# TURKISH JOURNAL OF APPLIED SOCIAL BOORK





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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.

## ΔΙΜ

urkish 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.

# SCOPE

A ny publications which can contribute to the development of the social work academic field and the related areas are welcome to our journal. Academic studies which were carried out by academicians from social work field, social workers, social work undergraduate and graduate students, professionals from different professions working in the field of social work, and other academic units with social work on mind are the scope of this journal.

# **PUBLICATION POLICIES**

• urkish Journal of Applied Social Work is an international refereed journal that adopts double-blind peer-review process. Editorial board of our journal follows Editorial Policy of the Council of Scientific Committee.

# **PUBLICATION PERIOD**

Ur journal is published twice a year in June and December. Publications are made from the following areas, which will contribute to the development of social work discipline and contribute to the literature: Other disciplines assessed in relation to Social Work, Sociology, Medicine, Psychology, Psychological Counseling and Guidance, Human Rights, Social Policy, Philosophy, Law, Economics, Health Management, Nursing, Physiotherapy, Gerontology, Geriatrics, Child Development, Special Education.



# **G EDİTÖRLERDEN**

Değerli akademisyenler, uygulayıcılar ve okurlarımız;

2018 yılı Aralık ayında yayın hayatına adım atan dergimiz, Aralık ve Haziran aylarında olmak üzere yılda iki sayı yayımlamaya devam etmektedir. İlk sayısından itibaren, Türkiye'de sosyal hizmet alanında yalnızca yabancı dilde çalışmalar kabul eden ilk ve tek sosyal hizmet dergisi olma ayrıcalığını taşıyan Dergimizin danışma ve hakem kurulları, ulusal ve uluslararası düzeyde, farklı üniversitelerden birçok seçkin akademisyeni bünyesinde barındırmakta ve yayın süreçlerimize değerli katkılar sunmaktadır. Ulusal ve uluslararası pek çok akademik endekste taranan dergimiz, yüksek prestijli endekslere kabul edilme yönündeki başvuru süreçlerini de kararlılıkla sürdürmektedir.

Bu sayımızda, sosyal hizmet literatürüne önemli katkılar sunma potansiyeline sahip beş makaleyi sizlerle paylaşmaktan mutluluk duyuyoruz. Her biri, alanında uzman araştırmacılar tarafından kaleme alınmış ve önemli bulgular ortaya koyan çalışmalardır.

"Ebeveynlerin İnternet Bağımlılıklarının Çocukların İnternet Bağımlılıklarına Etkisi Üzerine Bir Çalışma" başlıklı makalede, ebeveynlerin internet bağımlılığının çocukların internet bağımlılığı üzerindeki etkisi araştırılmış ve özellikle annenin bağımlılık seviyesinin belirleyici bir rol oynadığı ortaya konmuştur. Ayrıca, bu etkinin ebeveynlerin cinsiyeti ve eğitim seviyesinden bağımsız olduğu tespit edilmiştir.

"Otizm Spektrum Bozukluğu Olan Çocuklara Bakımverenlerin COVİD-19 Pandemisinde Yaşam Kalitesi ve Manevi Gereksinimleri" başlıklı makalede, otizm spektrum bozukluğu olan çocuklara bakım verenlerin yaşam kalitesi ve manevi ihtiyaç düzeyleri incelenmiş, sosyodemografik özelliklerin bu değişkenler üzerindeki etkisi değerlendirilmiştir.

"Yaşlıların Koronavirüs Korkularının Yaşam Kaliteleri ile İlişkisinin Sosyal Hizmet Perspektifinden Değerlendirilmesi" başlıklı makale, yaşlı bireylerde koronavirüs korkusu ile yaşam kalitesi arasındaki negatif ilişkiyi inceleyerek, korkunun yaşam kalitesini olumsuz etkilediğini ortaya koymuştur. Çalışma, sosyal izolasyonu azaltmak ve yaşlıların refahını artırmak için çevrimiçi etkinlikler, kurumsal bakım hizmetleri ve toplumsal farkındalık kampanyalarının önemini vurgulamaktadır.

"Sosyal Hizmetin Doğuşu: Yerleşim Evlerinin Günümüzün Toplumsal Dayanışma Kültürüne Yansımaları" başlıklı makale, sosyal hizmetin birey ve toplum odaklı bir meslek olarak gelişimine öncülük eden yerleşim evlerinin 19. yüzyıl sonlarında Amerika'da ortaya çıkışını ve modern sosyal hizmet üzerindeki kalıcı etkilerini ele almaktadır.

Son olarak, "Diyabetli Bir Çocukla Sosyal Hizmet Uygulaması: Bir Vaka Çalışması" başlıklı makalede, kurgusal bir diyabetli çocuk vakası üzerinden sosyal hizmet müdahalesi ele alınmış; mikro düzeyde aileyle, mezzo düzeyde ise okul sistemiyle çalışmalar yapılmıştır. Müdahalelerde ekolojik model, güçlendirme ve bilişsel-davranışçı yaklaşımlar temel alınmıştır.

Dergimizin bu sayısına katkıda bulunan değerli yazarlarımıza, kıymetli görüş ve değerlendirmeleriyle bizlere destek veren hakemlerimize ve dergimizin sizlerle buluşmasına katkı sağlayan ulusal ve uluslararası danışma kurulu üyelerimize en içten teşekkürlerimizi sunarız.

Yeni sayımızda yer alan değerli çalışmaların sosyal hizmet alanının bilgi birikimine katkı sağlayacağına ve başta sosyal hizmet akademisyenleri, uygulayıcıları ve öğrencileri olmak üzere tüm okuyucularımıza yeni bakış açıları sunacağına inanıyoruz...

Keyifli okumalar dileriz.

Dr. Öğr. Üyesi Elvan ATAMTÜRK Editör

Prof. Dr. Mehmet Zafer DANIŞ Baş Editör

# **FROM THE EDITORS**

Dear academics, practitioners, and readers,

In December 2018, our journal began its publication and continues to release two issues annually, in December and June. Since its first issue, the advisory and editorial boards of our journal-distinguished for being the first and only social work journal in Turkey to accept only foreign language studies-have included many esteemed academics from various universities at both national and international levels, who make valuable contributions to our publishing processes. Indexed in numerous national and international academic databases, our journal continues its application process with determination to be accepted by high-prestige indexes.

In this issue, we are pleased to share five articles with you that have the potential to make significant contributions to the social work literature. Each one is written by expert researchers in their field and presents important findings.

The first article, titled "Study on the Effect of Parental Internet Addiction on Children's Internet Addiction," investigates the impact of parents' internet addiction on children's internet addiction, highlighting the decisive role of the mother's addiction level. Additionally, it was found that this effect is independent of the parents' gender and education level.

The second article, titled "Caregivers of Children with Autism Spectrum Disorder: Quality of Life and Spiritual Requirements in the Covid-19 Pandemic," examines the quality of life and spiritual needs of caregivers of children with autism spectrum disorder, evaluating the impact of sociodemographic characteristics on these variables.

The article "Evaluation of the Relationship Between Elderly People's Fear of Coronavirus and Their Quality of Life From a Social Work Perspective" explores the negative relationship between fear of coronavirus and quality of life in elderly individuals, revealing that fear negatively affects their quality of life. The study emphasizes the importance of online activities, institutional care services, and public awareness campaigns to reduce social isolation and improve the well-being of elderly people.

The article titled "The Birth of Social Work: The Reflections of Settlement Houses on Today's Culture of Social Solidarity" addresses the emergence of settlement houses in late 19th-century America, which led to the development of social work as an individual and community-oriented profession, and their lasting impact on modern social work.

Finally, the article titled "Social Work Intervention with a Diabetic Child: A Case Study" discusses a social work intervention through a fictional case of a child with diabetes, focusing on micro-level work with the family and mezzo-level work with the school system. The interventions are based on the ecological model, empowerment, and cognitive-behavioral approaches.

We would like to extend our sincere thanks to our valuable authors who contributed to this issue of our journal, to our referees who supported us with their valuable opinions and evaluations, and to our national and international advisory board members who helped our journal reach you.

We believe that the valuable studies in our new issue will enrich the knowledge base of the social work field and provide new perspectives for all our readers, especially social work academics, practitioners, and students.

We wish you an enjoyable and insightful reading experience...

Asst. Prof. Elvan ATAMTÜRK Editor

Prof. Mehmet Zafer DANIŞ Editor-in-Chief



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Eti, S., Tepe, T., and Ateş, O. (2024). A study on the effect of parental internet addiction on children's internet addictions. *Turkish Journal of Applied Social Work*, 7 (2), 80-94.
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### **RESEARCH ARTICLE**

Submission: 10/05/2024 Revision: 21/09/2024 Accepted: 26/09/2024

### A STUDY ON THE EFFECT OF PARENTAL INTERNET ADDICTION ON CHILDREN'S INTERNET ADDICTIONS

Ebeveynlerin İnternet Bağımlılıklarının Çocukların İnternet Bağımlılıklarına Etkisi Üzerine Bir Çalışma

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### ABSTRACT

The relationship between education, society, and technology has roots that trace back to the dawn of human history. From primitive tools to modern defense systems, technology has always allowed humans to shape the physical world to meet their needs and desires, forming the foundation of civilization. Although new technologies have influenced social life throughout history, the rate of change today is unprecedented and has led to significant economic and social impacts.

With the widespread availability of the internet and younger ages accessing it, internet use across all age groups has surged. Among these groups, children and adolescents require special attention. Their time management skills are generally less developed compared to adults, placing a significant responsibility on parents to guide them. Understanding how parental behavior affects children's internet addiction is crucial.

This study aims to shed light on the influence of parental internet addiction on children's internet usage habits. Primary school students and their parents were surveyed, and the data were analyzed using a hierarchical regression method. The findings revealed that, in addition to demographic factors, a mother's level of internet addiction significantly influences her child's likelihood of developing similar habits. Moreover, moderator analysis indicated that this effect remains consistent regardless of the parent's gender or education level. The study highlights the importance of parental involvement in managing children's internet use to prevent potential addiction.

Keywords: Internet addiction, hierarchical regression, moderate analysis, parental effect, addiction in children

### ÖZ

Eğitim, toplum ve teknoloji arasındaki ilişki insanlık tarihinin başlangıcına kadar uzanır. Tarih öncesi dönemde kullanılan taş aletlerden günümüzün modern savunma araçlarına kadar tüm teknolojiler, insanların istek ve ihtiyaçlarını karşılamak için fiziksel dünyayı şekillendirme firsatı sağlamış ve medeniyetin temel parçaları arasında yer almıştır. Yeni teknolojiler tarihin her döneminde toplumsal yaşamı şekillendirmiştir ancak hiçbir dönemde değişim bugünkü kadar hızlı olmamış, ekonomik ve sosyal açıdan bu denli büyük bir etki yaratmamıştır. Günümüzde, internetin yaygınlaşması ve internete erişim yaşının düşmesiyle birlikte, tüm yaş gruplarında internet kullanımı artmaya başlamıştır. Bu yaş grupları arasında özel ilgi gerektiren grup çocuklar ve gençlerdir. Çocukların zaman yönetimi becerileri ebeveynlerine göre daha düşük olduğundan, bu konuda onlara rehberlik edecek ebeveynlere büyük sorumluluklar düşmektedir. Bu bağlamda, ebeveynlerin çocukların internet bağımlılığı üzerindeki etkilerini incelemek önemlidir. Ayrıca, gençler arasında internet kullanım sıklığının artması, yalnızlık, çeşitli zihinsel sorunlar, anksiyete, özgüven eksikliği gibi birçok farklı konuda sorunları beraberinde getirmektedir. Bu çalışmanın amacı, ebeveynlerin internet bağımlılığının çocukların internet bağımlılığı üzerindeki etkisini araştırmak ve ailelerde bu konusunda farkındalık ve bilinç oluşturmaktır. Bu amaçla, yapılandırılmış izin formları ile ilkokul öğrencileri ve ebeveynlerinin internet bağımlılığı incelenmiş ve bulgular hiyerarşik regresyon yöntemiyle analiz edilmiştir. Analiz sonucunda, demografik yapının yanı sıra annenin internet bağımlılık seviyesinin çocuğun internet bağımlılık seviyesi üzerinde etkili olduğu sonucuna varılmıştır. Ayrıca, moderatör analiziyle, annenin çocuk üzerindeki bu etkisinin ebeveynlerin cinsiyeti ve eğitim seviyesine göre değişmediği görülmüştür.

Anahtar Kelimeler: İnternet bağımlılığı, hiyerarşik regresyon, moderatör analizi, ebeveyn etkisi, çocuklarda bağımlılık

### INTRODUCTION

Throughout the human history, the desire to do complex tasks in a shorter time has been a spur to the developments in technology. The industrial revolution accelerated this process, and wars continued to be the driving force that always led the development of technology. Especially during the cold war period after the World War II, space exploration was accelerated, the journey to the moon, which human history had dreamed of for centuries, was realized, and many technologies obtained in this process had reflections on our daily lives. How much share countries will receive from the blessings that exist in the world and how much this share will affect daily life is only possible thanks to the superiority in technology and science. The devices produced in this race for superiority have entered our daily lives, many devices from phones to tablets, from computers to game consoles have been produced, and technology has now become indispensable in our lives with the inclusion of the internet in the game. Internet addiction varies according to the geographical region where the individual lives, as well as the cultural and socioeconomic conditions of the place. It is thought that uncontrolled internet use in young people is closely related to the socioeconomic level of individuals and their families, and when this situation is not controlled, it leads to clinical addiction cases (Kayri and Günç 2016). The internet, which has entered the lives and routines of individuals since the 1990s, is becoming a tool that connects its users with each other day by day. Today, internet usage reaches a very high rate both in the world and in Turkey. In many studies conducted in the world and in Turkey, it has been determined that children and young people use the Internet the most (Akıncı and Şanver 2019; Taylan and Işık 2015). The increase in the time spent on the Internet, especially the children and young people becoming internet addicts, is one of the important problems of recent times (Taylan and Işık 2015). Internet addiction is increasing day by day. This increased Internet addiction can neg-



atively affect an individual's mental health because of shopping addiction, isolation, violence (Fook et al. 2020). Internet addiction poses a threat not only to young people but also to adults. Many adults spend time staying online to relieve their stress or distract from their responsibilities. Over time, the current situation leads to internet addiction due to loss of control. The aim of this study is to investigate the effect of parents' Internet addiction on children's Internet addiction and to raise awareness and consciousness in families on this issue.

### **CONCEPTUAL FRAMEWORK**

When the literature is examined, it is seen that there is a significant relationship between internet addiction and depression. Depending on the excessive use of the Internet, this can lead to depression in the individual (Taş and İme 2019). Although technology comes to the fore with its ability to facilitate modern life, it can be said that technology has some negative effects at the individual and social level. One of these effects, which can be seen clearly in almost every age group, is technology addiction. Of course, mentioning the concept of technology and addiction together was not something that happened a thousand years ago. (March, 2018). Today, the use of the Internet is becoming more and more widespread. Being easily accessible increases the frequency of internet usage. As a requirement of the age of technology, computers and the internet have an increasingly important place in the lives of young people from an early age. The uncontrolled use of the Internet has led to the emergence of a new type of addiction called "Internet addiction", although its purpose is easy and fast access to information. While technology encourages human life as an indicator of development and modernization, it also brings some dangers arising from unconscious use. Especially uncontrolled internet use can have negative psychological and social effects on young people. When used correctly, effectively and efficiently, young people's access to information provided by computers and the internet can be very beneficial (Akıncı and Şanver 2019).

The definition of addiction can be made as the inability of a person to stop using a behavior or substance by will. Considering the negative effects on children who spend a lot of time in digital games, it is very important to use technology consciously. It is believed that self-control and social tendencies are important for the child to use time efficiently, to benefit from technology fully and correctly, and to complete his/her psychosocial development. It is believed that children with self-control can control themselves while playing digital games and actively benefit from technology without entering the addiction cycle. It is seen that digital games have negative effects on children, such as preventing social cohesion, increasing the tendency to violence, worsening school and family relations, and ambiguous attitudes towards goals and ideals (Hussain et al., 2012). Self-control and social tendencies in children and adolescents are thought to be important for digital game addiction. It is a common situation today that digital game addiction is increasing and becoming widespread among children and adolescents (Aksel and Enver 2020). If the internet using desire cannot be stopped, time loses its importance when there is no internet connection, distress, restlessness and aggression occur when deprived of the internet, and if the daily functioning, social life, school and family life are getting worse this is called as "internet addiction". The number of people who are addicted, unable to leave the house, drop out of school, and disrupt their daily routines because they cannot leave the electronical devices, is increasing day by day. There must be a way to prevent misuse of the Internet. It is necessary to ensure that parents and their children use the internet correctly (Alyanak 2016).

The rapid development of technology offers many products that make daily life easier for people. In addition to the life-enhancing benefits these products provide, technology is known to cause problems due to excessive and inappropriate use. In this case, the most common problem, especially among school-age youth, is excessive use of the Internet. It is known that this addiction negatively affects the social relations of young people and reduces their academic success. In the presented paper, it will be focused on whether young people use the internet excessively and its causes. At the same time, the concept of "addiction" will be examined, the scope of this concept and the symptoms of addiction will be revealed. (Cengizhan 2005). It will be tried to determine the factors affecting the addiction levels of young people and to offer solutions to control the situation. Although it has a very short history, the Internet has entered many areas of life today. It is a widely spoken situation that some people who spend most of their time in virtual worlds have problems in social, professional and private areas due to uncontrollable internet use. The reported prevalence of Internet addiction ranges from 1.5% to 8.2%. Differences in prevalence reported in studies can be explained by the various scales used to diagnose internet addiction, differences in study design, target populations, and differences in cultural and social makeup. Cognitive-behavioral approaches are one of the most widely used and effective treatments for Internet addiction (Senormanci et al., 2010). Behavioral addictions, including Internet addiction, still remain in scientific uncertainty due to difficulties in making an appropriate distinction between normal and pathological behaviors. In the literature, substance addiction has been conceptualized comprehensively, describing behavioral addictions and the resulting abusive behaviors, frequency of use, money spent, needs or difficulties, and possible interventions in their daily lives. Addictions cause people to be unable to fulfill their obligations to life. As a result of the emergence of social networking sites and their wide impact on people, a new concept of addiction, called internet addiction, has emerged. In addition to being attractive and functional, social networks have a high impact on people because they are easily accessible anywhere and anytime. This makes them strong and indispensable, thus forming a breeding ground for addiction (Del Castillo 2013).

In terms of information literacy, young people are generally very proficient in internet tools, but their literacy aspects are weak structurally, especially in understanding how information is used and produced socially (Leung and Lee 2012). The problems associated with the problematic use of mobile phones, which are frequently used by young people today, have not been widely explored. Few tools exist to assess potential technological dependence on mobile phones or to categorize different types of users or usage. The most widely used scale is the Mobile Phone Problem Use Scale (MPPUS), which



is used to study adult populations and has been applied in various ways in international contexts. Users who used mobile phones and who were like their peers in the same possible problems arising from use scored notable in all symptoms covered by the scale used to assess problematic use. (Lopez-Fernandez et al. 2014). Smartphone addiction is becoming more problematic today because most students, whether they are higher education students or younger students, become more addicted to WhatsApp, Twitter, Instagram, Facebook and similar apps (Kibona and Mgaya 2015).

The popularity and ubiquity of smartphones has led to a growing number of studies on the overuse of this new technology. Much literature has focused on teenagers and young adults, who have this mobile technology but lack self-control to counter its harmful effects. All studies in the field of new media technology have shown evidence of addiction symptoms and described possible consequences. However, the significant relationships found between addiction and variables in the current literature may not be compatible with the findings of another study (Liang and Leung 2018). In the study conducted by Fook et al. in 2022, he found that young people in higher education have a moderate level of mobile addiction and interpersonal relationships, and he said that there is no significant difference between mobile addiction and gender. In addition, a significant relationship was found between mobile addiction is associated with interpersonal relationships and that addicted adolescents experience more negative emotions than non-addicts. In addition, it was concluded that people with high levels of anxiety or depression are generally uncomfortable with face-to-face communication and face much more difficulties in interpersonal relationships (Fook et al. 2020).

Multiplayer online role-playing games (MMORPGs) have gained increasing popularity in recent years. Around 20 million people worldwide play MMORPGs, and that number will only increase as online games become more popular. Besides the young gamer stereotype, these virtual worlds are now used by people of all races, age groups and education levels. These virtual worlds reveal a place where people do many things that they cannot comfortably do in real life, and where they can express themselves in ways that can feel natural (Hussain et al., 2012).

Development is a concept that expresses the order, harmony, continuity and change that a person experiences throughout his life. Although individuals show relatively different characteristics, it is acceptable for everyone to reach a certain developmental range according to their age. In the preschool period, which is considered as a critical stage of development, many factors, especially the family, can create positive and negative situations with permanent results. Especially in preschool years, social and emotional development plays a very important role in the development of healthy personality structures and positive interactions with the environment. The quality of social and emotional development is closely related to the interactions of parents with their children. As a result of the parents' behaviors supporting their child's social and emotional development, it is effective in the formation of a harmonious personality structure that has a high sense of trust, is creative, can act freely, knows how to protect himself against injustice, is inclined to work in groups and can cooperate (Kandır and Alpan 2008).

Considering the effect of parental attitudes on the development of the child, it is inevitable that positive or negative attitudes and behaviors will reflect on the child. When the literature is examined, no study has been seen in literature that deals with internet addiction in primary and secondary school children and internet addiction of their parents. The motivation of this study is to reveal the effect of parents' internet addiction on children. As a result of this, it was aimed to review the attitudes of the parents and to raise awareness on the subject. There are many studies on children's internet addiction, but there is no study on the effect of parents' internet addiction on their child. This constitutes the original value of the current study on mothers and fathers, who are role models in children's lives.

According to these results, we will investigate two hypotheses that can explain the connection between the internet addiction 1-12<sup>th</sup> student and internet addiction of their parents.

### H1. Child's internet addiction depends on mother's internet addiction

There is a positive correlation between a child's internet addiction and a mother's internet addiction. For example, a study conducted in 2017 examined the relationship between 958 children and adolescents and their 958 parents in South Korea. The study found a positive relationship between a mother's internet addiction and a child's internet addiction (Lee et al,2017). Furthermore, as the level of a mother's internet addiction increased, the level of a child's internet addiction was also found to increase. Similarly, another study conducted in 2018 measured the level of internet addiction of 384 children and adolescents and 384 mothers in Iran. The study found a positive correlation between a mother's internet addiction level and a child's internet addiction level (Mohammadi et al,2018). These studies support the notion that there is a positive relationship between a child's internet addiction and a mother's internet addiction.

### H2. Child's internet addiction depends on father's internet addiction

The hypothesis that a child's internet addiction is related to their father's internet addiction is a new proposition. There is not enough scientific research on the relationship between a child's internet addiction and their father's internet addiction. Therefore, there is no definitive evidence regarding the existence or absence of such a relationship. The motivation of the study is to test this hypothesis, for this reason investigations have been conducted.

### METHOD

In the method section, information is given about the model of the study, its universe, and the scales used. Later, the results obtained in the application were shared. The research model, universe, sample, and measurement tools constituting the method of the research were presented below.



Basic statistics such as percentage, frequency, mean, standard deviation regarding variables are presented. In addition, Cronbach alpha value is performed for scale reliability and factor analysis is performed for validity. In addition, regression models are used for effect.

### **Research Model**

The aim of this study is to examine the effect of family on internet addiction of elementary school students 1-12<sup>th</sup>. For this purpose, it is aimed to statistically model the relationship between parents and children's internet addictions after demographic information. In this context, linear regression models were established. A hierarchical regression model was established by considering demographic information as a control variable. In addition, a moderating analysis was conducted for the effect of the child's gender knowledge on the interaction between the child and the parent. Ethics committee approval of the study was obtained from Istanbul Medipol University Social Sciences Ethics Committee with the decision numbered E-43037191-604.01.01-12660.

### Sample

The population of the research consists of the students from the 1st to the 12th student in Kartal District of Istanbul in the 2021-2022 academic year and the parents of these students. It is recommended in the literature to reach at least 5 times the number of expressions in the scale for the sample size. In this context, the required sample size for the scale with 33 statements was calculated as 165 (Alpar, 2011). As a sample, 3 different public schools were determined in Kartal District and a scale was applied to a total of 167 students and their parents.



Figure 1. Distribution of Participants by Gender

The distribution of the students by gender is given in Figure 1. The study was conducted with a total of 167 (one participant did not specify gender information), 90 women and 76 men, and the parents of these 167 participants. The participants were asked whether their parents were alive, and all participants answered that their parents were alive. In another question, the question of whether the parents were divorced and with whom they lived, 2 participants said that their parents were divorced and lived with their mother, while 164 participants said that their parents were married and living together.

			N	%
		Primary School	16	10%
		Middle School	21	13%
		High School	54	32%
	Mother	Associate Degree	20	12%
		Bachelor's Degree	44	26%
evel		Master's Degree	12	7%
Education Level		Doctorate	0	0%
catic		Primary School	7	4%
Edu		Middle School	13	8%
		High School	63	38%
	Father	Associate Degree	14	8%
		Bachelor's Degree	49	29%
		Master's Degree	19	11%
		Doctorate	2	1%

### Table 1. Educational Status of Parents

In Table 1, the educational status of the parents is given, it is seen that 33% of the mothers and 41% of the fathers have a bachelor's degree or higher education.



Figure 2. Number of Siblings of Participants Graph



In Figure 2, the number of siblings the participants had was examined and it was seen that there were 135 people with at least one sibling.

### **Data Collection Tools**

In this study, "Personal Information Form" was used to obtain the demographic information of the student. The form prepared to learn the personal data of the students was developed by the researchers. After the necessary permissions were obtained from the official authorities, a parent approval form was prepared and the necessary permissions were obtained from the students' parents and the students were allowed to participate in the study. Students were asked about their class, gender, school type, whether their parents were alive, whether their parents were divorced, with whom they lived, and the number of siblings. In addition, the Smartphone Scale (Demirci et al. 2014) consisting of 33 questions developed by Demirci et al. in 2014 was used in the study, and the results were examined by applying the scale to both the students and the parents of the student. The scale in question consists of seven sub-dimensions. In the study of Demirci et al., the reliability coefficient of the sub-dimensions ranged between 0.572 and 0.915, while the reliability of the main dimension was calculated as 0.947. In addition, factor validity and discriminant validity were performed, and it was stated that internet addiction could be addressed at the first level, except for the sub-dimensions.

### **Data Analysis**

Before the analysis of the data, reliability and validity analyzes of the scale were applied. The variable obtained by factor analysis was subjected to analysis. Then, the missing values in the data set were examined and it was determined that there was no missing value. Then, mean scores for each scale were calculated. Hierarchical regression analysis was used for the effect of parents' internet addiction on their children. In addition, moderator analysis was used to look at the role of the child's gender in this effect. The obtained data were analyzed in SPSS 22.0 program and the results were interpreted.

### **FINDINGS**

The expressions in the scale developed for smartphone addiction were adapted to internet addiction. For language and expression suitability, expert opinions were taken and included in the questionnaire. In addition, internet addiction was considered as a single dimension and analyzed. Separate factor analysis structures for the child, mother and father, and the suitability of the factor structure at each level were also tested. Factor analysis and Cronbach's alpha values were used for the reliability and validity of the scale. For construct validity, it was examined both at the individual (child, mother, father) level and in general, and it was examined whether the scale changed on an individual basis. In Table 2, factor analyzes of internet addiction responses in child, mother and father questionnaires are given separately, and the factor analysis results obtained by combining the answers of all participants are shared.

	All	Child	Mother	Father
İB1	0.694	0.658	0.694	0.727
iB2	0.607	0.505	0.679	0.679
iB5	0.633	0.555	0.726	0.656
iB7	0.609	0.631	0.564	0.589
iB8	0.671	0.664	0.694	0.627
İB10	0.803	0.846	0.790	0.734
İB11	0.775	0.814	0.762	0.700
İB12	0.778	0.776	0.801	0.732
İB13	0.802	0.793	0.823	0.788
İB14	0.758	0.785	0.729	0.736
İB15	0.824	0.824	0.835	0.807
İB16	0.832	0.812	0.866	0.819
İB17	0.753	0.830	0.700	0.672
İB18	0.698	0.665	0.718	0.717
İB21	0.609	0.473	0.753	0.733
İB22	0.749	0.757	0.749	0.755
İB23	0.631	0.543	0.715	0.703
İB24	0.589	0.648	0.659	0.639
İB28	0.640	0.705	0.604	0.591
iB29	0.736	0.794	0.726	0.657
İB30	0.806	0.829	0.782	0.793
İB31	0.758	0.713	0.776	0.788
İB33	0.721	0.675	0.810	0.692
Explained Variance (%)	51.898	51.400	54.841	50.854
КМО	0.954	0.930	0.938	0.928
Bartlett's Tests	8324.604	2909.540	3412.092	2703.475
Cronbach's Alpha	0,96	0,96	0,96	0,95

### Table 2. Reliability and Validity Results of Internet Addiction Scales

The skewness and kurtosis coefficients were examined for the distribution of the expressions required for the factor analysis. Since the skewness and kurtosis coefficients calculated from the expressions were in the range of ±2, it was seen that the assumption of normal distribution was met (Kim, 2013). In addition, residuals were examined for regression analysis. It has been observed that the distribution of error terms is in accordance with the normal distribution and does not contain variance problems.

The factor analysis and reliability results of internet addiction are given in Table 2. In Table 2, first all individuals (child-mother-father) were subjected to factor analysis separately and then together, analysis procedures were carried out, thus it was examined whether there was a factor difference on the basis of the group. The created size was found to be appropriate in both cases. According to factor analysis, factor loadings are over 0.4 and the variances explained at each level are over 50%. In addition, the smallest of the KMO values, which is an indicator of the sample size, is 0.928, and it



can be said that the sample is at a sufficient level with this value. For reliability, the Cronbach's Alpha value, which is the internal consistency coefficient, should be higher than 0.6. The relevant value of the scale is above 0.9 at all levels and it can be said that its reliability is high.

	Step 1			Step 2				
Variable	Coefficient	Beta	t	р	Coefficient	Beta	t	р
Class	0,101	0,214	2,429	0,016	0,072	0,153	2,212	0,029
Gender	0,189	0,329	2,017	0,046	0,100	0,173	1,355	0,178
With whom does the child live	0,738	0,124	1,400	0,164	0,779	0,131	1,892	0,060
Mother Father Divorce	-0,666	-0,188	-1,232	0,220	-0,359	-0,101	-0,85	0,396
Number of siblings	0,183	0,160	1,888	0,061	0,070	0,061	0,922	0,358
Mother Educational Status	0,046	0,069	0,735	0,463	0,074	0,111	1,518	0,131
Mother Working Status	0,036	0,052	0,599	0,55	-0,084	-0,121	-1,74	0,084
Father Educational Status	0,011	0,007	0,082	0,935	0,027	0,017	0,260	0,795
Father Working Status	0,172	0,064	0,820	0,414	0,238	0,088	1,448	0,150
Mother's internet addiction					0,727	0,584	8,155	0,000
Father's internet addiction					0,095	0,069	0,993	0,322
R	0,408				0,709			
R <sup>2</sup>	0,166			0,502				
F	2,949			12,267				
р	0,002			<0,001				

### Table 3. Hierarchical Regression Results

When Table 3 is examined, in step 1, the child's internet addiction was examined in the light of demographic information. Class and gender were found to be effective in this model (p<0.005). In other words, it is statistically seen that the internet addiction levels of boys are higher than girls, and that internet addiction increases as the grade level increases. In step 2, the internet addictions of the parents were added to the model. In step 2, it is seen that there is a positive correlation between the level of the child's class and the level of internet addiction. In addition, it was observed that there was a positive and significant effect between the mother's internet addiction and the child's internet addiction (p<0.005). In other words, it can be interpreted that student's internet addiction is increased by the mother's internet addiction. There was no significant relationship between father's internet addiction level and child's addiction level (p>0.005). In addition, in Table 3, when the demographic variables of the children were entered, there was a significant change in the internet addiction of children with R<sup>2</sup>=0.166 and R<sup>2</sup>=0.502 with the addition of the parents' internet addiction variables. The source of this change can be interpreted as the higher tendency of children to take their mothers as role models.

Variables	Coefficient	Beta	t	р
Mother's internet addiction	0,726	0,586	5,049	0,000
Gender	0,064	0,107	0,252	0,801
Mother's internet addiction X Gender	0,011	0,059	0,132	0,896
R	0,643			
R2	0,414			
F	38,345			
р	<0,001			

Table 4. Moderate Analysis Results of Gender

In Table 4, it was examined whether the mother's internet addiction varies with the gender of the children, and it was concluded that there was no significant difference. In other words, it can be said that the effect of the mother's addiction level on internet addiction in girls or boys is similar.

### DISCUSSION AND CONCLUSION

Nowadays, the expansion of the internet and the decrease in this technology is accessible, the frequency of use has started to increase gradually. Since children's skills to manage time are lower than their parents, they have great responsibilities for parents who will guide them. Starting from the preschool period, the quality of the interactions between the parent and the child is very important for the social and emotional development of the child, and parents need to be a role model with all their behaviors to an example for their children. Internet addiction, which can be seen as the outbreak of internet use, can be seen at any age. The internet use of the parents who will guide children can also be effective in internet addiction in children.

The results are similar to the results of the study by Lopez-Fernandez et al. (2014). Internet and technological product addiction are becoming more widespread among family members, especially parents. Similar to the studies by Kibona and Mgaya (2015) and Liang and Leung (2018), it is seen that social media use is increasing in children.

With this study, it was found that there was an increase in internet dependence levels as the class levels of children increased. It is seen that there are increasing internet addictions at these ages, when today's children began to socialize. In addition, it can be said that boys are more disadvantageous than girls about their predisposition to internet addiction. It is thought that men's dependence levels are high because the internet content produced is mostly directed towards men. In addition, the quality time spent with children affects the child's role modeling level. The mother, which children see more often, comes to the forefront than the father in a role model. Study has shown that mothers with internet addiction have more influence on their children than fathers with internet addiction.

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In addition, it was seen that the education level of the mother and father has no significant impact on the child's internet addiction. Parents who spend quality and sufficient time with their children, transfer their social experiences, follow the questions of their children with interest, give satisfactory answers to their questions and follow their development closely and provide all the necessary stimuli, parents who support the social and emotional development of their children.

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### **RESEARCH ARTICLE**

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### CAREGIVERS OF CHILDREN WITH AUTISM SPECTRUM DISORDER QUALITY OF LIFE AND SPIRITUAL REQUIREMENTS IN THE COVID-19 PANDEMIC

Otizm Spektrum Bozukluğu Olan Çocuklara Bakımverenlerin COVİD-19 Pandemisinde Yaşam Kalitesi ve Manevi Gereksinimleri

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### ABSTRACT

**Purpose:** This study aimed to assess the quality of life and spirituality of caregivers of children with "Autism Spectrum Disorder" during the COVID-19 pandemic and to explore the relationship between these factors. Additionally, it seeks to identify the socio-demographic factors that contribute to variations in caregivers' quality of life and levels of spiritual needs.

**Methods:** Descriptive, cross-sectional study. The population of the study consisted of caregivers (n=230) of autistic children registered in two public rehabilitation centers. 187 caregivers were reached using the convenience sampling method. The data were collected Version," and "Spirituality Scale" were evaluated with descriptive statistics, independent t-tests, one-way ANOVA, and correlation analysis. Post-hoc Bonferroni correction was applied (p < 0.05).

Results: The quality of life of caregivers of children with Autism Spectrum Disorder was above average (QoLA-Part A=85.66±17.27; QoLA-Part B=54.30±16.07) and their levels of spirituality were high (100.94±14.80). The relationship between the quality of life and spirituality levels of caregivers was weak (r = 0.378, p=0.00 for Quala A, r = -0.243, p=0.01 for Quala B). Quality of life scores varied based on age, gender, educational status, occupation, income level, proximity to the autistic child, chronic disease status, and age of the autistic child. Spirituality scores varied based on the gender of the caregiver and their level of closeness to the autistic child.

**Conclusions:** As a result, although spirituality scores were found to be high, the quality of life among caregivers remains at a level that could be improved. Significant differences were determined in the quality of life and spirituality scores of caregivers based on sociodemographic factors such as age, education level, and income. To address these disparities and

enhance overall quality of life, it is recommended to develop and implement targeted support programs that are specifically tailored to the sociodemographic characteristics and unique needs of caregivers.

Keywords: Autism spectrum disorder, caregiver, Covid-19 pandemic, spirituality, quality of life (QoL)

### ÖZET

**Amaç:** Bu çalışmanın amacı, otizm spektrum bozukluğu olan çocuklara bakım verenlerin yaşam kalitesi ve manevi ihtiyaç düzeylerini belirlemek ve iki değişken arasındaki ilişkiyi ve değişkenleri etkileyebilecek sosyodemografik özellikleri incelemektir.

**Yöntem:** Tanımlayıcı, kesitsel bir çalışmadır. Araştırmanın evrenini iki kamu rehabilitasyon merkezine kayıtlı olan otistik çocukların bakım verenleri (n=230) oluşturmuştur. Çalışmada amaçlı örnekleme yöntemi kullanılarak 187 bakım verene ulaşılmıştır. Veriler 30 Eylül 2021-30 Ağustos 2022 tarihleri arasında "Google Forms" aracılığıyla çevrimiçi olarak toplanmıştır. "Sosyodemografik Veri Formu", "Otizmde Yaşam Kalitesi Anketi-Ebeveyn Sürümü" ve "Maneviyat Ölçeği" kullanılarak toplanan veriler tanımlayıcı istatistikler, bağımsız t-testi, tek yönlü ANOVA ve korelasyon analizi ile değerlendirilmiştir. Posthoc Bonferroni düzeltmesi uygulanmıştır (p < 0.05).

**Bulgular:** Otizm spektrum bozukluğu olan çocuklara bakım verenlerin yaşam kalitesi ortalamanın üzerindeydi (QoLA-Part A=85.66±17.27; QoLA-Part B=54.30±16.07) ve maneviyat düzeyleri yüksekti (100.94±14.80). Bakım verenlerin yaşam kalitesi ve maneviyat düzeyleri arasındaki ilişki zayıftı (r = 0.378, p=0.00 for Quala A, r =-0.243, p=0.01 for Quala B). Yaşam kalitesi puanları yaş, cinsiyet, eğitim durumu, meslek, gelir düzeyi, otistik çocuğa yakınlık, kronik hastalık durumu ve otistik çocuğun yaşına göre değişmektedir. Maneviyat puanları ise bakım verenin cinsiyetine ve otistik çocuğa yakınlık düzeyine bağlı olarak değişmiştir.

**Sonuçlar:** Sonuç olarak pandemi sırasında ölçülen maneviyat puanları yüksek yaşam kalitesi ise geliştirilebilir düzeydedir. Bakım verenlerin yaşam kalitesi ve maneviyat puanlarında sosyodemografik değişkenlere (yaş, eğitim düzeyi, gelir düzeyi vb.) göre anlamlı farklılıklar belirlenmiştir. Bu farklılıkları gidermek ve genel yaşam kalitesini artırmak için, bakım verenlerin sosyodemografik özelliklerine ve bireysel ihtiyaçlarına özel olarak tasarlanmış destek programlarının geliştirilmesi ve uygulanması önerilmektedir.

Anahtar Kelimeler: Otizm spektrum bozukluğu (osb), bakım veren, Covid-19 pandemisi, maneviyat, yaşam kalitesi

### INTRODUCTION

The global prevalence of Autism Spectrum Disorder (ASD) is estimated to be between 1-2% (American Psychiatric Association [APA], 2013). According to the APA, ASD is a neurodevelopmental disorder characterized by stereotypic movements that result in social and communicative difficulties (APA, 2013). These symptoms typically appear in early childhood and persist throughout an individual's life. In some cases, ASD is also associated with language and intellectual disabilities (Borilli, Germano, de Avó, Pilotto, & Melo, 2022; Kreysa et al., 2022). For caregivers —whether mothers, fathers, or other family members— the primary concerns include managing the care, mobility, social interaction, communication, daily living activities, education, rehabilitation, group interactions, productivity, and school activities of individuals with ASD (Beheshti, Hosseini, Maroufzadeh, & Almasi-Hashiani, 2022). However, the onset of the pandemic has intensified existing challenges and disrupted caregivers' routines (Abolkheirian, Sadeghi, & Shojaeizadeh, 2022).

To curb the spread of the virus measures such as curfews, quarantine practices, school closures, special rehabilitation center closures, and the enforcement of mask-wearing, hygiene, and social distancing were implemented (Isensee, Schmid, Marschik, Zhang, & Poustka, 2022; Karabulut, 2020). These measures led to significant changes in learning methods, including a shift to virtual or hybrid formats,



interruptions in professional support and services, increased reliance on electronic communication, and more time spent at home (Hurwitz, Garman-McClaine, & Carlock, 2022; Isensee et al., 2022; Kreysa et al., 2022). As a result, the responsibility for child care and education largely shifted from educators to caregivers (Isensee et al., 2022). This abrupt transition placed additional stress and challenges on caregivers. Educators from special education centers highlight the importance of collaborating with caregivers to address developmental needs in the home environment, utilizing technology to bridge educational gaps, and monitoring individual progress. However, the limited competencies of caregivers further compounded these difficulties (Hurwitz, Garman-McClaine & Carlock, 2022).

During the distance education period, caregivers faced increased burdens, including managing disruptive and repetitive behaviors and emotional outbursts of individuals with ASD, heightened anxiety about the future, and a lack of cooperation from educational institutions (Borilli et al., 2022). Given the extensive medical, educational, social, and behavioral support required by individuals with ASD, it is believed that the quality of life for caregivers has been negatively impacted during the COVID-19 pandemic (Stadheim et al., 2022).

The quality of life for caregivers of children with ASD is influenced by a multitude of factors, including marital conflicts, conflicts between parents and other children, interaction problems with neighbors, time spent on daily tasks, child care, education, sleep deprivation, engagement in social activities, physical health challenges, spiritual concerns, as well as medical, financial, social stigma, and legal issues (Abolkheirian et al., 2022). Quality of life is a multifaceted, subjective concept that encompasses physical health, psychological well-being, independence, social relationships, personal beliefs, and environmental factors (World Health Organization, 1998). In recent years, numerous scientific articles have been published rapidly, focusing on the psychosocial and behavioral impacts of the COVID-19 pandemic on children with autism and their families. However, much of this research has focused on practical guidance for individuals with autism, their parents, caregivers, or therapists, or has presented case studies (Kreysa et al., 2022). There is a notable gap in research specifically addressing the effects of the pandemic on caregivers (Isensee et al., 2022). To better address the needs of individuals with ASD during future emergencies, it is crucial to understand the challenges faced by caregivers and provide them with adequate support and resources. While some studies have explored the quality of life of families with ASD (Aoki et al., 2022; Borilli et al., 2022), there is a limited assessment of caregiver quality of life in low- and middle-income countries (Aoki et al., 2022). Additionally, caregivers often rely on spiritual resources to cope with these challenges, yet their spiritual well-being is frequently overlooked.

In the existing literature, recent studies on the families of individuals with autism examine the effects of cultural differences on the family, coping strategies, sources of stress, and levels of social support (Yassıbaş, Şahin, Çolak, & Toprak, 2019). Researches on spiritual needs has predominantly focused on elderly individuals (Uçar, 2017), cancer patients (Bostancı Daştan & Buzlu, 2010), and healthcare pro-

fessionals (Eğlence & Şimşek, 2014). Research on the spiritual needs of families and parents in unique fields like autism is quite limited, including in our country. It has been primarily assessed within the realm of developmental disorders, children with disabilities, or solely spiritual coping (Aslan, Kant, & Gül Can, 2023; Hatun, Yavuz-Birben, İnce, & Kalkan-Yeni, 2016; Karaca & Konuk Şener, 2021).

This study aimed to assess the quality of life and spirituality of caregivers of children with ASD during the COVID-19 pandemic and to explore the relationship between these factors. Additionally, it seeks to identify the socio-demographic factors that contribute to variations in caregivers' quality of life and levels of spiritual needs.

### METHODS

### Design

The study is descriptive and cross-sectional in design.

### Place and Time of the Study

The research, which was conducted between August 2021 and March 2023, took place at the "X Autism Education & Life Center" and "Y Special Education and Rehabilitation Center" in a province in southeastern Turkey.

### Population and Sample of the Study

The population of the study consisted of caregivers of autistic individuals registered in two centers (n=230). Caregivers whose children attended one of these two centers and who voluntarily agreed to participate in the study were included in the research sample. The study utilized the convenience sampling method, which is one of the non-probability sampling techniques. According to the sampling calculation in the power analysis using the G Power 3.1.9.4 program, the aim was to reach 156 parents with 80% power, 95% reliability, 5% margin of error, and 0.2 effect size value. The study was completed with 187 parents (Faul et al., 2007).

### **Data Collection Tools**

The Sociodemographic Data Form, Quality of Life in Autism Questionnaire-Parent Version, and Spirituality scale were used to collect the data.

### Sociodemographic data form

The form was designed by the researchers to include nine questions aimed at determining the sociodemographic characteristics of the sample, drawing on sources from the literature (Bülbül & Giray, 2011; Özabacı, 2001; Şirin, 2014).



### The quality of life in autism questionnaire (QoLA)

The Turkish validity and reliability of the scale developed by Eapen, Črnčec, Walter, and Tay (2014) to assess quality of life was conducted (Özgür et al., 2017). The scale consists of two parts: A and B. Section A includes 28 questions (with items 2, 4, 17, and 22 reversed) measuring parents' general perceptions of their quality of life. The questions are five-point Likert-type (1=not at all; 5=very much). The score for Section A ranges from 28 to 140, and the higher the score, the better the quality of life. Part B assesses the parents' perception of the extent to which their children's autism-specific difficulties pose a problem for them. For this, there are 20 assessment questions about the challenges faced by children diagnosed with ASD. In the five-point Likert-type assessment measure, which evaluates the extent to which these situations are problematic for parents, '1=it was too much of a problem for me' and '5=it was not a problem for me at all'. There are no return items in Section B. Scores in Section B range from 20 to 100, with higher scores indicating that parents perceive fewer problems with their children's ASD-related behaviors. The total QoLA score ranges from 48 to 240. The developers of the scale suggest that a total score can be calculated for general comparisons; however, since the sections in the instrument reflect separate subscales, it is recommended that sections A and B be scored separately. The Cronbach's alpha coefficient of the original scale was found to be 0.94 for Section A and 0.92 for Section B (Özgür et al., 2017). In this study, the Cronbach's Alpha value of the scale was found to be 0.97 for Section A and 0.94 for Section B. The skewness for QoLA is-0.395 (SE = 0.178) and the kurtosis is 0.248 (SE = 0.354).

### Spirituality scale

The development, validity, and reliability of the scale were tested by Turgay Şirin (2018). The scale consists of seven sub-dimensions: spiritual coping, transcendence, spiritual experience, search for meaning, spiritual contentment, connection, and harmony with nature, totaling 27 items, including three negative and 24 positive items. The scale items were prepared using a 5-point Likert scale with the following options: (1) Not at All Suitable for Me, (2) Not Suitable for Me, (3) Somewhat Suitable for Me, (4) Quite Suitable for Me, (5) Completely Suitable for Me. The total score on the scale ranges from 27 to 135. The high score obtained from each sub-dimension of the scale indicates that the individual possesses that characteristic. The scale also provides a total spirituality score. A high score on the scale indicates that the individual has a high level of spirituality. In the results of the reliability study of the scale, Cronbach's Alpha was found to be 0.90 (Şirin, 2018). In this study, the Cronbach's Alpha value of the scale was found to be 0.92. The skewness for the spirituality scale is-0.787 (SE = 0.178) and the kurtosis is 0.998 (SE = 0.354).

### **Data Collection and Evaluation**

Data were collected online via "Google Forms" from September 30, 2021, to August 30, 2022. After creating the data collection forms on the platform, the link to participate in the study was shared in

WhatsApp groups that were commonly used by families. Before starting online marking, caregivers were informed about the purpose of the study, obtained informed consent, and were informed that participation in the study was voluntary. Caregivers who agreed to participate in the study were able to continue filling out the data collection forms. The data obtained in the study were analyzed using the Statistical Package for the Social Sciences (SPSS) version 25.0 for the Windows program. Descriptive statistics (number, percentage, mean, standard deviation), independent t-test, one-way ANOVA, and correlation analysis were used to evaluate the data (Schober, Boer, C., & Schwarte, 2018). Posthoc Bonferroni correction was applied (*p*<0.05).

### **FINDINGS**

Information on the sociodemographic characteristics of the caregivers of individuals with autism, who are studying in the institutions where the research was conducted, is presented in Table 1.

Characteristics	Category	n	%
Caregiver's age	20-29 years	39	20.9
(x=35.90±7.58)	30-39 years	91	48.7
	Over 40 years	57	30.4
Caregiver's Gender	Female	105	56.1
	Male	82	43.9
Caregiver's Education	Primary or secondary school	43	23.0
	High school	48	25.7
	Undergraduate and above	96	51.3
Caregiver's Profession	Not working	12	6.4
	Housewife	65	34.8
	Public/private sector	78	41.7
	Self-employed	32	17.1
Caregiver's Income	No income	36	19.3
	<wage salary<="" td=""><td>26</td><td>13.9</td></wage>	26	13.9
	Wage salary	7	3.7
	> Wage salary	118	63.1
Familiarity with Autistic Children	Mother	95	50.8
	Father	74	39.6
	Other	18	9.6
Age of the Autistic Child	Less than 5 years	65	34.8
(x=5.77±2.63)	5-6 years	66	35.3
(~= 3.77±2.03)	More than 7 years	56	29.9

Table 1. Sociodemographic	Characteristics	of Caregivers
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Gender of the Autistic Child	Female	80	42.8
	Male	107	57.2
Chronic Illness of the Caregiver	Yes	38	20.3
	No	149	79.7
Total		187	100

Of the caregivers who participated in the study, 56.1% were female, 43.9% were male, and the mean age was  $35.90 \pm 7.58$  years. Of the caregivers, 51.3% had a bachelor's degree or higher, 41.7% worked in the private or public sector, and 63.1% had an income higher than the minimum wage. While the majority of caregivers were mothers (50.8%), the age range of the autistic children was mostly (35.3%) between 5-6 years, and 57.2% were male. 20.3% of caregivers reported having a chronic disease (Table 1).

The perceptions of "quality of life" and levels of "spiritual need" among caregivers of children diagnosed with ASD during the COVID-19 pandemic are presented in Table 2.

Scales and Subdimentions	Minimum	Maksimum	Mean±Std. Deviation
QoLA – Part A	42.00	120.00	85.66±17.27
QoLA – Part B	21.00	100.00	54.30±16.07
Spirituality Scale	45.00	132.00	100.94±14.80
Spiritual Coping	5.00	20.00	15.59±2.77
Transcendence	2.00	10.00	8.77±1.39
Spiritual Life	5.00	25.00	16.35±3.71
The Search for Meaning	4.00	20.00	15.95±2.58
Spiritual Contentment	4.00	20.00	14.13±3.01
Connection	4.00	20.00	16.96±2.93
Harmony with Nature	4.00	15.00	9.10±2.36

Table 2. Caregivers' Levels of "Quality of Life" and "Spiritual Needs"

The mean QoLA-Part A score of caregivers was  $85.66 \pm 17.27$ , while the mean QoLA-Part B score was  $54.30 \pm 16.07$ . When the spiritual scores of the caregivers were analyzed, it was found to be  $100.94 \pm 14.80$ . It was found that caregivers had a mean score of  $15.59 \pm 2.7$  in the "spiritual coping" sub-dimension,  $8.77 \pm 1.39$  in the "transcendence" sub-dimension,  $16.35 \pm 3.71$  in the "spiritual life" sub-dimension,  $15.95 \pm 2.58$  in the "the search for meaning" sub-dimension,  $14.13 \pm 3.01$  in the "spiritual contentment" sub-dimension,  $9.10 \pm 2.36$  in the "connection" sub-dimension, and "harmony with nature" sub-dimension (Table 2).

Table 3 compares the scale scores and sociodemographic characteristics of caregivers of children with ASD (Table 3).
lable 3. Compa	lable 3. Comparison of Scale Scores of Caregivers with Sociodemographic Characteristics	aregivers wi	th sociodel	nographi	c Characteris	stics				
Variables		QoLA Scale						<b>Spirituality Scale</b>	le	
	QoLA-Part A			QoLA-Part B	rt B					
	⊼±SS	Test	Bonferroni	ī±SS	Test	Bonferroni	Σ±SS	Test	Bonferroni	
Age	20-29 years (1) 30-39 years (2) >=40 yaş ve (3)	89.44±17.37 89.05±17.77 77.65±13.58	F=9.644*	1>3 2>3	56.90±18.84 51.56±14.56 56.89±15.88	F=2.619		103.67±15.05 100.80±15.75 99.28±12.94	F=1.024	
Sex	Female Male	82.92±17.87 89.16±15.90	t=-2.484*		55.90±15.87 52.24±16.19	t=-1.551		103.57±13.51 97.56±15.76	t=-2.805*	
Education	Primary school (1) Secondary school (2) High school (3) Undergraduate and above (4)	69.65±15.35 74.62±15.99 82.90±14.65 92.86±15.33	F=18.448*	3>1 4>1 4>2 4>3	60.53±18.33 55.54±13.24 54.42±16.36 52.80±16.15	F=1.185		102.00±13.63 99.38±15.20 101.44±12.93 100.92±15.91	F=0.141	
Profession	Not working (1) Housewife (2) Public/private sector (3) Self-employed (4)	87.08±22.16 77.52±15.70 94.06± 14.64 83.18±14.59	F=15.356*	3>2 3>4	59.33±20.96 57.30±15.38 52.28±16.62 51.21±13.02	F=1.984		102.50±19.59 103.90±13.99 99.92±15.70 96.78± 11.03	F=1.907	
Income	No income (1) <wage (2)<br="" salary="">= Wage salary (3) &gt; Wage salary (4)</wage>	76.61±17.12 79.19±20.47 76.14±9.12 90.41±15.17	F=9.285*	4>1 4>2	60.25±17.69 59.69±15.63 53.57±8.46 51.34±15.33	F=4.162*	1>4	103.33±14.46 93.62±17.43 99.43±6.80 101.91±14.28	F=2.699	
Familiarity	Mother (1) Father (2) Other (3)	82.11±17.86 87.91±14.87 95.17±19.02	F=5.633*	3>1	56.12±16.34 52.14±15.18 53.61±17.94	F=1.298		102.66±13.70 97.16±14.74 107.33±17.43	F=4.932*	1>2 3>2
Age of the autis- tic child	<5 years (1) 5-6 years (2) >=7 years and above (3)	91.46±16.64 86.00±15.83 78.52±17.28	F=9.219*	1>3 2>3	50.55±15.20 52.88±14.84 60.32±16.99	F=6.293*	3 > 1 3>2	101.98±13.89 100.35±14.68 100.41±16.12	F=0.248 -	
Sex of the autistic child	Female Male	84.14±16.59 86.79±17.75	t=-1.041		55.59±15.24 53.34±16.67	t=-0.947		98.80±15.19 102.53±14.37	t=-1.715	
Chronic illness of the caregiver	Yes No	76.18±14.92 88.07±17.04	t=-3.933*		55.03±14.80 54.11±16.42	t=-0.312		95.61±13.03 102.30±14.96	t=2.522	

\*Test value is significant at p<0.05 level.

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As a result of the analysis, it was found that there was a statistically significant difference between the QoLA-A scores of the participants and the age, gender, educational status, occupation, income level, proximity to the autistic child, chronic disease status and age of the autistic child (p<0.05). A statistically significant difference was found between QoLA-B scores and the income level of the caregiver and the age of the autistic child (p<0.05) (Table 3).

A statistically significant difference was found between the spirituality scale scores and the variables of caregivers' gender and closeness to the autistic child (p<0.05) (Table 3). In Table 4, the relationship between the perceptions of quality of life and spiritual needs of caregivers of children with ASD is analyzed (Table 4).

Scales and subscales		1	2	3	4	5	6	7	8	9	10
1- QoLA–Part A	r	1.000	-0.528*	0.378*	0.254*	0.225*	0.040	0.299*	0.690*	0.296*	0.231*
2- QoLA–Part B	r		1.000	-0.243*	-0.179*	-0.147*	-0.008	-0.194*	-0.363*	-0.270*	-0.147*
3-Spirituality Scale	r			1.000	0.869*	0.820*	0.802*	0.801*	0.497*	0.847*	0.686*
4- Spiritual coping	r				1.000	0.789*	0.614*	0.665*	0.273*	0.800*	0.496*
5- Transcendence	r					1.000	0.580*	0.659*	0.188*	0.790*	0.506*
6- Spiritual life	r						1.000	0.548*	0.256*	0.574*	0.581*
7- The Search for meaning	r							1.000	0.308*	0.626*	0.540*
8- Spiritual contentment	r								1.000	0.324*	0.212*
9- Connection	r									1.000	0.404*
10- Harmony with nature	r										1.000

#### Table 4. Relationship between Parents' Perceptions of Quality of Life and Spiritual Needs (n=187)

\*Test value is significant at p<0.05 level.

There is a statistically significant, positive and weak (r=0.38, p<0.05) relationship between the quality of life scores of caregivers of children diagnosed with ASD from the QoLA-A section and their spirituality levels. Caregivers' perceptions of quality of life were found to have a statistically significant, positive and moderate level relationship (r=0.690, p<0.05) only with "spiritual contentment" among the sub-dimensions of the spirituality scale. There was a statistically significant, negative and very low correlation between the QoLA-B section scores of caregivers of children with ASD and spirituality scores and all subscales of the scale (Table 4).

# DISCUSSION

# **Quality of Life**

In this study, the quality of life and spiritual needs of parents with children diagnosed with ASD were examined.

In a study comparing the quality of life of parents caring for autistic children across countries (Australia, Hungary, Malaysia, Romania, Romania, Singapore, Spain, and the United Kingdom), it was shown that the mean QoLA-Part A score ranged from 90.69±24.08 to 103.98±18.04 and the mean QoLA-Part

B score ranged from 48.93±16.33 to 71.61±18.99 (p<0.01) (Eapen et al., 2023). In this study, although QoLA-Part A score was lower than other countries, caregivers scored above the middle value. Findings from QoLA-Part B were similar to those from Malaysia, Romania, and Spain but lower than those from Australia and the United Kingdom (Eapen et al., 2023). This shows that the caregivers who participated in our study perceived the symptoms of the child with ASD as a problem to a great extent. Volgyesi-Molnar et al. (2024) showed that the mean score of parents was 93.88 in QoLA-Part A and 48.86 in QoLA-Part B (p<0.01). According to the results of a study examining the quality of life of caregivers of children with ASD in Turkey, the participants scored lower in Part A (62.89±15.03) and higher in Part B (64.43±19.94) than in this study (Çoban et al., 2021). It is thought that this may be related to the sample characteristics, family experiences, and environmental factors (Cardon & Marshall, 2021). The quality of life of caregivers is associated with many variables, such as the health system in countries, treatment practices, social and professional support differences, income level, and the psychological well-being of families (Cardon & Marshall, 2021; Volgyesi-Molnar et al., 2024). A study showed that many variables, such as the severity of autism, the presence of psychiatric disorders in the parents, the child's school attendance, the time since the diagnosis of autism, and the child's use of medication, affect the quality of life of the family (Özgür, Aksu, & Eser, 2018).

In the study, there was a difference between QoLA-A scores and the caregiver's age, gender, educational status, occupation, income level, proximity to the autistic child, chronic disease status, and age of the autistic child, and between QoLA-B scores and the caregiver's income level and age of the autistic child. Caregivers aged 40 years and younger had a difference in QoLA-A scores. No studies evaluating the age of the parents were found in the literature reviewed. However, in one study, it was stated that the duration of illness was associated with low quality of life (Alenazi, Hammad, & Mohamed, 2020). Considering this situation, it is considered that the longer exposure of the older caregiver to the disease may lead to these results.

The study showed that male participants had higher QoLA-A scores than female participants. The Volgyesi-Molnar et al. (2024) study showed that caregiver gender had a determinant effect on quality of life.

Similarly, Ten Hoopen et al. (2022) found that having a male gender (p = 0.016) was associated with a higher quality of life. In the study of Alenazi et al. (2020), it was determined that female gender was associated with poor quality of life but was not statistically significant. In the study, it was found that the QoLA-A scores of the mother caring for an autistic child were also lower. Volgyesi-Molnar et al. stated that fathers had higher scores than mothers on the QOLA-A scale and that fathers had a better quality of life. Mothers perceived the impact of ASD on their quality of life significantly more than fathers (Vernhet et al., 2022). It is thought that women may have a lower quality of life due to their social roles and the burden of motherhood and caregiving.



The results of the study show that, especially, the QoLA-A scores of university graduate caregivers are higher. Research results in the literature show that education level is a related and predictive factor for quality of life (Hsiao, 2018; Ten Hoopen et al., 2022; Volgyesi-Molnar et al., 2024). One of the protective factors for parental quality of life is parental education level (Turnage & Conner 2022).

In this study, it was found that private/public-sector employed caregivers had higher QoLA-A scores than housewives and self-employed participants. In the literature reviewed, only one study reported that occupation was associated with quality of life but was not a statistically significant variable (Alenazi et al., 2020). However, it may be necessary to interpret the findings together with income level. The QoLA-A scores of participants with an income level above the minimum wage were higher than those of participants with no income and participants with an income below the minimum wage. Many studies indicate that income level is an important predictor of quality of life (Alenazi et al., 2020; Alhazmi, Petersen, & Donald, 2018; Hsiao, 2018; Vasilopoulou & Nisbet, 2016). The caregiver's unemployment may make it easier to receive social support, but it could negatively impact income and quality of life. On the other hand, higher income levels could improve access to health and education services for child care, potentially enhancing the caregiver's quality of life. To tackle these issues, systems should be established to provide part-time or flexible work options for caregivers. Moreover, targeted financial assistance programs could enhance caregivers' financial security.

In this study, it was determined that the QoLA-A scores of caregivers of autistic children under the age of seven were higher than those of caregivers with children aged seven years and older. Unlike this study, Eapen et al. (2023) found no statistically significant difference between the age of the child with autism and QoLA-A scores. The researchers think that caregivers may have difficulties in terms of increasing needs with the growth of the child. Given the increasing demands related to aging, the establishment of state-supported mechanisms, such as guidance and counseling services, aimed at supporting caregivers emotionally, socially, and physically, could greatly improve their quality of life.

In addition, in this study, it was observed that the QoLA-A scores of caregivers without chronic illness were higher than those of participants without chronic illness. The history of chronic illness in mothers of children with autism was found to be associated with quality of life (Shu, 2009). No other findings evaluating caregivers' chronic diseases were found in the literature. However, it is estimated that perceived stress may increase in parents who are ill and may affect their quality of life (Hsiao, 2018). To better understand this relationship, future research could investigate the specific impacts of chronic illness on caregivers' stress levels and quality of life, and explore potential interventions to mitigate these effects.

When we evaluate the QoLA-B scores, it is seen that the QoLA-B scores of caregivers with no income are higher than the participants whose income is above the minimum wage, and the QoLA-B scores of the participants whose autistic child is seven years old and above are higher than the other groups. This is in line with the QoLA-A measurement results because these groups have a lower quality of life as they perceive the symptoms of the child with ASD as a problem to a great extent. Additional research could focus on identifying effective coping mechanisms and support systems for caregivers experiencing low income and those with older children, to better address their unique challenges and improve their overall quality of life.

#### Spirituality

In this study, the spirituality scores of caregivers are high. This shows that caregivers have the characteristics of spiritual coping, transcendence, spiritual life the search for meaning, spiritual contentment, and connection. Compared to other sub-dimensions, the dimension with the lowest score was found to be "harmony with nature".

Similar to the studies in the literature, the spiritual scores of families are high, and the positive thinking levels of families are an important predictor of spirituality (Ekas, Lauren Tidman, Lisa Timmons, 2019; Halki et al., 2024). In another study conducted with families of individuals with disabilities (n = 227), it was observed that families had a mean score of  $106.20 \pm 8.20$  out of 120 full points (Alemdar, Yilmaz, & Günaydin, 2022). A qualitative study revealed that parents considered the child with ASL as a blessing from God, explained it as a reason for gratitude, and thought that special children have special families (Salkas, Magaña, Marques, & Mirza, 2016). It is thought that high spirituality scores may be related to the explained situations. In addition, Heydari, Shahidi, and Mohammadpour (2015) defined the spiritual journey in mothers as a process consisting of descent, connecting to deity, and ascent stages. In other words, although this process starts with painful stories, it continues with surrender and acceptance. Therefore, the scores obtained may also indicate that caregivers accept the disease and live a hopeful life. Building on these insights, future research could focus on evaluating the impact of spiritual acceptance on caregivers' mental health and resilience, and explore how fostering these aspects can enhance coping effectiveness.

In the study, the mean scores of the spirituality scale showed a difference according to the variables of gender of the caregiver and closeness to the autistic child. Due to the sociocultural structure of Turkey, mothers play an active role in raising children and are held responsible for the care of family members by society (Alemdar et al., 2022). In addition, mothers of children with ASD use more social support, problem-focused coping, and spiritual coping strategies than fathers, while fathers use more emotional coping (e.g., suppressing frustrations and avoiding family problems by going to work) (Lai & Oei, 2016). This may explain the higher mean spirituality scores of female caregivers and mothers in the study

Finally, a weak correlation was found between QoLA-A and the spirituality scores of caregivers of children with ASD. A moderate correlation was found only in the QoLA-A "spiritual contentment" sub-dimension. No correlational study evaluating the two variables together was found in the reviewed literature. However, in a study on parental well-being/stress, it was reported that spirituality was not an effective factor (Davis & Kiang 2020). In another study, on the contrary, a statistically significant positive relationship was found between effective coping with stress and spiritual coping (p < 0.001)



(Alemdar et al., 2022). Considering that stress is associated with quality of life (Parsaei, Roohafza, Feizi, Sadeghi, & Sarrafzadegan, 2020), it is thought that not the stress itself but the coping methods used to manage stress may be related to spirituality.

## Limitations of the Study

While interpreting the results, it is important to consider the limitations associated with convenience sampling, such as potential selection bias. This study's limitation is its reliance on a sample of caregivers from only two rehabilitation centers who volunteered to participate. Future research could benefit from employing random sampling techniques to mitigate these biases and enhance the generalizability of the findings.

## CONCLUSIONS AND RECOMMENDATIONS

As a result; while the quality of life of caregivers of children with ASD is above the middle level and could be improved, their spirituality levels are high. The relationship between the quality of life and spirituality levels of caregivers is weak. Quality of life scores differed according to variables such as age, gender, educational status, occupation, income level, proximity to the autistic child, chronic disease status, and age of the autistic child. To address these disparities and enhance the overall quality of life, it is recommended to develop and implement targeted support programs that are specifically tailored to the sociodemographic characteristics and unique needs of caregivers.

Sociocultural and economic initiatives/policies are needed to support caregivers who are female, older, have a low level of education, and especially those who do not have an income and/or are housewives, considering the variables that impact the quality of life scores.

Spirituality scores differed according to the gender of the caregiver and closeness to the autistic child. There is a need to empower men in terms of the coping strategies they employ.

The quality of life of caregivers of children diagnosed with ASD is at an improvable level. However, considering the weak relationship between spirituality and quality of life, it is recommended that the corrections to be made be evaluated in this direction. In future studies, the factors affecting the high spirituality levels of caregivers with children diagnosed with ASD can be investigated.

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# **Conflict of Interest**

No conflict of interest has been declared by the authors

#### **Ethical Approval**

Institutional permission was obtained from Muğla Sıtkı Koçman University Health Sciences Ethics Committee (Protocol No: 210004, Decision No: 7, Date: 05.11.2021), as well as from the scale owners and two rehabilitation centers to conduct the study. Before collecting the study data, parents were briefly informed about the purpose and scope of the study. Those who voluntarily agreed to participate could proceed to fill out the questionnaires, while the study was terminated for those who did not.

#### **Authorship Contribution Statement**

MY: Conceptualization, Data analysis, Supervision, Writing-original draft, Writing-review & editing. RA and SK: Conceptualization, Data collection, Writing-original draft. All authors contributed to the drafting and finalizing of the manuscript preparation.

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#### **RESEARCH ARTICLE**

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## EVALUATION OF THE RELATIONSHIP BETWEEN ELDERLY PEOPLE'S FEAR OF CORONAVIRUS AND THEIR QUALITY OF LIFE FROM A SOCIAL WORK PERSPECTIVE

Yaşlıların Koronavirüs Korkularının Yaşam Kaliteleri ile İlişkisinin Sosyal Hizmet Perspektifinden Değerlendirilmesi

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#### ABSTRACT

In 2019, the World Health Organization declared the outbreak of the coronavirus a pandemic, leading to global preventive measures. These measures significantly changed people's lives, and the fear of coronavirus affected their quality of life. It was hypothesized that there might be a relationship between the quality of life and the fear of coronavirus, particularly among disadvantaged groups. This study investigates the relationship between the fear of coronavirus and the quality of life of elderly individuals. The study utilized the Quality of Life Scale, the Coronavirus Fear Scale, and a socio-demographic data form for elderly individuals. Interviews were conducted with 409 people, and after excluding invalid and incomplete responses, data from 386 individuals were analyzed. The data were analyzed using IBM SPSS Statistics 25 software, employing frequency, factor, reliability analyses, and testing hypotheses with correlation and multiple regression analyses. The findings are detailed in the results section and discussed in light of the existing literature. According to the findings, there is a significant negative relationship between the fear of coronavirus and factors such as gender, institutional care services for the elderly, and income status. The study concluded that the quality of life of the elderly negatively impacts their fear of coronavirus. To increase social interactions that have decreased due to the pandemic, online activities, hobby groups, and virtual communities should be encouraged. These approaches are believed to help reduce social isolation among elderly individuals. The quality of institutional care services should be

improved, and the role of these services in reducing the fear of coronavirus among elderly individuals should be considered. These campaigns can help better understand and meet the needs of elderly individuals. The use of mixed research methods is believed to contribute to a deeper understanding of the fears and anxieties related to the coronavirus among elderly individuals.

Keywords: Fear of coronavirus, social work perspective, quality of life, old age

#### ÖZ

2019 yılında ortaya çıkan korona virüsü ile Dünya Sağlık Örgütü pandemi ilan etmiş olup dünya çapında önlemler alınmıştır. Alınan önlemlerle birlikte insanların hayatı büyük oranda değişmiş olup koronavirüsü korkusu, insanların yaşam kalitelerini etkilemiştir. Özellikle dezavantajlı gruplarda yaşam kalitesi ile korona virüsü korkusu arasında ilişki olabileceği düşünülmüş olup bu araştırmada yaşlı bireylerin korona virüsü korkuları ile yaşam kaliteleri arasındaki ilişki incelenmiştir. Çalışmada yaşlı bireylerin yaşam kalitesi ölçeği, korona virüsü korkusu ölçeği ve sosyodemografik veri formu kullanılmıştır. 409 kişi ile görüşme yapılmış olup geçersiz ve eksik yanıtların çıkarılması ile 386 kişinin verileri analiz edilmiştir. Veriler IBM SPSS Statistics 25 paket programı ile analiz edilmiş olup, frekans, faktör, güvenirlik analizleri ile hipotezleri test etmek için korelasyon ve çoklu regresyon analizleri yapılmıştır. Ulaşılan sonuçlara bulgular kısmında detaylı olarak yer verilmiş olup mevcut literatür ışığında tartışılmıştır. Mevcut çalışmada elde edilen bulgulara göre koronavirüsü korkusu ile yaşam kalitesi arasında negatif yönde anlamlı bir ilişki olduğu doğrulanmaktadır. Katılımcıların koronavirüsü korkuları arttıkça yaşam kalitelerinde azalma görülmektedir. Koronavirüsü korkusu ile cinsiyet, yaşlıların kurum bakım hizmeti almaları ve gelir durumu faktörleri arasında anlamlı bir ilişki olmadığı görülmektedir. Yaşlıların yaşam kalitesi, koronavirüsü korkusunu negatif yönde anlamlı olarak etkilediği çalışma sonucunda tespit edilmiştir. Pandemi nedeniyle azalan sosyal etkileşimlerin artırılması amacıyla çevrimiçi etkinlikler, hobi grupları ve sanal toplulukların teşvik edilmesi gerekmektedir. Bu yaklaşımların, yaşlı bireylerin sosyal izolasyonunu azaltmaya yardımcı olacağı düşünülmektedir. Kurumsal bakım hizmetlerinin kalitesi artırılmalı ve bu hizmetlerin sağladığı güven duygusunun, yaşlı bireylerin koronavirüs korkusunu azaltmadaki rolü dikkate alınmalıdır. Koronavirüsün yaşlılar üzerindeki etkileri hakkında toplum genelinde farkındalığı artırmak amacıyla kampanyalar düzenlenmelidir. Karma araştırma yöntemlerinin kullanılması, yaşlı bireylerin koronavirüsle ilgili korku ve kaygılarının daha derinlemesine anlaşılmasına katkı sağlayacaktır.

Anahtar Kelimeler: Korona virüsü korkusu, sosyal hizmet perspektifi, yaşam kalitesi, yaşlılık

#### **1. INTRODUCTION**

Human history has witnessed various epidemics, both mild and severe (Nadeem, 2020). These epidemics have led to changes in many structures within society, causing social, political, economic, and cultural transformations. The Covid-19 virus, which emerged in China in 2019, quickly spread worldwide and was declared a pandemic by the World Health Organization (WHO) (Shigemura, 2020). The Covid-19 virus is a deadly virus that can cause severe acute respiratory diseases (Zhou, 2020). The Covid-19 pandemic has become a global and social problem, changing people's behaviors, lifestyles, and habits (Dursun and Akbas, 2020). During the ongoing Covid-19 process, measures such as social distancing, curfews, quarantine, travel restrictions, remote work, and distance education have become part of our daily lives (Zainab et al., 2020).

The uncertainty experienced is one of the most challenging psychological conditions to cope with during the pandemic (Brief, 2004). This uncertainty brings about anxiety, sadness, anger, and fear (Ahorsu, 2020). Fear is defined as an unwanted situation where a person feels their safety is threatened and needs to be in a defensive state (Hoog et al., 2008). The fear of no significant relationship was found in the income status variable is explained by the virus's invisibility, transmission speed, the



replacement of daily activities with home confinement, death news, and other phenomena brought about by the process (Avsar, 2020). As research on this newly encountered disease continues, the rapid transmission of the disease, daily reports of infected and deceased individuals, and the unstoppable rise in the number of deaths have led to panic, fear, and anxiety (Altın, 2020). Although the probability of transmission of the virus seems equal for everyone, it is now known that its lethal effect increases proportionally with age (Cobanoğlu, 2020). Individuals aged 65 and over and those with underlying serious illnesses are particularly vulnerable to the disease (Zainab et al., 2020). Data worldwide show that 80% of deaths due to coronavirus in China, where the pandemic started, were among individuals aged 60 and over. WHO data also show that other countries are similarly affected, with 95% of coronavirus-related deaths in European countries being among individuals aged 60 and over (United Nations, 2020). Additionally, individuals over 80 are at a higher risk of facing adverse outcomes, with a death rate five times higher than the global average (WHO, 2020). In Europe, more than 95% of deaths due to COVID-19 and almost 80% in China involve people over 60 (WHO, 2020). In the USA, 80% of deaths are among individuals aged 65 and over (Bialek, 2020).

# 1.1. Quality of Life of the Elderly

Quality of life can be defined as "a concept that shows personal attitudes towards diseases and the physical, mental, and sociological effects of daily life, affecting personal satisfaction within possibilities" (Akdeniz, 1999). The quality of life of the elderly is shaped by factors such as marital status, gender, health status, education, economic status, living arrangements, bad habits, and access to health services (Alexandre, 2009).

The aging phase is a phenomenon with various aspects that cannot be explained solely by calendar age, including physiological and psychosocial aspects based on the changes individuals undergo during their aging phases (Emiroglu, 1995). Physiological and biological aging corresponds to changes in individuals' physiologies according to processes. Additionally, these aging signs begin to appear before the differences in individuals' psychosocial conditions during the aging phase (Arpacı, 2005). Psychological aging, related to the age individuals feel rather than their calendar age, includes the extent to which individuals cognitively adapt to their age and the biological changes that come with it. The psychosocial aspect of the aging process corresponds to the adaptation abilities to aging process problems such as inadequacy in workforce participation, loss of family members, and adverse effects in current living conditions (Senturk, 2018).

The inability to socialize due to measures taken worldwide during the Covid-19 pandemic has made the current situation even more challenging. It has been determined that individuals in the aging phase live individually and are isolated due to various reasons such as being disconnected from work life, losing family members or having them move away, and experiencing health problems. The pandemic process and the accompanying measures have made these problems more visible and increased them. The increasing social isolation is thought to cause health problems such as depression and anxiety as this period extends (Howell et al., 2020).

# **1.2. Examination of the Impact Levels of Covid-19 on the Elderly from a Social** Work Perspective

Aging causes many changes in the biological structures of individuals; during this period, neurons in the brain decrease, the musculoskeletal structure weakens day by day, and functional decline occurs in the digestive, circulatory, and other systems. These physiological changes, which continue for years, can lead to chronic diseases. All these make elderly individuals more susceptible to infections (Peeri et al., 2020). The older the age, the higher the severity of diseases.

Social inequalities can cause the most needy groups to be disadvantaged in accessing health services. These vulnerable groups are more at risk of undesirable outcomes of the Covid-19 pandemic. The pandemic process has deepened existing social inequalities. Among elderly individuals, being a woman, a refugee, disabled, living alone, or having a chronic illness are factors that further sharpen the distinction (Altın, 2020). During the pandemic, elderly individuals, who constitute a high-risk group and are frequently emphasized by states due to the transmission speed, have been directly and indirectly stigmatized and discriminated against at certain times and especially in some regions. It is important to create measures such as isolation in a way that does not lead to discrimination and stigmatization of elderly individuals. Because this process also brings the necessity to cope with psychological difficulties such as loneliness, anxiety, and fear caused by the anxiety and confinement brought about by pandemic conditions. The regions most affected by the epidemic are known to be related to factors such as age, gender, working conditions, discrimination, unemployment, poverty, access to clean water, food, housing, and a healthy environment; livelihood, and education, which are social determinants of health, and the measures taken aim to be regulated within this framework (Ulman, 2020). The rules determined by countries regarding the virus have varied (Akpinar and Ustun, 2020). Our country has followed a policy that observes gradual changes by following developments worldwide. With the new pandemic life order that has changed and transformed our entire lifestyle, some social restrictions have also been applied in our country and worldwide. Restrictions have varied according to age. For example, individuals aged 65 and over and those with chronic illnesses have been restricted from leaving their residences and walking in open areas such as parks and gardens. These measures and restrictions have brought psychological, economic, physiological, and social consequences for the elderly.

### **1.3. Research Question**

Is there a relationship between the fear of coronavirus and the quality of life of the elderly (individuals aged 60 and over)?



# 1.4. Hypotheses of the Study

**H1:** There is a significant relationship between the fear of coronavirus and the quality of life of the elderly.

**H2:** There is significant relationship between the gender of the elderly and their fear of coronavirus.

**H3:** There is a significant relationship between the elderly receiving institutional care services and their fear of coronavirus and quality of life.

# 2. METHOD

The quantitative research design was used in the study. This research design requires the collection and expression of quantitative data numerically (Buyukozturk et al., 2013). This study is a quantitative research and used the cross-sectional model, which is among the sub-survey models of quantitative research methods. The cross-sectional research design allows the examination of individuals with different characteristics at the same time in terms of certain characteristics (Fraenkel and Wallen, 2003). Since the study aims to determine the current situation, the relational survey model, which is among the sub-survey models, was applied. In accordance with this model, the status and dimensions of the relationships between dependent and independent variables were tried to be revealed (Crano and Brewer, 2002).

# 2.1. Population and Sample Selection of the Study

The sample of the study consists of individuals aged 60 and over in our country during the coronavirus process, determined using criterion sampling, which is among the non-random purposive sampling methods. The main idea in the criterion sampling method is to study all cases that meet a predetermined set of criteria (Yıldırım and Simsek, 2011). The total number of individuals living in different provinces and within or outside the relevant institution is 409. The individuals aged 60 and over included in the study do not have any cognitive, mental, and/or psychological illnesses. Participation in the study is entirely voluntary. Considering the accessibility of the population, individuals who could be reached on the specified dates were included in the research group and the application was carried out. In the application, 23 survey forms were filled out incompletely and inappropriately, so these forms were excluded, and the obtained 386 samples were included in the study.

According to the World Health Organization (WHO), early old age starts at 65 (WHO, 2017), and individuals aged 60 and over are accepted for institutional care services according to the Regulation on Nursing Homes and Elderly Care Centers and the Regulation on Private Nursing Homes and Elderly Care Centers (T.C. Official Gazette, 2008). Therefore, and due to the difficulty of accessing healthy individuals over the age of 65, it was deemed appropriate to collect data from individuals aged 60 and over.

## 2.2. Data Collection Tools

In the research process, the survey technique was used. The survey form used in the study consists of three sections. The first section of the survey form includes a socio-demographic data form with information such as the participants' age, gender, marital status, and current living conditions. The necessary explanations and the voluntary participation form included in the survey were explained to the relevant individuals by the researchers. The survey included demographic questions, the Short Form of the Elderly Quality of Life Scale, and the Covid-19 Fear Scale.

Elderly Quality of Life Scale's KMO value is ,933 and Cronbach's alpha value is ,952. Coronavirus Fear Scale's KMO value is ,883 and Cronbach's alpha value is ,934.

# 2.2.1. Short Form of the Elderly Quality of Life Scale

The Elderly Quality of Life Summary Scale form, validated in Turkish by Caliskan et al., is a 5-point Likert-type form consisting of 14 questions, including a preliminary question. The study conducted with 138 patients at Hacettepe University Hospital Geriatrics Clinic found the Cronbach's alpha value to be 0.876. Repeated reliability analysis and correlation coefficient evaluation showed a strong and significant correlation (r = 0.763, p < 0.001). The question not included in the scoring of the scale is: "When you think about the good and bad things that make up your quality of life, how would you rate your overall quality of life?"

While performing factor analysis, Short Form of the Elderly Quality of Life Scale divided the scale into two factors. However, the items shifted to two factors were ignored because there was a difference of more than 50 points between the two factors. When forced to be a single factor, the scale successfully becomes a single factor.

In our current study, the KMO value of the short form of the Elderly Quality of Life Scale was calculated as 0.933 as a result of factor analysis. According to Caliskan at al., the first item of the scale is not included in the scoring. Therefore, the same method was followed in the current study.

# 2.2.2. Coronavirus Fear Scale

The scale used to measure the mental and physical effects of the coronavirus pandemic on elderly individuals and their levels of fear related to Covid-19 was developed by Ahorsu et al., 2020. The items of the scale were created based on a comprehensive review of scales on fear, expert evaluations, and participant interviews. The scale has a single-factor structure and consists of seven items in a five-point Likert type (1 = Strongly disagree; 5 = Strongly agree). There are no reverse-scored items in the scale. The internal consistency of the scale was found to be 0.82, and the test-retest reliability was 0.72. A high score on the scale indicates a high level of fear of Covid-19.

The reliability of the Coronavirus Fear Scale was examined, and the Cronbach's alpha internal consistency coefficient was found to be 0.86. The Guttman Split Half coefficient, which examines the consistency between the two halves of the scale, was calculated as 0.82.



The Turkish adaptation of the scale was conducted by Artan and colleagues in 2021, ensuring its validity and reliability (Artan et al., 2020).

## 2.3.Data Analysis

The data obtained from the research were first transferred to a computer environment, checked, and corrected for errors. Statistical analyses were performed on the computer, and the data were analyzed using the SPSS 25 program. To test the hypotheses, frequency, factor analyses, reliability analysis, correlation, mean and standard deviation analyses, and multiple regression analyses were conducted.

When performing factor analysis, three criteria are generally used to exclude items that do not measure the same construct. Items should have high load values on a single factor while having low load values on other factors. Although it is debated how much difference between the load value of an item on the factor it shows high load and the second factor can be ignored, it is recommended that the difference between the two high values be at least .10. Thus, in a multi-factor structure, an item with high load values on more than one factor will be defined as an overlapping item, and its removal from the scale can be considered (Buyukozturk, 2019). In the Short Form of the Elderly Quality of Life Scale, there are items with high load values on two different factors. However, since there is a difference of more than 50 points between the two factors for the items that shift to two factors, this was ignored.

# 2.4. Data Collection

The data required for the research were collected through a survey conducted between 01.03.2022 and 31.05.2022. Considering the age group of the individuals constituting the research population, the necessary explanations included in the survey were read and explained to the participants. The research data were collected between March and May 2022, and the process was concluded upon reaching the ideal sample size during this period.

Written permission was obtained from the Istanbul University-Cerrahpasa Ethics Committee for the collection of data. Before the application, the purpose of the research was explained to the individuals who would participate in the study, and their verbal consent was obtained. This study was conducted with written ethics committee approval, in accordance with scientific research ethics, and with the informed consent and voluntary participation of the participants.

# 2.5. Limitations of the Study

The limitations of the study include the fact that only 84 participants received institutional care services, the high number of female participants, the elderly participants living in different cities, the limited data collection period, and the study being conducted after the implementation of COVID-19 vaccinations.

### **3. FINDINGS**

**Sociodemographic Characteristics:** The participants consist of 259 women and 127 men. The average age of the participants was 69. The sociodemographic characteristics of the participants are shown in Table 1.

Gender	f	%
Female	259	67,1
Male	127	32,9
Marital Status		
Married	202	52,3
Single	29	7,5
Widowed	118	30,6
Children		
Yes	344	89,1
No	42	10,9
Staying in a nursing home?		
Yes	84	21,8
No	302	78,2
Total	386	100

#### Table 1. Demographic Information of Participants

### 3.1. Correlation Analyses

Correlation analysis was conducted to test the first, second, and fourth hypotheses of our research.

**H1:** There is a significant relationship between the fear of coronavirus and the quality of life of the elderly.

**H2:** There is significant relationship between the gender of the elderly and their fear of coronavirus.

**H3:** There is a significant relationship between the elderly receiving institutional care services and their fear of coronavirus and quality of life.

The correlation, mean, and standard deviation data analyzed are shown in Table 2.

Variables	1	2	3	4
1-EQL	1	-,171**	-,066	,163**
2-CF	-,171**	1	-,075	-,097
Μ	3,3204	2,5015	,3290	,7824
SD	1,00463	1,06583	,47047	,41316

**Note:** EQL = Elderly Quality of Life Scale Short Form, CF = Coronavirus Fear Scale, ICS = Institutional Care Service.

P<0,01



When examining the data in the table, it is seen that there is a significant and negative relationship between the fear of coronavirus and quality of life (r=-0.171, p<0.01). According to the obtained results, hypotheses H1 is accepted.

## 3.2. Multiple Regression Analysis

To test the third hypothesis of our research, a multiple regression analysis was conducted to measure the effect of variables on each other, and the data are shown in Table 3. H3: There is a significant relationship between the elderly receiving institutional care services and their fear of coronavirus and quality of life.

Variables	В	SE	t	Sig.
Constant	2,802	,129	21,759	,000
Gender	-,215	,117	-1,845	,066
ICS	-,294	,133	-2,215	,027
EQL	-,169	,054	-3,137	,002
R2	,018			

### Table 3. Multiple Regression Analysis

According to the analysis results, there is a negative but not significant relationship between gender and fear of coronavirus (B = -.215, P > .05). Based on this result, hypothesis H2 was rejected. In addition, the analysis shows that there is a negative but significant relationship between living in a nursing home and fear of coronavirus and quality of life in the elderly. Based on this result, hypothesis H3 was accepted.

# 4. DISCUSSION AND CONCLUSION

The first issue examined in the current study, conducted with 386 participants, is the relationship between the fear of coronavirus and quality of life. Quality of life is defined as the individual's perception of their own life within the scope of cultural values, goals, expectations, standards, and areas of interest (WHO, 1993). Quality of life can be positively and negatively affected by many factors. For example, a person's age, salary, and gender are some of the factors that affect quality of life (Sahin and Emiroglu, 2014). One of the factors affecting quality of life is the coronavirus. According to the findings of the current study, there is a significant negative relationship between the fear of coronavirus and quality of life. In other words, as participants' fear of coronavirus increases, their quality of life decreases. The literature also includes studies supporting our hypothesis. In a study conducted with 494 participants living in Poland and Germany, it was found that quality of life is affected by the risk of coronavirus, and elderly individuals are more optimistic about the risk of coronavirus compared to younger individuals (Bidzan-Bluma et al., 2020). Another study conducted in Portugal examining the quality of life during the Covid-19 quarantine found that individuals aged 60 and over had higher levels of anxiety during the pandemic compared to other participants (Ferreira et al., 2021). In another

study conducted in Turkey, which examined the effect of Covid-19 fear on the quality of life of the elderly with loneliness as a mediating variable, a significant relationship was found between the variables, indicating that the fear of coronavirus affects the quality of life of the elderly (Altay and Arisoy, 2022). Another point addressed in the current study is whether there is a relationship between gender and the fear of coronavirus in individuals aged 60 and over. According to the literature, a study conducted with 616 participants aged 18-95 shows that the fear of coronavirus varies by gender. The findings indicate that women have a greater fear of coronavirus than men (Arisoy and Cay, 2021). Similarly, a study conducted in Cuba with 722 participants shows that, on average, male participants experience significantly less fear of coronavirus compared to female participants (Broche et al., 2020). Research results showing that women have higher levels of anxiety and worry also support this situation (Limcaoco et al., 2020). However, in the current study, no significant relationship was found between the fear of coronavirus and gender. One of the main reasons for this result, contrary to the literature, could be that previous studies were conducted when the coronavirus pandemic had just begun to spread, while our research was conducted only with individuals aged 60 and over. With the recent adaptation to the new normal, the discovery of the vaccine, the relaxation and reduction of restrictions, and the news being less alarming compared to the early days of the coronavirus, it is thought that the levels of anxiety and worry experienced by women may have been reduced to the level of anxiety experienced by men.

In our current research, when examining the relationship between elderly individuals receiving institutional care services and their fear of coronavirus, it was found that there is no significant relationship. When the literature is examined, a study conducted with individuals aged 50 and over in Hungary states that nursing homes play an important role as clustering points of the pandemic, and this situation is repeatedly supported by various media sources worldwide (Kemenesi et al., 2020). Similarly, a study conducted with elderly individuals aged 65 to 94 living in nursing homes in Turkey found that the elderly have a moderate level of fear of coronavirus, which is thought to be because elderly individuals receiving institutional care services are more aware of the coronavirus (Savcı et al., 2021). As these two contrasting situations show, our hypothesis is supported.

Another topic addressed in the study is how the income status and quality of life of the elderly affect their fear of coronavirus. According to the findings obtained from the analyses, while the quality of life of the elderly significantly and negatively affects their fear of coronavirus, no significant relationship was found for the income status variable. When the existing literature is examined, it is seen that many sectors, such as the service, tourism, and food and beverage sectors, were severely affected during the lockdowns and voluntary social distancing measures implemented throughout the pandemic (Hoque et al., 2020). Considering that many sectors were adversely affected to this extent, it is inevitable that state revenue sources could also be negatively impacted, and there are studies supporting that communities with high living costs were disproportionately affected by the pandemic.



Additionally, a study conducted in 2020 explains the challenges that emerged due to the impact of the coronavirus and need to be mitigated from the perspective of elderly individuals. This study evaluates the impact of the coronavirus on elderly individuals under three headings: economic effects, health and well-being effects, and ageism, racism, and classism. It also mentions that it will be more difficult for older adults to re-enter the workforce and that older adults have lost their retirement savings (Howell et al., 2020). It is thought that these economic difficulties faced could negatively affect the fear of coronavirus among the elderly.

In conclusion, the coronavirus has significantly affected both disadvantaged and non-disadvantaged individuals, groups, and societies. In our current study, the relationship between the quality of life of the elderly and their fear of coronavirus, the effect of their income status on their quality of life and fear of coronavirus, the relationship between receiving institutional care services and their fear of coronavirus and quality of life, and the relationship between their gender and fear of coronavirus were examined, and our findings were discussed in light of the existing literature. It is aimed that our research will contribute to the existing literature and provide theoretical support to the practices of professionals working with the elderly. It is thought that using both quantitative and qualitative research methods to conduct mixed research will be more beneficial for future studies to examine the topic in more detail and depth.

**Psychosocial Support:** Regular psychosocial support programs should be established to support the psychological health of elderly individuals. These programs may include individual and group therapies aimed at reducing levels of fear and anxiety.

**Strengthening Social Relationships:** To increase social interactions that have diminished due to the pandemic, online activities, hobby groups, and virtual communities should be encouraged. This can help reduce social isolation among elderly individuals.

*Improvement of Institutional Care Services:* The quality of institutional care services should be enhanced, and the role of these services in reducing the fear of coronavirus among the elderly should be recognized.

**Public Awareness Campaigns:** Campaigns should be organized to raise public awareness about the impact of the coronavirus on the elderly. This can help better understand and meet the needs of elderly individuals.

**Hybrid Research Methods:** The use of mixed research methods can help to gain a deeper understanding of the fears and anxieties related to the coronavirus among elderly individuals. This is important for providing comprehensive data for future studies.

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**RESEARCH ARTICLE** 

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## THE BIRTH OF SOCIAL WORK: REFLECTIONS OF SETTLEMENT HOUSES ON TODAY'S CULTURE OF COMMUNITY SOLIDARITY

Sosyal Hizmetin Doğuşu: Yerleşim Evlerinin Günümüzün Toplumsal Dayanışma Kültürüne Yansımaları

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#### ABSTRACT

This article examines the emergence of settlement houses in late 19th-century America and their impact on modern social work and community solidarity. With rapid industrialization, urbanization, and mass immigration, American cities faced challenges such as poverty, unemployment, and social inequality. Settlement houses, notably Hull House founded by Jane Addams and Ellen Gates Starr in 1889, addressed these issues by fostering social justice, providing education, and enhancing cultural integration. Settlement houses not only supported impoverished immigrant communities but also played a pivotal role in advancing workers' rights, reducing child labor, and empowering women. Their community-centered approach redefined social work as a profession focused on both individual and societal well-being. By integrating diverse ethnic and cultural groups, these houses promoted tolerance and multiculturalism, leaving a profound impact on American social and cultural fabric. The article highlights how settlement houses pioneered social work practices and established professional standards through vocational training and ethical frameworks. These principles laid the groundwork for modern social work policies and nonprofit organizations. Their legacy persists in contemporary community centers, which continue to provide educational, cultural, and social services while fostering solidarity among diverse populations.

Finally, the study underscores the relevance of settlement houses today, suggesting their practices as a model for addressing contemporary social challenges. By exploring their historical contributions and lasting influence, the article sheds light on the enduring principles of community-oriented service and social justice in shaping a more equitable society.

Keywords: Settlement houses, social work, community solidarity, cultural integration, social justice

#### ÖZ

Bu makale, 19. yüzyıl sonlarında Amerika'da yerleşim evlerinin ortaya çıkışını ve modern sosyal hizmet ve toplumsal dayanışma üzerindeki etkilerini incelemektedir. Hızlı sanayileşme, kentleşme ve kitlesel göçle birlikte Amerikan şehirleri yoksulluk, işsizlik ve sosyal eşitsizlik gibi sorunlarla karşı karşıya kalmıştır. Başta Jane Addams ve Ellen Gates Starr tarafından 1889'da kurulan Hull House olmak üzere yerleşim evleri, sosyal adaleti teşvik ederek, eğitim sağlayarak ve kültürel entegrasyonu geliştirerek bu sorunları ele aldı. Yerleşim evleri yalnızca yoksul göçmen toplulukları desteklemekle kalmadı, aynı zamanda işçi haklarının geliştirilmesi, çocuk işçiliğinin azaltılması ve kadınların güçlendirilmesinde de önemli bir rol oynadı. Toplum merkezli yaklaşımları, sosyal hizmeti hem bireysel hem de toplumsal refaha odaklanan bir meslek olarak yeniden tanımladı. Farklı etnik ve kültürel grupları bir araya getiren bu evler, hoşgörü ve çok kültürlülüğü teşvik ederek Amerikan sosyal ve kültürel dokusu üzerinde derin bir etki bırakmıştır. Makale, yerleşim evlerinin sosyal hizmet uygulamalarına nasıl öncülük ettiğini ve mesleki eğitim ve etik çerçeveler yoluyla mesleki standartları nasıl oluşturduğunu vurgulamaktadır. Bu ilkeler, modern sosyal hizmet politikalarının ve kâr amacı gütmeyen kuruluşların temelini oluşturmuştur. Mirasları, farklı nüfuslar arasında dayanışmayı teşvik ederken eğitim, kültür ve sosyal hizmetler sunmaya devam eden çağdaş toplum merkezlerinde devam etmektedir. Son olarak, çalışma yerleşim evlerinin günümüzdeki geçerliliğinin altını çizmekte ve uygulamalarını çağdaş sosyal zorlukları ele almak için bir model olarak önermektedir. Tarihsel katkılarını ve kalıcı etkilerini inceleyen bu makale, daha adil bir toplumun şekillendirilmesinde toplum odaklı hizmet ve sosyal adaletin kalıcı ilkelerine ışık tutmaktadır.

Anahtar Kelimeler: Yerleşim evleri, sosyal hizmet, toplumsal dayanışma, kültürel entegrasyon, sosyal adalet

#### **INTRODUCTION**

The late 19th century was a period when industrialization rapidly increased in the United States, intense immigration occurred, and urbanization became central to society. With this change, poverty, unemployment, poor living conditions, and deepening inequalities between different segments of the society in large cities have become striking (Carson, 1990; Addams, 2006). While the immigrant population had difficulty adapting to their new lives, class differences led to the emergence of new communities and social justice. Settlement houses emerged as a movement aimed at supporting individuals living in low-income neighborhoods.

The first settlement house in America, Hull House, was founded in Chicago in 1889 by the social reformers Jane Addams and Ellen Gates Starr. Hull House pioneered the American social work movement by providing educational, cultural, and social programs for poor and immigrant neighborhoods (Davis, 1973). According to Addams (2006), settlement houses contribute to the solution of social division by bringing together different segments of society and encouraging solidarity. These structures not only helped the weaker segments but also strengthened social ties by bringing people from all segments of society together.

Settlement houses aimed to provide collective solutions to societal problems and prevent social reform movements. For example, the workers of Hull House contributed to social reforms, such as the enactment of child labor laws and changes in workers' rights (Carson, 1990). Settlement houses also have an important role in the practice of social workers. Social workers working in these houses contributed to the formation of modern social work policies (Trolander, 1987). The importance of providing services to the world using a community-oriented service approach has been emphasized.

The contributions of these regular settlements to American society are wide-ranging. Settlement houses have left deep traces in many areas, such as social solidarity, education, health, and cultural development in American existence; they have laid the foundations of the modern concept of social works. This article aims to reveal the relevance and present legacy of these structures by examining the impact of settlement houses on American culture and society.



## HISTORY AND DEVELOPMENT OF SETTLEMENT HOUSES

### **Origins of Settlement Houses**

The origins of settlement houses in America continued to spread rapidly with industrialization and expansion of the country. Individuals living in low-income neighborhoods of large cities, in particular, have difficulty adapting to a new country, only meeting basic needs and suffering (Carson, 1990). Under these conditions, various social reform movements began to ensure social justice, and settlement houses were at the center of these movements. The first settlement house in America, Hull House, was established in Chicago in 1889 by social reformers Jane Addams and Ellen Gates Starr (Davis, 1973).

Hull House encourages community solidarity by providing education, culture, health, and social work support in poor neighborhoods. Addams and Starr aimed to bring different segments together. The Hull Services provided at the House included daycare centers for children, language classes for immigrants, and informational meetings on workers' rights (Addams, 2006). These services increased the scope of settlement houses by providing practical solutions to the community and became a cornerstone of social work.

Settlement houses not only provide social works, but also bring people from all walks of life together, enabling the integration of different cultures. Addams helped to break down prejudices in society and reduce the gap between classes. The Hull House became a social center where people living in low-income neighborhoods gathered and shared, thus contributing to socialization (Knight, 2005).

Addams, settlement houses were an important step in alleviating social injustices in society. These houses not only provided material support to the disadvantaged segments of society but also provided opportunities for their betterment. Addams defined the mission of Hull House as "to create a world in which every individual in society has equal freedom" (Trolander, 1987). The Hull House quickly became a model and pioneered its spread in many countries. This structure also serves as an example of the formation of social reform movements and social changes (Carson, 1990).

## **The Rise of Settlement Houses**

In the late 19th and early 20th centuries, settlement houses became widespread in the United States, England, and other European countries. The success of the Hull House encouraged the expansion of similar settlement houses, and these structures became an important part of social reform movements. Settlement houses, especially in neighborhoods with a high concentration of young people, contribute both to the support of individuals and to the development of society as a whole (Carson, 1990).

The Hull House served the purpose of reducing injustice in society. These structures, which contributed to the formation of basic policies for social works, also paved the way for long-term changes in society (Addams, 2006). Settlement houses ensured the sustainability of support for disadvantaged segments of society, and thanks to the programs offered by these houses, solutions were developed to meet the basic goals of society. In addition, these houses played a critical role in the formation of modern social work policies by encouraging social solidarity in low-income neighborhoods (Knight, 2005). In addition, social reform movements led by settlement houses have led to permanent changes in areas such as education, health, and workers' rights.

In the early 20th century, settlement houses guided the spread of social works not only in America, but also around the world. Thanks to the education and health services provided by the settlement houses, important steps have been taken to solve social problems. The influence of today's settlement houses continues, and the values that form the basis of social works are nourished by practices in these houses (Trolander, 1987).

## CONTRIBUTIONS OF SETTLEMENT HOUSES TO THE SOCIAL WORK PROFESSION

### The Emergence of Community-Based Social Work

Settlement houses have played an important role in the emergence of community social work. In the late 19th and early 20th centuries, they introduced a community-centered approach to combating the social inequalities brought about by industrialization (Trattner, 1999). In this vein, settlement houses address the social aspects of individual problems, supporting individuals not only at the individual level, but also at the community level (Muncy, 1991).

The settlement houses encouraged the participation of the public in the process of solving societal problems. The social works in these houses collaborated with local leaders and organizations to identify the problems that would be experienced in society and to develop solutions. With this approach, they pioneered the shaping of the social work profession as a profession aimed at the reintegration of society (Carson, 1990). This service approach provided by settlement houses paved the way for the evaluation of social works from a perspective focused on society rather than the individual.

Settlement houses have adapted the mission of social work to society and adopted a universal service concept of justice. The work done in these houses increased the expertise of social workers towards disadvantaged groups in society and ensured the spread of the concept of social work (Axinn and Stern, 2001). In addition, the settlement houses emphasized that social works are not only about individual assistance but also about increasing social welfare. The mission of the settlement houses to bring different groups in society together developed the principle of "service to the society" of the social work profession (Lissak, 1989).

Finally, community social work-oriented settlement houses provide social workers with skills such as determining core values, developing solution proposals, and ensuring resilience, thus enabling them to establish the basic principles of the modern social work profession (Leiby, 1978).



## **Vocational Education and Formation of Standards**

Settlement houses played a critical role in the formation of professional education and standards by contributing to the professionalization of the social work profession. Social workers working in these houses have acquired solution-oriented practical knowledge and developed community-oriented approaches. Settlement houses, such as Hull House, provided a practical environment for social work education and contributed to the professionalization of workers (Lubove, 1965).

Social workers working in settlement houses have observed societal problems and developed intervention methods and professional ethical standards. They worked especially with immigrants and low-income individuals, emphasized the importance of providing services with cultural diversity, and contributed to the determination of standards in terms of professional ethics. This process pioneered practices in which social work could be realized as a profession with the focus of ensuring universal justice, freedom, and welfare (Popple and Leighninger, 2010).

The environment provided by the settlement houses for vocational training enabled the institutionalization and professionalization of the social work profession. These structures have led to new developments in the field of social work, expanded the scope of the profession, and pioneered vocational training approaches (Reisch and Andrews, 2002). Settlement houses also played an important role in determining the basic principles of the social work profession. In addition to providing community-oriented services, settlement houses, which have also made efforts to determine ethical and professional standards, formed the building blocks of the modern social work profession. The training provided in these houses helps social workers meet society's needs more effectively (Specht and Courtney, 1994).

Finally, thanks to the professional experiences gained in the settlement houses, social work was accepted as a profession and the function of social work in society was clarified. This pioneering role played by settlement houses in society was an important step in the institutionalization of social work as a profession. These contributions contributed to the development of social work as an indispensable profession in the modern world and to the strengthening of the foundations of professional standards (Trattner, 1999).

# ITS EFFECTS ON AMERICAN CULTURE AND SOCIETY

## Socialization and Solidarity

Settlement houses emerged as an effective model of social solidarity in the late 19th and early 20th centuries in the struggle against socioeconomic problems brought about by industrialization and intense immigration in America. Settlement houses, especially the Hull House, brought together different ethnic and cultural groups, and encouraged tolerance, solidarity, and cultural integration within society (Addams, 2006). These structures support communication between immigrants and the

native population, allowing different cultures to get to know each other. They also contributed to the consolidation of America's multicultural structure and paved the way for strengthening relations among ethnic groups (Knight, 2005).

The social works implemented in the settlement houses aimed to improve social welfare as well as to improve cooperation. Through the various activities provided by centers such as Hull House to the residents of the neighborhood, the effectiveness of social solidarity was ensured, these activities were increased, and the establishment of stronger ties was encouraged (Davis, 1973). For example, the social activities organized in these houses allowed the residents of the neighborhood to communicate and discover the common points of people from different cultural backgrounds.

The impact of settlement houses in terms of socialization and solidarity was not limited to individual representations but also strengthened the demand for social justice and freedom worldwide. The services provided by these structures increased opportunities to benefit from social rights, especially by supporting regional and socioeconomic integration (Carson, 1990). By encouraging social solidarity, settlement houses created the ideals of social justice and freedom to take root in America.

Another important effect of the American settlement houses was that they changed their perspectives on social work. Settlement houses made it possible to find solutions to social problems and increase solidarity with disadvantaged groups in society. This understanding has contributed to the formation of the modern social work profession and made it necessary to provide social solidarity as a professional service (Trolander, 1987).

Finally, the impact of settlement houses on socialization and solidarity helped strengthen America's multicultural structure and contributed to the harmonious living of different ethnic backgrounds, thus nourishing the cultural richness of American society (Axinn and Stern, 2001). This impact played an important role in supporting the principle of "diversity within unity", one of the cornerstones of American culture.

### **Impact of Educational and Cultural Programs**

One of the effects of settlement houses on American society was that they led to long-term social transformations through the educational and cultural programs they offered. Hull houses and similar settlement houses provided programs specifically aimed at meeting the educational needs of immigrants, leading to an increase in the level of education in society (Addams, 2006). Language education, literacy classes, and vocational training have facilitated the integration of immigrants into American society and improved their socioeconomic status (Carson, 1990).

These educational and cultural programs increased the ability of individuals to express themselves and enabled them to integrate into American society while preserving their cultural identities. For example, cultural activities such as music, dance, and handicrafts are held between different ethnic



groups, and cultural exchanges are encouraged (Muncy, 1991). These programs have made it easier for immigrants to remain attached to their own culture and adapt to American society.

Another effect of educational and cultural programs is their potential for economic support. Vocational training provided in settlement houses increases the workforce and allows people to become economically independent (Axinn and Stern, 2001). Thanks to this training, many immigrants were able to move from low-income jobs to more comprehensive jobs and the economic structure of society expanded.

The social impact of education provided in settlement houses was not limited to economic independence but also strengthened social freedom. Education has provided international gains in realizable social rights claims and increased the demand for universal justice. This effect contributes to the perception of education as a social right in America (Popple and Leighninger, 2010).

As a result, the educational and cultural programs offered by settlement houses have led to long-term social and cultural transformations in American society. These programs have increased the general well-being of society and strengthened the core values of American culture by promoting cultural diversity. Thus, settlement houses left a lasting legacy in terms of education and cultural development in American society (Specht and Courtney, 1994).

## **Contribution to Social Reforms**

Settlement houses were at the forefront of social reform in America in the late 19th and early 20th centuries. Settlement houses were at the center of social reforms, such as the prohibition of child labor, campaigns for workers' rights, the struggle for social freedom and rights for women and immigrants, and the establishment of social justice (Davis, 1973). Settlement houses made important efforts, especially regarding the issue of child labor. The activities and educational programs organized in the settlement houses were aimed at stopping children from working at an early age and led to the emergence of legal regulations on this issue (Carson, 1990).

In terms of workers' rights, settlement houses fought for workers to work in a safe and fair environment. Meetings and training held in settlement houses allowed workers to learn about their rights and organize. These effects have contributed to the deepening of workers' rights in American society (Knight, 2005).

Settlement houses played an important role in women's social freedom and the struggle for rights. Settlement houses, such as the Hull House, allow women to take a more active role in society and have social rights. The educational programs and social activities organized in these houses supported women to express themselves and have a greater say in society (Muncy, 1991).

For immigrants, settlement houses provide critical support for the socioeconomic adaptation process. The language courses and cultural training provided in the settlement houses have contributed to immigrants' easier adaptation to American society. The opportunity for immigrants from different ethnic backgrounds to maintain their own cultures supports cultural diversity in American society (Addams, 2006).

The contribution of settlement houses to social reform movements was that they provided an environment in which social justice and human rights could be achieved in American society. Providing educational support, especially to children from low-income families, and defending their rights developed awareness of protecting the rights of diversity. These effects have led to the perception of social work as a profession by combining it with social reforms (Trolander, 1987).

As a result, settlement houses made significant contributions to social reform movements in American society by strengthening social justice and freedoms. Studies on child labor and workers' rights have contributed to the formation of the concepts of justice and freedom in the American card (Trattner, 1999).

## THE LEGACY AND IMPACT OF SETTLEMENT HOUSES TODAY

The effectiveness of settlement houses is strongly felt in social work practices and nonprofit organizations in today's society. Settlement houses were among the first structures to provide education, health, culture, and social support in low-income neighborhoods. This approach forms the core mission of many community centers (Smith, 2018). These centers, which are a different extension of America, continue the legacy of settlement houses by providing solutions to social problems through their programs.

Modern community centers also adopt the principle of supporting multiculturalism and social diversity initiated by settlement houses. The programs in these centers bring together individuals from different ethnic backgrounds and pave the way for cultural exchanges. For example, community centers in New York City provide many services, from language training to vocational training, for various immigrants (Johnson, 2020). This shows that the work of settlement houses to integrate society and promote social solidarity continues through community centers.

Social work practices were also influenced by the structure of the settlement houses and continued to adopt comprehensive social approaches. The programs offered by the settlement houses for the community contributed to the implementation of social works rather than individual services (Parker, 2019).

Contemporary reflections of settlement houses can be seen in nonprofit organizations, such as community centers and social works. Nonprofit organizations, especially those providing services in areas such as education, health, social support, and housing, are developing programs for individuals and communities that are inspired by the use of settlement houses (Brown and Clark, 2021).

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The contribution of housing settlements to social solidarity continues in modern American society. Programs that promote solidarity among different segments of society continue to live out of the ideal of social integration initiated by settlement houses. For example, in America, non-profit organizations offer programs to ensure social justice and equality, similar to the mission of settlement houses (Lombardo, 2021).

The impact of social welfare and social justice distribution continues to exist today, as an important part of American culture. Social works, especially for low-income families and immigrants, are a continuation of the principles that support social welfare in housing settlements. The support programs offered by settlement houses have contributed to an increase in social harmony by facilitating integration (Smith and Evans, 2021). Similar programs today also show that the solidarity and social justice ideals of American society remain alive.

Finally, the distribution of settlement houses in the American structure continues social work practices. The adoption of social work as a community-oriented profession shows that the mission of settlement houses to serve the community remains valid today. Settlement houses have been a continuing source of inspiration for increasing social solidarity and well-being. This legacy also supports values such as service to society, social justice, and solidarity in the American culture (Johnson and Parker, 2023).

## CONCLUSION

Settlement houses have had a deep and lasting impact on American society and the concept of social work. These houses played an important role in immigration issues, cultural diversity, social solidarity, and social justice, and formed the foundations of the social work profession by providing support to disadvantaged groups in society. The education, health and cultural services provided by the settlement houses improved living conditions and strengthened the social opportunities of the society. At the same time, the contribution of the settlement houses to social reform movements was that they provided the ground for the establishment of social justice and freedoms in society. These structures made great contributions to the establishment of modern social work as a community-oriented, solidarity and libertarian profession.

For future studies, it would be useful to examine the similarities and differences between settlement houses and contemporary community centers and non-profit organizations. In addition, it could be investigated how settlement houses can inspire modern practices and how the basic principles of these structures can be integrated into today's social work practices, and in this direction, new methods can be introduced to the social work profession. It is thought that examining the impact of settlement evolution, especially in multicultural societies, will contribute to social work becoming a more inclusive and culturally sensitive profession, and that such studies will be important steps in preserving the legacy of settlement houses and continuing social works.

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#### **CASE REPORT**

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# SOCIAL WORK PRACTICE WITH A CHILD WITH DIABETES: A CASE STUDY

#### Diyabetli Bir Çocukla Sosyal Hizmet Uygulaması: Bir Vaka Çalışması

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#### ABSTRACT

Diabetes is a chronic metabolic disease that affects individuals' physical health as well as their psychosocial well-being. It can occur at any age, including childhood. As with many chronic diseases, combating the effects of diabetes in children requires collaboration between various disciplines. Social work is one such discipline. Although the history of social work in the medical field, especially in chronic diseases, has been long, studies on diabetes are limited. However, with the increase in diabetes cases globally and in Turkey in recent years, the need for evidence-based social work practices on this subject is growing. In this context, an example of social work intervention for a fictional case of a child with diabetes is analyzed in this article. The intervention was conducted according to the stages of the planned change model for social work. The ecological model, empowerment approach, and cognitive-behavioral approach were used together in the evaluation and intervention processes. Although various roles were adopted in the case, it can be said that the broker, empowering, and educational roles were more prominent. In addition, communication, problem-solving, teamwork, collaboration, coordination, and multitasking skills were effectively used in this case. In terms of application levels, studies were conducted with children with diabetes and their families at the micro level, and interventions were conducted at the mezzo level in the school system.

Keywords: Case study, child, diabetes, social work

#### ÖZ

Diyabet, bireylerin fiziksel sağlığının yanı sıra psikososyal refahını da etkileyen kronik bir metabolik hastalıktır. Çocukluk dönemi de dahil olmak üzere her yaşta ortaya çıkabilir. Birçok kronik hastalıkta olduğu gibi, çocuklarda diyabetin etkileriyle mücadele etmek çeşitli disiplinler arasında işbirliği gerektirir. Sosyal hizmet de bu disiplinlerden biridir. Tıp alanında, özellikle kronik hastalıklarda sosyal hizmetin geçmişi uzun olsa da diyabetle ilgili çalışmalar sınırlıdır. Ancak son yıllarda dünyada ve Türkiye'de diyabet vakalarının artmasıyla birlikte bu konuda kanıta dayalı sosyal hizmet uygulamalarına duyulan ihtiyaç da artmaktadır. Bu bağlamda, bu makalede kurgusal bir diyabetli çocuk vakasına yönelik bir sosyal hizmet müdahalesi örneği incelenmiştir. Müdahale, sosyal hizmet için planlı değişim modelinin aşamalarına göre yürütülmüştür. Değerlendirme ve müdahale süreçlerinde ekolojik model, güçlendirme yaklaşımı ve bilişsel-davranışçı yaklaşım birlikte kullanılmıştır. Vakada çeşitli roller benimsenmiş olsa da aracı, güçlendirici ve eğitici rollerin daha ön planda olduğu söylenebilir. Ayrıca iletişim, problem çözme, ekip çalışması, işbirliği, koordinasyon ve çoklu görev becerileri de bu vakada etkin bir şekilde kullanılmıştır. Uygulama düzeyleri açısından mikro düzeyde diyabetli çocuklar ve aileleri ile çalışmalar yürütülmüş, mezzo düzeyde ise okul sisteminde müdahaleler gerçekleştirilmiştir.

Anahtar Kelimeler: Vaka çalışması, çocuk, diyabet, sosyal hizmet

### INTRODUCTION

One of the most important health problems affecting humanity today is chronic diseases. Chronic diseases not only affect physiologically but also directly affect patients and their relatives in psychological, social, and economic dimensions (Sütçü, 2023). Diabetes, a chronic disease, has become a global public health problem, with an increasing number of cases in recent years (Coşansu, 2015).

Diabetes, commonly known as sugar sick, is a chronic metabolic disease characterized by elevated blood sugar levels due to insufficient insulin production or inability of the body to effectively use insulin (World Health Organization- WHO, 2024). Diabetes, which can occur at any age, can be a crisis for children and their families. This situation causes both parents and children to experience psychosocial problems (Tong et al., 2022). Therefore, diabetes management includes, in addition to medical treatment, the regulation of a child's social life, relationships, and school and peer relationships. These multidimensional problems in children with diabetes require the cooperation of different professionals such as dietitians, psychologists, occupational therapists, and social workers.

The application of social work for individuals and families with chronic diseases is not a new topic. Social workers work with many client groups, including patients with diabetes, in a hospital environment. In contrast, research on diabetes cases in social work is limited (Decoster, 2001). This article examines an example of a social work intervention carried out for a diabetic child prepared by constructing professional experiences. To better understand this case, information on diabetes and its psychosocial effects was provided. Subsequently, case history, intervention, and analysis are presented.

#### DIABETES

Diabetes is a chronic metabolic disease characterized by elevated blood sugar levels due to insufficient insulin production or inability of the body to effectively use insulin (WHO, 2024). There are two main types of diabetes. Type 1 diabetes is an autoimmune condition that leads to the destruction of insulin-producing beta cells in the pancreas. It is known as type 2 diabetes and is characterized by insulin resistance and relative insulin deficiency (ElSayed et al., 2023; WHO, 2024). Gestational diabetes is another form of diabetes that occurs during pregnancy and usually improves after birth but can increase the risk of developing type 2 diabetes later in life (ElSayed et al., 2023; Jun and Xu, 2023).

Diabetes can result in death if left untreated (ElSayed et al., 2023). Although it was estimated that there were 108 million patients with diabetes worldwide in 1980 (WHO, 2024), this number was reported to be approximately 529 million by 2024 (Ong et al., 2023). More than three-quarters of patients with diabetes live in low-income and middle-income countries (International Diabetes Federation - IDF, 2021). Diabetes is a major cause of blindness, kidney failure, heart attack, stroke, and lower extremity amputation. According to World Health Organization data, diabetes-related death rates have increased by 3% between 2000 and 2019 (WHO, 2024). Moreover, diabetes is estimated



to cause 6.7 million deaths in 2021; in other words, it is the cause of one death every 5 s worldwide (IDF, 2021). The most common clinical symptoms of diabetes include increased thirst and excessive water consumption, frequent urination during the day, overeating, unexplained weight gain or weight loss, blurred vision, vaginal itching in women, and feelings of weakness, fatigue, and exhaustion (Halk Sağlığı Genel Müdürlüğü- HSGM, 2023; National Institute of Diabetes and Digestive and Kidney Diseases- NIDDK, 2016).

Diabetes treatment is a complex process that requires a multifaceted approach with a primary focus on maintaining blood sugar levels within the target range to prevent complications. Insulin therapy is essential for patients with type 1 diabetes and is usually administered via injections or insulin pumps. The management of type 2 diabetes begins with lifestyle changes such as dietary changes and increased physical activity. If these changes are insufficient, pharmacological interventions, such as metformin and other antidiabetic medicines, may be used (İşeri et al., 2023; Tavakoli et al., 2008).

Current treatment and monitoring guidelines emphasize the importance of personalized treatment plans that consider the patient's general health status, preferences, and presence of comorbidities (Kaner et al., 2021). In addition to pharmacological treatment, patient education plays a critical role in diabetes management. Self-management education aims to enable individuals with diabetes to make conscious decisions regarding diet, exercise, and medication adherence to ensure effective glycaemic control (Bayrak and Çolak, 2012). In addition, addressing psychological problems such as anxiety and depression is also important because these problems can negatively affect diabetes management and the overall quality of life (Çapoğlu et al., 2019; Kendirkıran, 2023). Complications of diabetes, such as diabetic neuropathy, diabetic foot ulcers, and cardiovascular diseases, require comprehensive management strategies, including regular monitoring and preventive care (Fard et al., 2007; Özen and Sertdemir, 2022; Tavakoli et al., 2008). For example, diabetic neuropathy can be managed with medications, such as anticonvulsants and antidepressants, but complete relief is often difficult to achieve (Ziegler, 2006; Zilliox and Russell, 2011).

Diabetes treatment is based on three main components, which vary depending on the type of disease and individual needs: dietary management, physical activity, and medication. Each of these components is critical for controlling a patient's blood sugar level and preventing complications.

It can be said that three components are quite important in the treatment of diabetes.

1. Dietary Management: Dietary management involves regulating patients' eating habits. Individual nutrition plans prepared by dietitians aim to control carbohydrate intake and encourage healthy food choice. Research has shown that regular physical activity and medical nutrition therapy improve blood glucose levels in individuals with type 2 diabetes (İşeri et al., 2023). American Diabetes Association (ADA) guidelines emphasize that lifestyle changes play an important role in the prevention and management of diabetes (İşeri et al., 2023).
- 2. Physical Activity: Regular exercise improves blood glucose control by increasing insulin sensitivity. Exercise programmes should be customised according to the physical capacity of individuals (Kabalı and Özan, 2020). Patients' attitudes towards exercise may affect their compliance with treatment; therefore, it is important for health professionals to inform patients about this issue (Kaynak and Polat, 2017).
- **3. Medication**: Medication plays a critical role in the management of diabetes. Insulin therapy is mandatory for patients with type 1 diabetes because these individuals experience insufficient insulin production. However, some patients may also need insulin therapy (Kaner et al., 2021). Negative attitudes towards insulin use are common, especially in individuals with Type 2 diabetes, and this may negatively affect adherence to treatment (Gül et al., 2021; Kaynak and Polat, 2017).

Diabetes treatment requires a customized approach based on individual needs (Sugandh et al., 2023). Dietary management, physical activity, medication therapy and patient education are the main components of the treatment process. The combination and effective implementation of these elements will help achieve successful results in diabetes management. Diabetes is a complex condition that requires a holistic treatment approach, including lifestyle changes, pharmacotherapy, patient education, and psychological support.

## **PSYCHOSOCIAL IMPACTS OF DIABETES**

Diabetes is a chronic disease that affects individuals' physical health as well as their psychosocial well-being. Individuals with diabetes frequently experience problems such as fear of disease-related complications (Zahn & Kubiak, 2015), depression (Holt, 2018), and anxiety (Upchurch Sweeney et al., 2013). This can negatively affect the quality of life and disease management of patients with diabetes (Çapoğlu et al., 2019), leading to poor glycaemic control and an increased risk of complications (Upchurch Sweeney et al., 2013; Wilson, 2022).

Studies have shown that a significant proportion of individuals with diabetes experience anxiety about complications, such as hypoglycemia and cardiovascular disease (Moini et al., 2022). These anxieties can lead to neglect of self-care routines and increasing health problems (Moini et al., 2022). A meta-analysis reported that the prevalence of depression among individuals with diabetes ranges from 10% to 30%, which is significantly higher than that in individuals without diabetes (Vinall and Pouwer, 2013). In addition, the emotional burden of living with diabetes can manifest itself as depression and anxiety disorder (Holt, 2018). However, as with other chronic diseases, diabetes can lead to burnout, which can create feelings of helplessness and hopelessness (Wilson, 2022).

Social support plays a critical role in the psychosocial wellbeing of individuals with diabetes. Individuals who receive strong support from family, friends, and healthcare providers tend to have better coping mechanisms (Vinall and Pouwer, 2013). However, lack of social support can increase feelings of isola-



tion and stress, making diabetes management more difficult (Bahar & Tanrıverdi, 2017). Furthermore, the financial burden of diabetes is a significant source of stress for families. The costs associated with diabetes management include medications, monitoring supplies, hospital visits, and straining family resources (Kulzer et al., 2023). Financial stress can lead to conflicts among family members regarding resource allocation. Additionally, individuals with diabetes may feel guilty about the financial impact of their condition on their families, which can lead to emotional problems (Bahar & Tanrıverdi, 2017). However, the stigma associated with diabetes is also a significant problem. Many patients may avoid participating in social activities because of feelings of shame and embarrassment (Polonsky, 2020).

In conclusion, the psychosocial problems faced by individuals with diabetes are diverse, and addressing these problems is necessary to improve their overall health and quality of life. It is of great importance for professionals working with individuals with diabetes to adopt a holistic approach that considers both physical and psychological needs.

## SOCIAL WORK AND CHILDREN WITH DIABETES

Diabetes is a chronic disease, and as with other chronic diseases, it causes various psychosocial problems for both patients and their relatives during the diagnosis, treatment, and terminal periods (İçağasıoğlu Çoban, 2016; Özbesler, 2013; Sütçü, 2023). These multidimensional problems reveal the necessity of a holistic approach, and make it necessary for professionals, including social workers, to cooperate.

Social workers operate at various levels of practice when working with diabetic children. First, they provide comprehensive education and support to families regarding the medical aspects of diabetes, helping them understand the disease process, treatment options, and possible complications (Decoster, 2001; İçağasıoğlu Çoban, 2016). During this process, they aimed to provide effective support by working with health professionals in a multidisciplinary team. Second, social workers help patients cope with this situation by addressing the emotional and psychological effects of the disease diagnosis (İçağasıoğlu Çoban, 2016). In this context, they can work on issues, such as adaptation to illness, emotional management, and access to community resources.

Children diagnosed with diabetes may experience various emotional reactions including denial, anger, fear, anxiety, guilt, grief, sadness, and depression. Social workers can develop strategies, such as crisis intervention, supportive counseling, and evidence-based methods (e.g., guided relaxation, journaling, and behavioral approaches) to cope with these emotional states (Hampson & Fraser, 2019). They also help clients navigate complex interactions with health professionals and institutions, making these processes manageable (Hampson & Fraser, 2019).

Social workers use therapeutic interventions, such as counseling and support groups, to help children with diabetes cope with emotional challenges and adjust to their new realities (Decoster, 2001). Case

management helps older adults navigate complex service systems, especially those with comorbidities. These services cover a variety of areas including access to nutritional resources, fitness training, diabetes education, health insurance, medication assistance, transportation, and counseling (Hampson & Fraser, 2019). Social workers can also provide support to individuals with diabetes who live in rural areas, are homebound, or are uninsured to access standard diabetes programs (Decoster, 2001).

Social workers can advocate policy changes that increase access to healthcare and improve the quality of life of children with diabetes. School-based interventions play a critical role in supporting children with diabetes (Agiri, 2019). Social workers collaborate with school staff, teachers, and nurses to develop individualized education plans that consider the child's specific needs related to diabetes management (An et al., 2022). This includes providing appropriate accommodation during school hours, ensuring access to necessary supplies and support, and educating school staff on diabetes management to prevent misunderstandings. They also play an important role in creating a supportive school environment that encourages social inclusion and reduces peer stigma.

### **CASE HISTORY<sup>1</sup>**

The age of B.T. ( $\mathcal{S}$ ) is ten. lives with his mother (H.T.), father (A.T.) and older sister (Z.T.) in Izmir. B.T. is a primary school student in the fourth grade. B.T. was first diagnosed with diabetes when he was four years old. Both of B.T.'s parents have completed high school. B.T.'s family's economic conditions are quite good. His father, A.T., owns a famous restaurant chain in Izmir. His mother is a social media content producer (influencer). B.T.'s diabetes treatment continues at a Training and Research Hospital in Izmir. For the treatment of B. T., his family receives consultancy services from a famous dietician, H.H. H.H. said that B.T. should not consume any fruit for the treatment of diabetes, and the family has prevented B.T. from consuming fruit for approximately four years. At school, his classmates made fun of the B.T. for not consuming foods like them and not eating fruit. Following this incident, a physical fight broke out between B.T. and several classmates. During this time, the B. T. bruises on his arms. B.T. went to the hospital for treatment and his doctor suspected physical abuse, so he was reported to the Medical Social Work Unit as a case of abuse.

#### **CASE INTERVENTION**

In this case study, the planned change process model was used. The Planned Change Model involves creating and executing a plan or strategy aimed at improving or modifying a pattern of behaviors, conditions, or circumstances to enhance a client's well-being or situation (Kirst-Ashman & Hull, 2012). In this context, the studies conducted with the case were presented below under headings corresponding to the stages of the planned change process model.

<sup>1</sup> The case examined in this study was created as a fictional case example in the field of medical social work.



## 1. Engagement

The case was reported to the hospital's social works unit as "child neglect and abuse suspect" through consultation with B.T. The hospital's social work unit manager referred the case to the social worker of S.A. responsible for the Endocrinology Clinic (since the number of social workers in the hospital was insufficient, there was no social worker assigned to each clinic). S.A. first called the doctor who requested consultation to obtain information about the case and began collecting preliminary information about the case from secondary sources. The doctor stated that since B.T. was a child, there was a possibility that he had fallen while playing, but the scratches and bruises on his arms were not normal, and therefore, there was a suspicion of violence. Social worker S.A. collected information on the case from the hospital's automation system. After collecting the initial information, he visited the Endocrinology Clinic to meet the case. The first interview was held in the patient's room with the B.T. and his mother, H.T.

B.T. ( $\delta$ ) is 10 years old and lives in Izmir with her mother H.T., father A.T., and older sister Z.T. Mother H.T. is 35, father A.T. is 38, and older sister Z.T. is 13. B.T. is a fourth-grade primary-school student. Her older sister Z.T. is a third-grade middle school student. B.T.'s parents are high school graduates. Her father, A.T., had a famous restaurant chain in Izmir. Her mother was a social media content producer (influencer). When she was four years old, blood tests taken upon the advice of her pediatrician revealed that the B.T. had type 1 diabetes. B.T. has been receiving diabetes treatment for approximately six years.

### 2. Assessment

Obtaining a diabetes diagnosis, carrying out treatment, and controlling insulin is a traumatic experience for both the child and the family. Therefore, the family's interest in B.T. and treatment follow-up are extremely important. In the interviews, the relationships between mother H.T., father A.T., and their children was observed, and it was assessed that the parents developed healthy relationships with their children. On the other hand, the socioeconomic condition of the family was so quite good.

As a result of the evidence obtained from the interviews, it was concluded that B.T. was not a "*child suspected of neglect or abuse*" but was subjected to peer bullying due to his illness. It was learned that B.T. physically fought with his friends for the first time but that he had previously been verbally mocked with nicknames. On the other hand, it was evaluated that the disturbing but careful point about the case was the "*fruit consumption*" issue. In this context, it was thought that B.T. parents had incorrect information or beliefs.

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about the case was the *"fruit consumption"* issue. In this context, it was thought that B.T. parents had incorrect information or beliefs.

## 3. Planning

The Planning phase involves the client and social worker collaborating to create a plan with specific goals and objectives aimed at addressing the issue at hand. This plan is designed to assist the client in meeting their needs or resolving the problem (Johnson & Yanca, 2010). Following the preliminary assessment section, the procedures carried out with B.T. and his family were planned as follows.

- First, individual interviews were conducted with the B.T. about the problem to be addressed and peer bullying. In this context, an interview purpose was determined for B.T. on how to control her anger and cope with peer bullying.
- A meeting with the B.T.'s teacher was planned for peer bullying and diabetes.
- An educational study was conducted for peers and the school environment, which are the most important sources of peer bullying. To achieve this, meetings were planned with the school principal and Provincial Directorate of the Ministry of Family and Social Services. It was also thought that it would be appropriate to provide training on diabetes awareness and diabetic students at the B.T.'s school.
- Perhaps the most difficult part of the intervention plan was how to convince the family about B.T.'s fruit consumption. In this context, it was thought that it would be appropriate to meet the hospital's dietician and patient's doctor to provide accurate information to the family.

## 4. Implementation

Interviews were held with the B.T. on anger management and strategies to cope with peer bullying. In this context, B.T. was counselled on "emotions," *"feelings of anger," "our body's reactions during anger," "skills to initiate and maintain healthy communication," "body language,"* "what to do during anger," *"violence and its consequences," "peer bullying*" and *"what to do against bullying*". In addition, family members were informed of these topics to raise their awareness.

In accordance with plan, B.T.'s teacher, N.K. A meeting was also held. N.K. stated that her student was a successful child, and she did not know that she had diabetes. Therefore, social worker S.A. provided general information about the disease. In addition, the fact that the teacher did not know about the disease made the family feel ashamed/fearful. It was planned to meet the family again on this issue. To raise awareness of the students and teachers at B.T.'s school about diabetes and peer bullying, awareness training was organized by the school administration, the Provincial Directorate of Family and Social Services, and the Provincial Directorate of Health.

B.T.'s parents were interviewed due to both the teacher's lack of knowledge about B.T.'s illness and the prohibition on fruit consumption. The father reported that he had difficulty accepting his child's



illness and thought that if it was learned that he was sick, his child would be sent to another school. He also stated that they received counselling from a well-known dietician and that they did not allow B.T. to eat fruit because they were told that their child would get better if they did not consume fruit. Social work S.A. informed A.T. that children with diabetes were not accepted to a special education class or school, and that he was studying in the same classes as children without diabetes. Sound information was obtained from B.T.'s doctor and the hospital dietician. Father A.T., mother H.T. and B.T. received counselling from the hospital dietician regarding nutrition and fruit consumption in diabetes. Within this scope, a B.T. diet was arranged, and fruit consumption was ensured.

### 5. Evaluation

The interviews conducted with B.T. showed that his anger management and peer bullying prevention skills had improved. Not only were the interviews conducted with B. T. effective in this result, but it was also evaluated that awareness work on the subject among his classmates, other students at school, and teachers made a positive contribution to the process. Informing B.T. and his parents about nutrition in diabetes facilitated the intervention process and allowed B.T. to consume fruits. Moreover, the family's false beliefs and thoughts about diabetes were replaced with those of appropriate and healthy individuals.

### 6. Termination

The first interview was conducted in a patient room in the clinic. Subsequent interviews were conducted in interview rooms located in a social works unit. During the intervention process, many people and institutions were contacted, and the application was successfully completed. In the last interview, all the work done to B.T., A.T., and H.T. was summarized, the gains from the intervention process were discussed, and the case was concluded.

### 7. Follow-up

This case study was conducted in a hospital, which is a medical treatment institution, and it was quite difficult to conduct a follow-up interview. However, regular visits to the hospital for treatment enabled a follow-up interview to be held three months after the intervention period. It was understood that the B.T. was able to consume fruit in portions deemed appropriate by the dietician and developed healthy relationships with his friends in the classroom.

## CASE ANALYSIS

In this case study, the ecological, empowerment, and cognitive-behavioral approaches were used. B.T.'s relationships with the family system, peer system and school system were evaluated within the framework of the Ecological approach and thus it was determined which systems should be worked on. Biologically, the human body produces a series of stress hormones such as adrenaline. This mechanism encourages changes in our physical and mental states and helps us escape or fight. This is called the "*stress response*" and is called "*fight or flight*" (Özel and Bay Karabulut, 2018). B.T.'s losing control of anger and experiencing violence in the face of peer bullying was evaluated as a fight response. B.T. had previously been subjected to verbal bullying by his friends and was partially successful in dealing with this problem without turning into a violent incident. B.T. was reminded of what to do in the face of bullying and B.T. was made to realize this strong aspect. B.T. was informed that he could give a war response without showing violence. In addition, it has empowered the B.T. in studies on anger management. On the other hand, behavioral change was achieved by intervening in the mother's and father's incorrect and automatic cognitions about illness and nutrition (reframing). Similarly, cognitive change was achieved in students and teachers by providing education on diabetes and peer bullying.

Many classifications of social work skills have been made in the literature, but Sütçü and Demirel's (2022) classification was used in this study. B.T. Many skills were used during the intervention. In this context, *"verbal and nonverbal communication", "asking questions", "empathy, and "active listening"* skills were used. Planning and contracting skills (the solution to the problem was planned together with B.T., his family, and the social worker, and then the intervention contract was made), assessment skills (ecological assessment of B.T. and his family, evaluation of the problem), and problem-solving skills (for peer bullying and anger management) were used in the intervention process. In this case, the social worker performed teamwork, cooperation, and coordination skills in bringing B.T. and his parents together with the dietician, the patient's doctor, and the family for the diabetes and nutrition process in diabetes. Additionally, the case utilized multitasking skills, which are professional skills at different application levels that solve multiple problems simultaneously.

In this study, a broker role was undertaken to ensure that the B.T. and his parents obtained accurate information. An empowering role was adopted to increase the B.T.'s awareness of anger management and peer bullying. Additionally, an educational role was undertaken to inform students and teachers at school about peer bullying and diabetes.

### **CONCLUSION AND RECOMMENDATIONS**

Diabetes is a chronic disease that causes psychosocial problems beyond physiological problems. Although diabetes cannot be cured definitively, it can be controlled through diet management, physical activity, and medication. Diabetes, which can be observed in every developmental period, can be traumatic for the child and his/her family during childhood. In this respect, a holistic view of social work among children with diabetes can make an important contribution. This article, which examines the social work intervention example for the fictional case of a diabetic child, developed an application according to the stages of the planned change process. The ecological model, empowerment approach, and cognitive-behavioral approach were used together in the assessment and intervention process of the B.T. case. In this article, for the first time in Türkiye, an example of social work practice



in the case of a child with diabetes was created. In this way, it is considered that the article will serve as a guide for social workers who will work in the medical field.

Based on the evaluations made in this fictional case study, the following suggestions are presented.

- Diabetes can cause discrimination, stigmatization, exclusion, and peer bullying problems in children; therefore, these problems should be evaluated in practice with children with diabetes. In addition, social workers should fulfil their advocacy roles in these problems. Social workers should encourage children with diabetes to actively participate in education, awareness campaigns, and support groups. These activities aim to raise awareness of the psychosocial challenges faced by the child and their family, as well as to promote treatment adherence. This involvement should occur at the mezzo level within the child's school and social environment and at the macro level in society to help prevent discrimination and peer bullying against children with diabetes.
- Diabetes treatment is a process in which children and family members must harmonize. Problems between children, family members or other systems can negatively affect treatment. Therefore, social workers should provide counselling regarding the organization of family functions and roles according to children's diabetes management. They should change agents in the transformation of the school and peer systems.
- As with other chronic diseases, the treatment of diabetes can be financially challenging for children and families. Social workers should take on the role of liaisons to provide resources for children with diabetes and their families.
- Evidence regarding social work practices in children with diabetes is extremely limited; therefore, more research and examples of practice are needed.

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