Pearson Correlation	p
Age	-.048	0.510*

*p<0.05

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The relationship between the age variable and the score the participants received from the scale was analyzed using the Pearson coefficient. When Table 7 is examined, it is seen that there is no statistically significant difference at the level of 0.05 between the ages of the students and their level of respect for differences, and the basic hypothesis is not rejected. At this point, no relationship was found between age and the level of respect for differences.The variables related to the place where the participants lived the longest time, family type, parental education level, class level and differences that they had difficulty in respecting were analyzed. The results of the Kruskal-Wallis test applied to determine whether there is a difference in terms of respect for differences with regard to these variables are given in Table 8.

Table 8. The level of respect for differences according to some variables

Variable	Group	N	MeanRank	p
Longest lived place	Metropolis	100	100.78	0,395*
	Province	37	93.70	
	Town	41	84.95	
	Rural	14	107.14	
Family type	Nuclear family	140	97.53	0,805*
	Extended family	41	91.72	
	Separated family	11	101.27	
Mother education level	Illiterate	9	72.28	0,212*
	Literate	10	118.45	
	Primary education	118	95.36	
	Secondary education	40	106.03	
	Graduate	15	79.93	
Father education level	Literate	3	55.33	0,557*
	Primary education	107	97.42	
	Secondary education	46	100.21	
	Graduate	36	92.46	
Class	First	78	93.17	0,882*
	Second	44	96.34	
	Third	42	99.04	
	Fourth	28	102.21	
	Differences that are difficult to respect	125	105.54	
	Sexual orientation differences	25	68.30	
Differences that are difficult to respect	Political thought differences	25	84.50	0,023*
	Religious belief differences	8	90.38	
	Differences contrary to customs and traditions	7	74.93	
	Ethnic differences	2	134	

*p<0.05

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When Table 8 is examined, as a result of the Kruskal-Wallis test;

a) It is observed that there is no statistically significant difference at the level of 0.05 in terms of respect for differences and where the participants lived the longest time.

b) It is observed that there is no statistically significant difference at the level of 0.05 in terms of family type of the participants and respect for differences.

c) It is observed that there is no statistically significant difference at the level of 0.05 in terms of the education level of the parents of the participants and the respect for differences.

d) It is seen that there is no statistical difference at 0.05 level in terms of respect for differences between class levels and it can be said that the basic hypothesis is not rejected.

e) It was found that the scores of the participants received from the Respect of Differences Scale differed significantly according to the variable namely "the differences which participants had difficulty in respecting" ($p<0.05$). It was found that those who stated that they had difficulty in respecting differences about sexual orientation had a lower average score and their level of respect for differences was lower.

DISCUSSION AND CONCLUSION

In this study, it was aimed to examine the level of respect for differences of social work department students. In this context, it has been tried to reveal the level of respect for differences of students within the framework of some socio-demographic information and certain variables.

It is possible to come across studies on the level of respect for differences in the literature. As a result of the surveys, it was found that the researches were conducted with students at primary and higher education levels. It was determined that the most recent study, which is similar to the findings of this research, is the thesis study conducted by Korkmaz in 2020. In this section, the findings of the research are discussed within the framework of other research findings conducted using the Respect of Differences Scale.

As a result of the analyzes conducted in this study, it is seen that there is a difference in the level of respect for differences in terms of gender, and it has been determined that the level of respect for differences is higher in females than males. In studies conducted with higher education students, supporting this finding, it was concluded that the level of respect for differences differ significantly in terms of gender variable and that females were more respectful to differences than males (Korkmaz, 2020: 106; Kacar, 2018: 97; Güven, 2012: 68). However, it was found that this finding differs from the results of the research conducted by Yıldırımçakar (2018: 66). Accordingly, it was observed that the gender factor creates a significant difference in respect for knowledge-based differences. Korkmaz (2020: 106) on the other hand revealed in his study that women are exposed to more oppression and discrimination in the social structure and in this regard they develop more tolerance and empathy towards differences when compared to men and feelings such as compassion, loyalty, emotionality attributed to the female gender in the context of gender roles may be related to the higher level of respect for differences when compared to men.

Other findings obtained from the research are related to the department preference and sexual orientation of the participants. It was revealed that there was no difference in terms of respect for differences for both findings. At this point, it is seen that the result reached by Korkmaz (2020: 113) regarding department preference is also the same. When the scores obtained from the Respect of Differences Scale with regard to the participants' preference for the social work department are evaluated, the scale average of those who willingly have chosen the social work department is higher than the ones who did not voluntarily choose this department, but no significant difference was detected between the groups. However, there is no study in the literature about sexual orientation finding.

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On the other hand, another finding reached in this study was the prejudice status of the participants and their level of respect for differences. No study has been found in the literature regarding this finding. However, in this study, it was observed that there was a statistically significant difference, and it was stated that those who stated that they were prejudiced had lower levels of respect for differences and thus their average score was lower.

As a result of this study, which examined the relationship between the age of the participants and their level of respect for differences, it was found that there was no relationship between age and the level of respect for differences. However, in the study conducted by Güven (2012: 71), it was stated that the level of respect for differences among classroom teacher candidates showed a significant difference according to the age variable. Accordingly, it was found that the participants between the ages of 21-24 and over 25 had lower respect for differences than those between 18-20.

Another finding included in the study is that there was no statistically significant difference between the place where the participants lived for the longest time and the level of respect for differences. At this point, a result that supports this finding has been reached in the research of Korkmaz (2020: 106).There was no statistically significant difference between the family type of the participants and the level of respect for differences. In the research conducted by Korkmaz (2020: 111), a result that supports this finding was reached and it was stated that there was no significant difference between the scores of the participants received from the Respect of Differences Scale according to family size.

It was concluded that there was no statistically significant difference in terms of the education level of the participants' parents and respect for differences. In the study conducted by Korkmaz (2020: 109-110), it was determined that the scores of the participants received from the Respect of Differences Scale did not differ significantly according to the education level of the mother and father. However, it is known that there are studies with different results in the literature. In the study conducted by Kacar (2018: 100), it is stated that while the average scores of respect for differences of the students studying in primary school teaching department do not show statistically significant differences according to mother's education level, the average scores of knowledge-based differences and social category differences, which are the sub-dimensions of respect for differences, are found to differ statistically significantly according to the mother's education level. According to this, while the level of respect for differences among students with mothers who are primary school graduates was calculated high, the level of respect for differences among students whose mothers were university graduates was found to be low. There were no statistically significant differences according to the educational level of the father.

As a result of this research, it can be said that there is no statistical difference between the class level of the participants and the level of respect for differences. When the studies in the literature were examined, it was found that a result supporting this finding was reached before (Korkmaz, 2020: 106; Kacar, 2018: 99). In the last finding of the study, it was found that the scores of the participants received from the Respect of Differences Scale differed significantly according to the variable namely the differences that participants had difficulty in respecting. It was found that those who stated that they had difficulty in respecting differences in sexual orientation had a lower average score and their level of respect for differences was lower. It should be noted that there is no study that includes similar findings in the literature.

In the light of the information obtained from these findings, it is expected that students who receive social work education and training and social workers who engage in social work intervention have a high level of respect for differences. In this respect, this research, in which the level of respect for differences of social work students is tried to be examined, is important for the development of both social work education and social work profession.

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As a matter of fact, it is necessary to include Zastrow's thoughts on social work education in order to support the purpose of the study. Claiming that one of the main goals of social work education is to prepare students for the practice of cultural sensitivity, Zastrow (2013) considers it important that students develop approaches and have the ability to work together with individuals from different religious and cultural backgrounds. At the same time, Zastrow (2013) argues that expanding the scope of the social work curriculum to create a knowledge base for social category and value differences will contribute to the understanding and sensitivity of students on this issue.

As a result, since the ethical principles and core values of the profession play a key role in social work practice, the social work education programs must have a qualification that put an emphasis on respecting differences, helping students clarify their own values, ensuring the development of values compatible with professional social work practice and increasing the knowledge, skills and values that care about a social service focused on respecting differences. Students should be encouraged to be more sensitive about human rights awareness and policy development and implementation.

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REFERENCES

Association of Social Work Boards (ASWB). (2014). Respecting diversity, 24(3), 1-3. Retrieved from https://www.aswb.org/wpcontent/uploads/2014/06/RespectingDiversity.pdf Accessed 27.09.2020.

Aykut, S. (2019). Türkiye'deki Suriyeli Çocukların Eğitim Sorunları: Farklılıklara Saygı Eğitimi Odağında Okul Sosyal Hizmeti Önerisi. Doctoral thesis, Hacettepe University Institute of Social Sciences, Ankara.

Council on Social Work Education (CSWE). (2012). Educational Policy and Accreditation Standards, 1-16. Retrieved from https://www.cswe.org/getattachment/Accreditation/Standards-and-Policies/2008-EPAS/2008EDUCATIONALPOLICYANDACCREDITATIONSTANDARDS(EPAS)-08-24-2012.pdf.aspx Accessed 20.09.2020.

Council on Social Work Education (CSWE). (2015). Educational Policy and Accreditation Standards, 1-20. Retrieved from https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx Accessed 20.09.2020.

Çatlak, İ.H. and Yiğit, E.Ö. (2017). Sosyal Bilgiler Öğretmen Adaylarına Empati Becerisi ve Farklılıklara Saygılı Olma Değerinin Kazandırılmasında Storyline Yönteminin Etkisi. Abant İzzet Baysal Üniversitesi Eğitim Fakültesi Dergisi, 17(4), 1794-1819.

Ersoy Yılmaz, S. (2015). Sosyal Hizmet Etiğine İlişkin Bir Değerlendirme. Süleyman Demirel Üniversitesi Vizyoner Dergisi, Sosyal Hizmet Özel Sayısı, 122-136.

Güven, E. (2012). Sınıf Öğretmeni Adaylarının Farklılıklara Saygı

Düzeyleri ile Özerklik Düzeyleri Arasındaki İlişkinin İncelenmesi. Master thesis, Ondokuz Mayıs University Institute of Educational Sciences, Samsun.

International Federation of Social Workers (IFSW). (2014). Global Definition Of Social Work. Retrieved from https://www.ifsw.org/global-definition-of-social-work/ Accessed 8.9.2020.

Kacar, M. (2018). Sınıf Öğretmeni Adaylarında Çok Kültürlü Kişiliğin Farklılıklara Saygı Üzerindeki Etkisinin İncelenmesi. Master thesis, Dumlupınar University Institute of Educational Sciences, Kütahya.

Karasar, N. (2012). Bilimsel Araştırma Yöntemi. (24. baskı). Ankara: Nobel Yayıncılık.

Korkmaz, K. (2020). Sosyal Hizmet Öğrencilerinin Farklılıklara Saygı Düzeyleri İle Toplumsal Cinsiyet Algıları Arasındaki İlişki. Master thesis, Ankara Yıldırım Beyazıt University Institute of Health Sciences, Ankara.

Korkmaz, K. and Özbesler, C. (2020). Sosyal Hizmet Mesleği ve Eğitimi Çerçevesinde Farklılıklara Saygı ve Toplumsal Cinsiyet. Uluslararası Sosyal Araştırmalar Dergisi, 13(69), 1250-1258. doi: http://dx.doi.org/10.17719/jisr.2020.4038.

Kurtuluş, K. (2010). Araştırma Yöntemleri. İstanbul: Türkmen Kitabevi.

'Social Work Ethics'. (2015). In J. Wright (Ed), International Encyclopedia of the Social & Behavioral Sciences, 2nd edition. Oxford: Elsevier (pp. 782-788).

National Association of Social Workers (NASW). (2015). Standards and Indicators for Cultural Competence in Social Work Practice. Retrieved from https://www.socialworkers.org/LinkClick.aspx?fileticket=PonPTDEBrn4%3D&portalid=0 Accessed 8.9.2020.

National Association of Social Workers (NASW). (2017). Read the Code of Ethics. Retrieved from https://www.socialworkers.org/about/ethics/code-of-ethics/code-of-ethics-english Accessed 8.9.2020.

Öksüz, Y. and Güven, E. (2012). Farklılıklara Saygı Ölçeği (FSÖ): Geçerlik ve Güvenirlik Çalışması. The Journal of Academic Social Science Studies, 5(5), 457-473.

ANALYSIS OF THE LEVEL OF RESPECT FOR DIFFERENCES OF SOCIAL WORK DEPARTMENT STUDENTS

REFERENCES

Parrott, L. (2010). Values and Ethics in Social Work Practice. In J. Parker and G. Bradley (Eds), 2nd Edition. Southernhay East: Learning Matters Ltd.

Reamer, FG. (2018). Sosyal Hizmet Etiği ve Değerleri. H. Acar (Çev.) Ankara: Nika Yayınevi.

Coşkun, R., Altunışık, R. and Yıldırım, E. (2017). Sosyal Bilimlerde Araştırma Yöntemleri. 9. Edition. Sakarya: Sakarya Yayıncılık.

Serpen, A.S. and Hasgül, E. (2015). Sosyal Hizmet Uygulamalarında Empatinin Önemi ve Yardım İlişkisi Üzerindeki Etkisi. Sosyal Politika Çalışmaları Dergisi, 35, 37-52. doi: http://dx.doi.org/10.21560/spcd.36331.

Topcubaşı, T. (2015). Farklılıklara Saygı Eğitim Programının Öğrencilerin Farklılıklara Saygı Düzeyine Etkisi. Master thesis, Kocaeli University Institute of Social Sciences, Kocaeli.

Türk Dil Kurumu (TDK). Retrieved from https://sozluk.gov.tr/?kelime=renk%20katmak Accessed 8.9.2020.

United Nations (UN). (2017). Core Pre-Deployment Training Materials, Respect for Diversity. Retrieved from http://dag.un.org/bitstream/handle/11176/400629/FINAL%20Lesson%203.2%20050517.pdf?sequence=3&isAllowed=y Accessed 10.8.2020.

Yıldırımçakar, A. (2018). İlkokul ve Ortaokul Öğretmenlerinin İnformel İlişki Düzeyleri ile Farklılıklara Saygı Düzeyleri Arasındaki İlişki. Master thesis, Van Yüzüncü Yıl University Institute Educational Sciences, Van.

Yuen, F.K.O. and Pardeck, J.T. (1998). Impact of Human Diversity Education on Social Work Students. International Journal of Adolescence and Youth, 7(3), 249-261. doi: 10.1080/02673843.1998.9747827.

Zastrow, C. (2013). Sosyal Hizmete Giriş. Ankara: Nika Yayınevi.

Zengin, O. and Altındağ, Ö. (2016). Bir İnsan Hakları Mesleği Olarak Sosyal Hizmet. Toplum ve Sosyal Hizmet, 27(1), 179-190.

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Research Article
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THE EFFECT OF ONLİNE GROUP WORK WHICH HAS BEEN PREPARED FOR ANGER MANAGEMENT TRAINING ON UNIVERSITY STUDENTS' ANGER LEVELS

ÖFKE YÖNETİMİ EĞİTİMİNE YÖNELİK HAZIRLANMIŞ ÇEVRİMİÇİ GRUP ÇALIŞMASININ ÜNİVERSİTE ÖĞRENCİLERİNİN ÖFKE DÜZEYLERİNE ETKİSİ

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ABSTRACT

Objective: This study has been conducted to evaluate the effectiveness of online group study of anger management training. The results of the study have been considered important in terms of revealing whether the online interventions in the form of group work provide benefits for individuals and groups.

Method: The experimental group of the study consists of 12 students studying at the Department of Social Work at Istanbul University-Cerrahpaşa. Group sessions were held for 8 weeks, and in the first and last sessions, the effect of the online group work process on students' anger levels was examined by applying the "Trait Anger and Anger Expression Scale". The data obtained as a result of the study were analyzed with the Wilcoxon Signed Ranks Test. On the other hand, qualitative research methods were also used in order to reveal the opinions about the effectiveness and appreciation of online group work and qualitative data were analyzed descriptively by content analysis through inductive analysis.

Result: According to the findings of the research, it has been observed that there is a significant difference between the pre-test and post-test mean scores of the students. According to the qualitative findings, it was observed that most of the group members benefited from the online group process, their ability to cope with difficult situations increased, and they found the studies for anger management efficient.

Keywords: Anger, Anger Management, Online Group Work

ÖZ

Amaç: Bu araştırma, online olarak yapılan öfke kontrol eğitimi grup çalışmasının etkililiğini değerlendirmek amacıyla yapılmıştır. Araştırmanın sonuçları, grup çalışması şeklinde yapılan online müdahalelerin bireyler ve gruplar üzerinde fayda sağlayıp sağlamadığının ortaya koyulması açısından önemli görülmektedir.

Yöntem: Araştırmanın deney grubunu İstanbul Üniversitesi-Cerrahpaşa'da Sosyal Hizmet Bölümü'nde okuyan 12 öğrenci oluşturmaktadır. Grup oturumları 8 haftalık süre ile gerçekleştirilmiş olup ilk ve son oturumlarda öğrencilere "Sürekli Öfke ve Öfke İfade Tarzı Ölçeği" uygulanarak online grup çalışması sürecinin öğrencilerin öfke düzeyleri üzerindeki etkisi incelenmiştir. Araştırmanın sonucunda elde edilen veriler Wilcoxon İşaretli Sıralar Testi ile analiz edilmiştir. Diğer yandan online grup çalışmasının etkililiği ve beğenilirliğine yönelik görüşlerin ortaya konulabilmesi amacıyla nitel araştırma yöntemlerinden de yararlanılmış ve nitel veriler tümevarımcı analiz yolu ile içerik analizine tabi tutularak betimsel olarak incelenmiştir.

Sonuç: Yapılan araştırmanın bulgularına göre, öğrencilerin ön test-son test puan ortalamaları arasında anlamlı bir fark olduğu görülmüştür. Nitel bulgulara göre ise, grup üyelerinin çoğunluğunun online grup sürecinden fayda sağladığı, zor durumlarla baş edebilirliklerinin arttığı ve öfke kontrolüne yönelik çalışmaları verimli buldukları görülmüştür.

Anahtar Kelimeler: Online Grup Çalışması, Öfke, Öfke kontrolü

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INTRODUCTION

Anger can be defined as a state of hostility towards a person or something perceived as the source of a deterrent event, a negative emotion that is usually caused by another person, but can also occur spontaneously (Kassinove and Tafrate, 2006). Anger is a natural and universal reaction to unsatisfied requests, unwanted consequences, unmet expectations, injustice and mistreatment (Spielberger and Reheiser, 2010; Soykan, 2003). In addition, anger is a condition that can be in various intensities from a mild state of anger to a severe state of anger, and also its duration and frequency vary (Kumar, 2017).

Anger is a process that takes place in stages. The first stage in the anger process is the stage where the triggering event occurs. This triggering event can be caused by an internal event or an environmental factor. Some of these triggering events include being subjected to injustice, disappointment, threats to self-esteem, being exposed to prejudice or discrimination, being verbally or physically attacked, being under stress, experiencing time pressure and a sense of frustration. On the other hand, the second stage of the anger process is the interpretation stage. In other words, this stage is about how a certain situation that triggers anger is evaluated or interpreted. For example, when a situation is interpreted negatively, we tend to have negative emotions such as resentment, anger, fear. The last stage of the anger process is the behavioral stage. Accordingly, the way each individual experiences and expresses anger differs and each individual can reflect this in ways such as being cool, using verbal violence, suppressing anger, passive aggression, physical aggression (Puff and Seghers, 2019; Elliot and Smith, 2019; Kayaoğlu, 2018).

Anger is actually a humanly and healthy emotion. What is unhealthy is that anger cannot be properly expressed and turns into aggression. In such a situation, anger becomes the underlying factor of all kinds of criminal acts or violence and creates negative effects on the physical, psychological and social functionality of the individual, it can bring many consequences such as deterioration of relations with family members, friends and colleagues, and cause substance use (Kassinove and Tafrate , 2002; Aydın, 2009). Studies have shown that anger and aggression are among the important factors leading to coronary heart disease, high blood pressure and hypertension (Spielberger and Reheiser, 2010). Again, some studies revealed that there is a relationship between anger and aggressive and antisocial actions (Lench, 2004). Likewise, in a study conducted by Lopez and Thurman (1993) with university students, it was determined that students with high levels of anger were less compatible in family relationships and experienced more conflict. On the other hand, in the study of Horesh et al. (1997), it was observed that anger was significantly associated with suicide risk and high anger increased the risk of suicide. Robbins and Tanck (1997), on the other hand, showed that there is a positive and significant relationship between anger and depressive emotions, while Whiteside and Abramowitz (2004) exhibited a significant relationship between anger and high-level obsessive-compulsive symptoms in their study with university students. Studies show clearly that anger harms individuals' physical and psychological health and social relations. In this context, anger, which cannot be expressed properly and can cause negative consequences, needs to be controlled.

Different methods can be used to control anger, such as problem solving and social skills training, individual therapy, family or couple therapy (Kassinove and Tafrate, 2002). On the other hand, it is stated that psychological counseling with a group is useful in recognizing, accepting and expressing emotions related to anger in a constructive way (Duran and Eldeleklioğlu, 2005). In the study of Deffenbacher et al. (1990), it was revealed that the group counseling process significantly reduced individuals' anger and anxiety. Likewise, in Zorlu's (2017) anger management group study conducted with high school students, it was determined that there was a significant change in trait anger and anger management score averages of students participating in the training program compared to students who did not participate in the program. As can be seen, studies have shown that group work is useful in anger management.

Thanks to the rapidly developing internet technologies, the increasing acceptance of the internet as a common social tool, and the continuous development of the online communication field, some applications in psychology have begun to be transferred to the internet environment, and the number of people who provide psychotherapy and psychological counseling services on the internet has reached substantial levels (Bozkurt, 2013; Huyut, 2019).

Research shows that internet-based therapy applications provide benefits in solving problems such as anxiety disorder, panic disorder, specific phobia (height, fear of animals, etc.) (Huyut, 2019).

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Andersson (2016) also stated that internet-based therapies accompanied by a leader can be as effective as face-to-face therapies and can provide permanent improvement. As an example, in the study of Titov et al. (2015) measuring the applicability of cognitive behavioral therapy online in the treatment of anxiety and depression, it was found that there were significant improvements in treatment participants, increased quality of life and decreased levels of general psychological distress. Likewise, in the study of Schröder et al. (2017) examining the effectiveness of online interventions in the treatment of panic disorder, agoraphobia, social anxiety disorder and specific phobias, it was determined that the anxiety levels and other conditions of the participants were significantly reduced. Studies conducted in this context reveal that online interventions are effective. According to Titov et al. (2015), such a service delivery is an innovative method that is accessible, low-cost, effective and acceptable for many people who cannot receive face-to-face treatment. On the other hand, with the spread of the Covid 19 epidemic, the negative effects on the mental health of individuals and inability of individuals to leave the home have increased the demand for online therapies. In this period, when online therapies started to become widespread, studies on this matter are considered important in terms of revealing whether online interventions in the form of individual or group work provide benefits for individuals and groups and lay the groundwork for new ideas about what can be done to provide better service.

Purpose of the Research

Within the scope of this study, it has been aimed to evaluate the effectiveness of online group study to control anger during the Covid-19 epidemic period on the participants in the research and to reveal whether the participants gained the skills to cope with anger. In line with the purpose determined in this study, the following questions were tried to be answered:

- Is there a statistically significant difference between pre-test and post-test scale total scores of participants who take online group work?
- Is there a statistically significant difference between pre-test and post-test scores of the participants who take online group work?
- To what extent did the participants benefit from the online anger management group work?
- How were the online applications for online anger management group work evaluated by the participants?

METHOD

In this section, information about the research type, group sessions, the population and sample of the research, data collection tools, the process followed in the analysis of the data and the techniques used are given.

Research Design

This research is a mixed method research in which qualitative and quantitative research methods are used together. Mixed method research is a method that focuses on collecting and analyzing both quantitative and qualitative data in a study. In this method, a dataset functions as a complementary one by supporting the other dataset (Creswell, 2006).

In order to analyze the quantitative data within the scope of the research, the pre-test-post-test pattern of the experimental research, which is among the quantitative research types, without control group was used. In this method, the group or groups are given a pre-test before the experimental process begins. After the experimental process is over, the same test is given as a final test. The significance of the difference between the pre-test and post-test values of a single group in the pattern is tested. (Sönmez and Alacapınar, 2013; Büyüköztürk et al., 2018). In this context, the experimental process of this research is an online anger management study consisting of one session each week for a total of 8 weeks.

In order to obtain qualitative data within the scope of the research, the weekly group sessions held during the group work process were reported in a way to include the statements of the participants, the stages of development and the observations of the group leader, then the weekly reports were carefully read and analyzed. In addition, a semi-structured interview form, which is the data collection method of qualitative research, was used in order to reveal opinions on the effectiveness and efficiency of group work. The obtained data were analyzed by descriptive analysis technique.

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Place and Sampling

The place of the research consists of 3rd grade students studying at Istanbul University-Cerrahpaşa Social Work Department. While determining the sample of the study, students were informed about group work and pre-interviews were conducted in line with the purpose of the group. As a result of individual interviews, 12 students from the Social Work Department who had an anger management problem were included in the group by using the method of sampling according to the purpose and on a voluntary basis. Information on sampling is given in Table 1.

Table 1: Distribution of the Demographic Characteristics of the Participants

Gender	**N**
Female	11
Male	1
Age	
20	9
21	2
22	1

Data Collection Tools

In this study, "Personal Information Form", "Interview Form", "Trait Anger and Anger Expression Style Scale" were used as data collection tools.

Personal Information Form

Within the scope of this research, a personal information form was applied to the participants at the beginning of the group process in order to obtain demographic information about the age and gender of the participants in the group work process.

Interview form

In this study, semi-structured interview form, which is the data collection method of qualitative research, was used in order to reveal the opinions about the effectiveness and efficiency of group work. Accordingly, answers to the following questions were sought:
(1) To what extent did the participants benefit from the online anger management group work?

(2) How were the online applications for online anger management group work evaluated by the participants?

(3) How are the participants' ability to cope with difficult situations compared to before the online anger management group work?

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Trait Anger and Anger Expression Scale

"Trait Anger and Anger Expression Scale" was developed by Spielberger et al. (1988), and its validity and reliability studies were carried out by adapting it to Turkish by Özer (1994). In the 34-item scale assessed with a four-point Likert type such as "Almost Never", "Sometimes", "Most of the Time", "Almost Always", the first 10 questions measure trait anger, and next 24 questions measure how anger is expressed. One of the three subscales formed in the Anger Expression Style Scale was developed to measure the suppression of felt anger inside (anger-inside), the other to measure its expression (anger-outside), and the last one to measure anger management (anger-control). The scale includes eight items for each of the subscales. By adding the scores of items 11, 14, 18, 21, 25, 28, 30 and 34 in the scale, anger management; with the addition of the scores of the items numbered 12, 17, 19, 22, 24, 29, 32 and 33, anger outside; by adding the scores of the 13, 15, 16, 20, 23, 26, 27 and 31 items, scores anger-inside in sub-dimension are obtained. On the other hand, each item in the scale is flat and the total score in the scale is obtained by summing the scale interval scores obtained in each item (Özer, 1994).

Analysis of Data

SPSS 23 package program was used to analyze the quantitative data obtained in this study. The non-parametric Wilcoxon Signed Ranks Test, which is used to test whether the difference between the means of the measurements obtained over two related samples is significant (Ekiz, 2013), was used to examine whether there was a significant difference between the participants' pre-test and post-test scores. In group studies, the Wilcoxon Signed Ranks Test is suitable for these studies, as it usually works with a small group and the number of participants is low.

On the other hand, qualitative data were analyzed descriptively by subjecting them to content analysis through inductive analysis. The data collected within the scope of the study were analyzed and certain categories were revealed through the inductive analysis as a result of the analysis of the data, and then the responses of the participants were associated with the categories. Finally, the categories were supported by direct quotations. The code 'K' was given for direct quotations of the participants and starting from the first interviewed participant, each was given numbers in the form of "K1, K2, K3 ...".

Summary of Group Sessions

The 8-week group sessions, which were established to provide training for anger management, were held online once a week over the ZOOM application and for 90 minutes, and the current situation, development and changes of the group members were observed and reported. According to this;

In the first session, the activity "I introduce myself with my feelings" was carried out in order to enable group members to get to know each other and interact, members were informed about the group rules, purpose, subject and function of the group, and an introduction was made on the importance of human emotions and the concept of anger. A pre-test was conducted with the "Constant Anger and Anger Style Scale".

In the second session, group members were informed about the anger triggers and the ways of expressing anger. Then, "Story Telling" and "Situation-Thought-Response" activities were carried out, respectively. With the information given, it was realized that the group members had information about the subject, and with the activities, it was shown that they could turn their thoughts that caused them anger towards the group members in a positive direction by ensuring the adoption of the idea that "when we change our thoughts, there will be a difference in the sense we attribute to the events".

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In the third session, group members were informed about the distortions in the way of thinking and the methods of eliminating the distortions in the way of thinking. Afterwards, "My Silent Tongue" and "Creative Drama-Role Playing" activities were carried out, respectively. With the information given, it was ensured that the group members were informed about the subject, and with the activities, they were able to discover positive internal speeches that they could tell themselves in the moment of anger, at the same time, they were able to realize something by seeing themselves angry and their anger under control, they were able to evaluate events better, and to improve their observations about the situations.

In the fourth session, information was given about the reasons for not wanting to change anger. Then, "Cost-Benefit Analysis" and "Empty Chair" activities developed by Gestalt were carried out, respectively. With the information given, it was ensured that the group members were informed about the subject, and with the activities, they were able to realize the harms of their anger, gain insight, face some events and experience catharsis.

In the fifth session, group members were informed about how assertive communication should be. Later, the "You-I Language" and the "Mirror" activities were held respectively. With the information given, it was ensured that the group members were informed about the subject, and with the activities, they were able to observe how the communication developed at the end of the messages conveyed using "you and I language" and to realize what they felt in these situations, and finally to develop a sense of empathy. In the sixth session, information was given on problem solving skills, since one of the reasons why anger has negative consequences is the inability to use problem solving skills effectively. Later, "Using Objects" and "Cracked Wall" activities were carried out, respectively. With the information given, it was ensured that the group members had information about how to deal with the problem and how to solve it, they were provided with brainstorming with the activities, they were thought about how to solve a problem and discovered that they could solve their problems with their own methods. In the seventh session, what can be done to control anger was discussed, and the correct breathing techniques and relaxation movements were shown practically as a method of coping with tension. It was ensured that group members had information about what they could do to control anger, and they learned breathing techniques and relaxation movements, which are methods of coping with tension. In the eighth session, firstly, with the activity "Find a Slogan", a poster about anti-anger with a slogan that will make them feel positive was prepared and discussed. Then, feedback was received from the leader and all group members concerning about how they felt about the group in the process up to now and what remained in mind for the group. Finally, for the leader and all group members to have a memory from the group process, a shared poem was written and the poem was thrown to each group member. The session was ended with the final test by applying the "Constant Anger and Anger Style Scale" again.

Ethical Issues

For the permission of the ethics committee of this research, the relevant ethics committee unit of Uşak University was applied for. In accordance with the Scientific Research and Publication Ethics Directive, with the decision of the Uşak University Social and Human Sciences Scientific Research and Publication Ethics Committee, it has been decided that the methods to be applied within the scope of the research are ethically appropriate.

FINDINGS

Table 2. Findings Regarding the Significance of the Difference Between the Scale Pre-test and Post-test Scores of the Participants

Whole Scale	Test	n	Median	p
	Pre Test	12	79	,041*
	Post Test	12	74,5	

*P<.05

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Tablo 3. Findings Regarding the Significance of the Differences Between the Scores Obtained in the Pre-test and Post-tests of the Scale Sub-Dimensions of the Participants

Sub-scales	Test	n	median	p
Constant Anger	Pre Test	12	21	,722
	Post Test	12	21	
Anger-inside	Pre Test	12	17	,265
	Post Test	12	18	
Anger-outside	Pre Test	12	17	,574
	Post Test	12	16,5	
Anger Control	Pre Test	12	23	,722
	Post Test	12	21	

*P<.05

When Table 3 is examined, it is seen that there is no significant difference between the scores of the participants in the trait anger, anger inside, anger outside, and anger control subscales before the online group work and the mean scores they got after the group work. (p > ,05).

After this stage, the distribution of qualitatively collected data in terms of categories was determined and the findings obtained were interpreted below, respectively.

A question was asked to the participants whether they benefited from the training group created for anger management, and it was observed that the majority of the students participating in the online group study stated that the group process was beneficial for them. On the other hand, there were no participants who stated that the online group work process did not benefit them. Accordingly, some students' views are as follows:

"It was very good to join the group once a week, spend time together, share things, think for ourselves. Every week I waited for the group session to come. I feel better when I'm here. I think the activities in which we focused on the group and ourselves were very effective and efficient. I had the opportunity to review myself. I thought about things that would keep me out of anger. I think I have improved myself in order to reflect my anger in a coordinated way and to feel less anger. The process turned out very well. It was comforting to know that others have similar problems." (K1)

"Being here with a group rather than on my own ensured me to meet you and my friends again even though the group members were already my classmates. I felt like meeting myself again. This was very important to me. I learned that I was beautiful with my stretch marks and that I could live with them too. The things this place contributes to me are so much. It will end and we will not be here again and I am upset about this fact. I will miss you all. " (K2)

"Before the group, I usually kept it inside when I was angry. Activities we did after the group, the words of our friends, etc. I can calmly convey what I think, what I feel, without getting angry. This group has earned me this. " (K5)

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"I realized that the things I get angry with are actually not that important. I learned that I don't need to make myself miserable. I learned new things. "
It can be stated that the participants benefited from group work reveals that the anger management training process was successful and the group work achieved its purpose. Likewise, when the participants were asked a question about how they evaluated the training group created for anger management, all participants stated that they were satisfied with the online group work. Accordingly, some students' views are as follows:
"Spending time with the group was valuable to me. I think I am very lucky. I was looking forward to the group, I was touched. Thank you very much everyone. "(K3)

"I found that most of the group members had personal characteristics such as being impatient, stubborn and having anger similar to mine and again almost everyone was experiencing similar points with me. I found the things I experienced myself. Thanks to the group, I felt that I was not alone. I felt intimacy with the group members. I also liked being able to get advice and give advice in the group. Satisfied. "(K4)

Finally, a question was asked to the participants about whether their ability to cope with difficult situations has changed in comparison to the group work before which we conducted about anger management, and the majority of the participants stated that their coping skills increased. Accordingly, some students' views are as follows:

"After last week's session, something happened to me. I experienced something very bad. I was going to get so angry, but I couldn't. I felt like I had found a way not to get angry. We did some relaxation movements. I also discovered what the were the things th comforted me. I thought that that frustrating moment would be temporary, and as I discovered myself, I better controlled myself, easily overcame what I was experiencing. This 8-week process has an effect on this. In fact, the only thing that contributes to me is not discovering what gives me peace of mind. The sentences I received from all of you during this 8-week period are what you all contributed to me. It has given me a lot. Thank you very much, especially you. " (K7)

"When I was angry outside, I was exploding at home. With the group, this started to happen less and I started to behave particularly better towards my brother and family. I got better with them now. Thank you very much to you and my friends." (K9)
"Our work in the group was nice, I think everyone added something to each other. I see the subjects I am angry about as simple and I can easily approach him. I understand that I should not be angry. " (K12)

DISCUSSION

Increasing our connection with technology day by day has brought the interest in online therapies. It would not be wrong to say that the demand for online therapies is likely to increase even more in the near future. In this respect, this study was conducted to evaluate the effectiveness of an online anger management training group study. According to the results obtained by the quantitative analysis of the study, it was observed that there was a statistically significant difference between the anger levels of the students who participated in the online group study before and after the group work, and this situation revealed that the online group work achieved its purpose and was effective. Cuijpers et al. (2009) also found that online psychotherapy was effective on the anxiety level of the participants, and partially on the depression level and quality of life. Likewise, Bergström et al. (2010) concluded in their study that cognitive behavioral therapy which is performed in the online environment provides improvement in patients with panic disorder and is as effective as face-to-face cognitive behavioral therapy. Finally, in the study by Kiropoulos et al. (2008) to compare the effectiveness of online therapy and face-to-face therapy on individuals, they found that both interventions provided improvement in the quality of life of individuals and that the participants evaluated both treatment methods as equally reliable and satisfactory. In this context, it is also supported by studies that online therapies are effective like as face-to-face therapies in the treatment of psychological based disorders. These results are promising in terms of increasing the number of online individual or group therapies and the spread of studies evaluating the effectiveness of these studies.

On the other hand, it was found that there was no significant difference between the scores obtained from the trait anger, anger inside, anger outside, and anger management subscales before the online group work and the mean scores they got after the group work. However, there was a decrease in anger inside and anger outside subscales.

According to the qualitative findings, it was observed that most of the group members benefited from the online group process, their ability to cope with difficult situations increased, and all participants found the group process positive. It was observed that the members were in the minimal depression score range after the group therapy with the university students who were also diagnosed with depression by Artan and Alsancak (2018) and all of the participants stated that the process was beneficial for them. Likewise, as a result of the group work conducted by Cebeci et al. (2020) with university students, it was revealed that some of the group members had a decrease in their levels of anxiety and hopelessness. Finally, as a result of the group work that Karaman et al. (2020) conducted with university students studying in the Social Work department, it was observed that there was a positive increase in the personal development skills of the group members. As seen in the studies conducted, working with groups is extremely important and necessary in social work interventions as well as working with individuals.

CONCLUSİON AND RECOMMENDATİONS

This study was conducted to evaluate the effectiveness of an online anger management training group study. According to the results obtained by quantitative analysis of the study, it was observed that there was a statistically significant difference between the anger levels of the students who participated in the online group study before and after the group work, and this situation revealed that the online group work was successful. According to the qualitative findings, it was observed that most of the group members benefited from the online group process, their ability to cope with difficult situations increased, and all participants found the group process good.

The group work on anger management applied in this study is for 3rd grade students of the Social Work department studying at Istanbul University-Cerrahpaşa. In order to reveal the level of productivity obtained from online group studies, it is recommended to conduct online group studies with other sample groups. The study is an experimental study with pre-test and post-test without control group. It is recommended that similar studies be conducted with the control group in order to obtain better results. Finally, in this period when online therapies are becoming widespread, studies on this will be valuable. In this context, it is recommended to increase online therapies by psychologists, social workers, therapists, etc. in different subjects and analyze their results by those who work in different fields.

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REFERENCES

Andersson, G. (2016). Internet-Delivered Psychological Treatments. *Annual Review of Clinical Psychology,* 12, 157-179.

Artan, T. ve Alsancak, F. (2018). Depresyonla Başetmede Grupla Terapi Uygulaması: Deneysel Bir Çalışma. *International Journal of Social Humanities Sciences Research*, 5(24), 1822-1828.

Aydın, B. (2009). *Ergenlikten Yetişkinliğe Grup Çalışmaları*. Ankara: Nobel Yayın Dağıtım.

Bergström, J., Andersson, G., Ljótsson, B., Rück, C., Andréewitch, S., Karlsson, A., Carlbring, P., Andersson, E. and Lindefors, N. (2010). Internet-Versus Group-Administered Cognitive Behaviour Therapy for Panic Disorder in a Psychiatric Setting: A Randomised Trial. *BMC Psychiatry*, 2, 10-54.

Bozkurt. İ. (2013). Psikolojik Yardım Uygulamalarında Yeni Trend: Online Terapiler. *International Journal of Human Sciences*, 10(2), 131-146.

Büyüköztürk, Ş., Kılıç Çakmak, E., Akgün, Ö. E., Karadeniz, Ş. ve Demirel, F. (2018). *Bilimsel Araştırma Yöntemleri.* Ankara: Pegem Akademi.

Cebeci, F., Artan, T. ve Karaman, M. (2020). Sosyal Hizmet Bölümü Stajyer Öğrencilerinin İş Bulma Kaygısını Azaltmaya Yönelik Grup Çalışması. *Turkish Studies*, 1722-1738. doi: https://doi.org/10.29228/TurkishStudies.43350

Creswell, J.W. (2006). Understanding Mixed Methods Research, (Chapter 1). Retrieved from http://www.sagepub.com/upm-data/10981_Chapter_1.pdf Accessed 18.10.2020

Cuijpers, P., Marks, İ.M., Straten, A., Cavanagh, K., Gega, L., Andersson, G. (2009). Computer-Aided Psychotherapy for Anxiety Disorders: A Meta-Analytic Review. *Cognitive Behaviour Therapy*, 38(2), 66-82.

Deffenbacher, J. L., Mcnamara, K., Stark, R. S. and Sabadell, P. M. (1990). A Comparison of Cognitive-Behavioral and Process-Oriented Group Counseling for General Anger Reduction. *Journal of Counseling Development,* 69(2), 167-172.

Duran, Ö. ve Eldelekoğlu, J. (2005). Öfke Kontrol Programının 15–18 Yaş Arası Ergenler Üzerindeki Etkililiğinin Araştırılması. *Gazi Eğitim Fakültesi Dergisi*, 25(3), 267-280.

Ekiz, D. (2013). *Bilimsel Araştırma Yöntemleri.* Ankara: Anı Yayıncılık.

Elliot, C. H. ve Smith, L. L. (2019). *Öfke Kontrolü for Dummies*. Ankara: Nobel Yaşam Yayınları.

Horesh, N., Rolnick, T., Iancu, I., Dannon, P., Lepkifker, E., Apter, A. and Kotler, M. (1997). Anger, Impulsivity and Suicide Risk. *Psychotherapy and Psychosomatic,* 66, 92-96.

Huyut, B. Ç. (2019). Anksiyete Bozukluklarının Tedavisinde İnternet Tabanlı Bilişsel Davranışçı Terapi Uygulamaları. *Yaşam Becerileri Psikolojisi Dergisi*, 3(6), 251-263.

Karaman, M., Artan T. ve Cebeci, F. (2020). Grup Çalışmasının Sosyal Hizmet Bölümü Öğrencilerinin Kişisel Gelişim Becerilerine Etkisi. *Turkish Studies*, 15(6), 3014-3026.

Kassinove, H. and Tafrate, R. C. (2006). Anger-Related Disorders: Basic Issues, Models, and Diagnostic Considerations, Feindler, E. L. (Eds.), *Anger-Related Disorders* (pp. 1-27). Newyork: Springer Publishing Company.

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REFERENCES

Kassinove, H. ve Tafrate, R. C. (2002). *Anger Management.* California: Impact Publishers.

Kayaoğlu, M. (2018). *Öfke Kontrolü.* İstanbul: Nesil Yayıncılık.

Kiropoulos, L. A., Klein, B., Austin, D. W., Gilson, K., Pier, C., Mitchell, J. and Ciechomski, L. (2008). Is Internet-Based CBT for Panic Disorder and Agoraphobia as Effective as Face-to-Face CBT?. *Journal of Anxiety Disorders*, 22(8), 1273-1284.

Kumar, S. (2017). Management of Anger With Anger Reversal Technique Among School Going Adolescents. *International Journal of Psychology and Educational Studies*, 4(3), 32-41.

Lench, H. C. (2004). Anger Management: Diagnostic Differences and Treatment Implications. *Journal of Social and Clinical Psychology*, 23(4), 512-531.

Lopez, F.G. and Thurman, C.W. (1993). High–Trait and Low-Trait Angry College Students: A Comparison of Family Environments. *Journal of Counseling Development*, 77, 524-527.

Özer, A. K. (1994). Sürekli Öfke (SL Öfke) ve Öfke İfade Tarzı (Öfke-Tarz) Ölçekleri Ön Çalışması. *Türk Psikolojisi Dergisi,* 9(31), 26-35.

Puff, R. ve Seghers, J. (2019). *Öfke Kontrol Rehberi.* İstanbul: Olimpos Yayınları

Robbins, P.R. and Tanck, R.H. (1997). Anger and depressed affect: Interindividual and Intraindividual Perspectives. *The Journal of Psychology*, 131(5), 489-500.

Schröder, J., Jelinek, L. and Moritz, S. (2017). A Randomized Controlled Trial of a Transdiagnostic Internet Intervention for Individuals with Panic and Phobias - One Size Fits all. *Journal of Behavior Therapy and Experimental Psychiatry*, 54, 17-24.

Schröder, J., Jelinek, L., and Moritz, S. (2017). A Randomized Controlled Trial of a Transdiagnostic Internet Intervention for Individuals with Panic and Phobias-One Size Fits all. *Journal of Behavior Therapy and Experimental Psychiatry*, 54, 17-24.

Sönmez, V. ve Alacapınar, F. G. (2013). *Örneklendirilmiş Bilimsel Araştırma Yöntemleri.* Ankara: Anı Yayıncılık.

Soykan, Ç. (2003). Öfke ve Öfke Yönetimi. *Kriz Dergisi*, 11(2): 19-27.

Spielberger, C. D. and Reheiser, B. C. (2010). The Nature and Measurement of Anger, Potegal, M., Stemmler, G. and Spielberger, C. (Eds.), *International Handbook of Anger* (pp. 403-412). Londan: Springer.

Titov, N., Dear, B. F., Staples, L. G., Bennett Levy, J., Klein, B., Rapee, R. M., Shann, C., Richards, D., Andersson, G., Ritterband, L., Purtell, C., Bezuidenhout, G., Johnston, L., Nielssen, O. B. (2015). MindSpot Clinic: An Accessible, Efficient, and Effective Online Treatment Service for Anxiety and Depression. *Psychiatric Services*, 66(10), 1043-1050.

Titov, N., Dear, B. F., Staples, L. G., Bennett Levy, J., Klein, B., Rapee, R. M., Shann, C., Richards, D., Andersson, G., Ritterband, L., Purtell, C., Bezuidenhout, G., Johnston, L. and Nielssen, O. B. (2015). MindSpot Clinic: An Accessible, Efficient, and Effective Online Treatment Service for Anxiety and Depression. *Psychiatric Services*, 66(10):1043-1050.

Whiteside, S.P. and Abramowitz. J.S. (2004). Obsessive-Compulsive Symptoms and the Expression of Anger. *Cognitive Therapy and Research*, 28(2), 259-268.

Zorlu, E. (2017). *Öfke Denetimi Eğitim Programının Lise Öğrencilerinin Sürekli Öfke ve Öfke İfade Tarzlarına Etkisi*. Yüksek Lisans Tezi, Necmettin Erbakan Üniversitesi Eğitim Bilimleri Enstitüsü, Konya.

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In research-based articles; **Introduction, Methodology, Research Design, Data Collection Tools, Data Collection, Analysis of Data, Ethical Issues, Findings, Discussion and Results and Resources** sections should be included.

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The References section should be prepared in accordance with the APA 6 guidelines. A number should be written as 1, 2, 3 per reference. References should be placed in this partition according to alphabetical order.

Sample Reference Types:

1.Collins, M. (1986). Sampling, Consumer Market Research Handbook. London: McGraw-Hill Press. **(Show Book Resource)**

2.Durak, A. (1993). A Study on Validity of Beck Hopelessness Scale. Unpublished Master Thesis, Ankara University Institute of Social Sciences, Ankara. **(Unpublished Thesis Welding)**

3.Hakanen, J. Bakker, A.B. and Schaufeli, W.B. (2006). Burnout and Work Engagement Among Teachers. The Journal of School Psychology, 2(43), 495–513. doi:10.1016/j.jsp.2005.11.001 **(Show Scientific Journals Resource)**

4.Official Gazette (1961). Law on Migration. Number: 106, Date: 5th June 1961. **(Official Newspaper)**

5.Soysal, A. and Yagar, F. (2016). Assessment of the effectiveness of health care management about Syrian asylum seekers in Turkey. II. Middle East Conferences: Migration Issues in the Context of Conflict in the Middle East, April 28-29. **(Show Congress Symposium Resource)**

6.Schaufeli,W.B. and Salanova, M. (2007). Work Engagement: An Emerging Psychological Concept and Its Implication for Organisation. In SW. Gilliland, DD. Steiner and DP. Skarlickli (Eds), Research in Social Issues in Management: Vol. 5. Managing Social and Ethical Issues in Organizations (pp. 135-177). Greenwich, CT: Information Age Publish. **(Show Book Resource)**

7.Turkish Directorate General of Migration Management (2018). Migration Statistics, Retrieved from http://www.goc.gov.tr/icerik/migration-statistics_915_1024 Accessed 20.06.2018 **(Show Website Resource)**

Please refer to the APA 6 guide resource guide for the detailed resource formats.

In-Text Resource Representation Examples:

..... (Soysal and Yagar, 2016).
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