



RESEARCH ARTICLE / ARAŞTIRMA YAZISI

Investigation of the Relationship Between the Mental States and Family Functioning of Turkish Female Workers Working in the Industrial Sector

Sanayi Bölgesinde Çalışan Türk Kadın İşçilerin Ruhsal Durumları ve Aile İşlevleri Arasındaki İlişkinin İncelenmesi

Mehtap Kızılkaya¹, Nükhet Balliel², Kerime Derya Beydağ³

Abstract:

This study was conducted to examine the factors affecting the mental states and family functions of female workers working in the organized industrial zone (food, leather - textile, furniture, chemical products, paper-plastic, electronics) and to determine the relationship between their mental states and family functions. This descriptive and relationship-seeking study was conducted with 275 working women in June-August 2019. Research data were collected using a Personal Information Form, the Family Assessment Device, and the Brief Symptom Inventory. Descriptive statistics were presented as numbers, percentages, and mean and standard deviation values. Also, the One-way ANOVA test, correlation, and regression analyses were used in the data analysis. It was determined that the unhealthiest family functioning of women according to the family assessment device included behavior control (2.86±0.43), affective involvement (2.79±0.56), and affective responsiveness (2.72±0.47) and that the highest mean scores were obtained from the depression and anxiety subscales of the brief symptom inventory. The result of the regression analysis in our study indicated that female workers' mean scores on the subscales of the family assessment device significantly predicted their mean scores on the subscales of the brief symptom inventory. In conclusion, it was found that the mental state of women working in the industrial sector negatively affected their family functioning. However, it was seen that women performed the problem-solving function soundly despite high levels of anxiety and depression. It can be recommended that female workers should be supported in household jobs by family members and that they should be given psycho-education on communication, coping skills, and symptoms of mental disorders.

Keywords: Organized industrial, woman, worker, family functioning, mental state, influencing factor

*This research was presented as an Verbal presentation at the 5th INTERNATIONAL CONGRESS ON HEALTHY LIFE held on 27-28 April 2021.

¹Assist. Prof., Aydın Adnan Menderes University, Faculty of Nursing, Department of Mental Health and Diseases Nursing, Aydın-Türkiye, mehtap.kizilkaya@adu.edu.tr, Orcid id: 0000-0002-4000-8926

²Assoc. Prof., Adnan Menderes University, Faculty of Nursing, Public Health Nursing Department, Aydın-Türkiye, nukhetkirag@gmail.com, Orcid id: 0000-0001-8223-2996

³Prof. Dr. Istanbul Gedik University, Faculty of Health Sciences, Department of Nursing, İstanbul-Türkiye, derya.beydag@gedik.edu.tr, Orcid id: 0000-0002-7251-4882

Address of Correspondence/Yazışma Adresi: Mehtap Kızılkaya, Aydın Adnan Menderes University, Faculty of Nursing, Department of Mental Health and Diseases Nursing, Aydın-Türkiye, mehtap.kizilkaya@adu.edu.tr

Date of Received/Geliş Tarihi: 14.03.2023, **Date of Revision/Düzelme Tarihi:** 02.09.2023, **Date of Acceptance/Kabul Tarihi:** 07.02.2024, **Date of Online Publication/Çevrimiçi Yayın Tarihi:** 17.03.2024

Citing/Referans Gösterimi: Kızılkaya, M., Balliel, N. & Beydağ, K. D. (2024). Investigation of The Relationship Between the Mental States and Family Functioning of Turkish Female Workers Working in The Industrial Sector. *Cyprus Turkish Journal of Psychiatry & Psychology*, 6(1): 21-31.

© 2024 The Author(s). Published by Cyprus Mental Health Institute / Cyprus Turkish Journal of Psychiatry and Psychology (www.ktpdgersi.com). This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution 4.0 license which permits use, sharing, adaptation, distribution and reproduction in any medium or format, provided the original work is properly cited and is not used for commercial purposes. <http://creativecommons.org/licenses/by/4.0/>

Öz:

Bu çalışma, organize sanayi bölgesinde (gıda, deri –tekstil, mobilya, kimyasal ürün, kağıt-plastik, elektronik) çalışan kadın işçilerin ruhsal durumları ve aile işlevlerini etkileyen etmenleri incelemek, ruhsal durumları ile aile işlevlerinin ilişkisini belirlemek amacıyla yapılmıştır. Tanımlayıcı ve ilişki arayıcı tipteki bu çalışma, Haziran-Ağustos 2019’da 275 işçi kadın ile gerçekleştirilmiştir. Araştırma verileri, Kişisel Bilgi Formu, Aile Değerlendirme Ölçeği ve Kısa Semptom Envanteri kullanılarak toplanmıştır. Verilerin analizinde; tanımlayıcı analizlerde sayı, yüzde, ortalama, standart sapma, Tek yönlü (One way) Anova testi, korelasyon ve regresyon analizi uygulanmıştır. Kadınların aile değerlendirme ölçeğine göre, en sağlıksız aile işlevleri Davranış Kontrolü (2.86 ± 0.43), Gereken İlgiyi Gösterme (2.79 ± 0.56) ve Duygusal Tepki Verebilme (2.72 ± 0.47) olduğu, kısa semptom envanterine göre en yüksek puan ortalamasının depresyon ve anksiyete alt ölçeklerinden alınmış olduğu belirlenmiştir. Çalışmamızın regresyon analizi sonucu; kadın işçilerin aile değerlendirme ölçeği alt ölçeklerinin, kısa semptom envanteri alt ölçeklerini anlamlı biçimde yordadığını göstermektedir. Sonuç olarak; sanayide çalışan işçi kadınların ruhsal durumları, aile işlevlerini olumsuz etkilemektedir. Ancak kadınlar problem çözme işlevini anksiyete ve depresyon seviyesinin yüksekliğine rağmen sağlıklı biçimde yürütmekte oldukları görülmektedir. İşçi kadınlara özellikle ev içindeki işlerde aile üyelerinin destek olmaları gerektiği, kadınlara iletişim, baş etme becerileri ve ruhsal hastalıkların belirtileri konularında psiko eğitim yapılması önerilebilir.

Anahtar Kelimeler: Organize sanayi, kadın, işçi, aile işlevi, ruhsal durum, etkileyen faktör

Introduction

Women make up half of the world's population and 46% of the 2.8 billion people working globally (ILO, 2016). The presence of women in the labor market not only helps the economy grow and reduces poverty but also contributes to their individual development (Akgeyik, 2017).

Organized industrial zones were established with the aim of reducing the development differences between regions, ensuring balanced development and increasing employment by gathering industrial facilities in a place far from residential areas. Today, organized industrial zones have become the production centers of Turkey. According to the Organized Industrial Zones Supreme Organization (OSBÜK), it is reported that there are 375 organized industrial zones in Turkey as of 2022 (OSBÜK, 2022). The paid employment of women in worker status was put into practice with the industrial revolution in the 18th century. Women, who generally worked in agriculture, weaving at home, and in small workshops, were employed in industrial establishments such as factories as a result of technological developments (Sağlık, Çelik, 2018). It is known that 42.4% of working women in Turkey are employed in the agricultural sector, 41.7% in the service sector, 15.9% in the industrial sector (food, leather – textile, furniture, chemical product, paper, plastic, electronic), and 53.4% in daily paid jobs (Gül, Yalçınoğlu, Atlı, 2014). Because working women spend at least one-third of the day at work, continue their domestic roles, and face violence and stress more than men, their risk of experiencing some mental problems increases. Hormonal variables and environmental, socio-cultural, and social values affect women's mental health (Koyun, Taşkın, Terzioğlu, 2011). Family is one of the most important social institutions that people have. Being healthy is possible by fulfilling family functions healthily. The family has functions, such as ensuring the continuity of the family lineage, meeting economic needs, providing status, educating children, teaching religious, moral, and aesthetic values, and creating an environment of mutual love and

trust (Canatan, Yıldırım, 2011; Yapıcı, 2010). Women have an important share in the fulfillment of all these functions of the family. Before achieving the happiness of family members, healthy growth of children, and the development of healthy relationships within the family, women's health should be protected and improved (Karslı, 2019). For this reason, positive progress in women's work life and family roles will only be possible if they are mentally healthy. When the relevant literature is examined, it is seen that there are no studies conducted on female workers working in the industrial sector in our country, but there are studies on the mental states of women working in different sectors (Akman, 2016; Öz Yıldız, 2017; Çiğner, Demir, 2018; İmamoğlu Akman, Çopur Vardar, 2019; Uslu, Kızılkaya, 2021; Karaköse, Ulusoy, 2022). In this context, our study was conducted to examine factors (food, leather –textile, furniture, chemical product, paper, plastic, electronic) affecting the mental status and family functioning of female workers working in the industrial sector and determine the relationship between their mental status and family functioning.

Methods**Design**

This is a descriptive, relationship-seeking type of study.

Sample/Participants

The study was carried out with female workers working in the industrial zone in a province in the west of Turkey (Aydın) between June and August 2019. In the study, all female workers who volunteered to participate in the study were included without applying a sampling procedure. Inclusion criteria of the study were working in the industrial zone, being aged ≥ 18 , being open to communication and collaboration, agreeing to participate in the study, and not having been diagnosed with any psychiatric disorder. According to the exclusion criteria of the study, women who were on sick leave or leave at the time of the study were not included in the study. The minimum sample size of the study was calculated as 235 individuals on the G*Power software based on an effect size of 0.41, a significance level of $\alpha=0.05$, and a power of

0.80 according to the literature (Türkleş, Yılmaz, Özcan, Öncü &, Karataş, 2013). A total of 275 female workers who were working in various business lines of an industrial zone in a province located in the west of the Aegean region and who volunteered to participate in the research, were included in the study.

Data collection and tools Research data were collected using a Personal Information Form, the Family Assessment Device (FAD), and the Brief Symptom Inventory (BSI). The forms were applied by the researchers through face-to-face interviews, and it took approximately 25-30 minutes to fill out the forms.

Personal Information Form This form consists of 15 questions about socio-demographic characteristics and the working life of female workers.

The Family Assessment Device (FAD)

This scale was developed by Epstein et al. (1983) and translated into Turkish by Bulut (1990). It is made up of 60 questions whose validity and reliability study was conducted. It is used to determine individuals' perceptions of family functioning. The response options to the questions on the scale include strongly agree, agree to a large extent, somewhat agree, and strongly disagree. A score between 1 and 4 can be obtained from the scale, with 1 point being healthy and 4 points being unhealthy. FAD consists of seven subscales, namely communication, problem solving, roles, affective involvement, affective responsiveness, behavior control, and general functioning. Problem-solving is interpreted as the ability to solve material and moral problems of the family effectively; communication as an information exchange among family members and whether the communication is open; roles as behavior patterns that family members should show according to their position in the family to meet the needs of the family; affective responsiveness as responses of family members to internal and external stimuli; affective involvement as mutual interest, love, and care of family members; behavior control as certain rules set by the family for the behaviors of family members and maintaining discipline. General functioning means general information about the family. High scores on the subscales mean that the family functioning is unhealthy (Bulut, 1990).

The Brief Symptom Inventory (BSI)

This scale was developed by Derogatis (1992) to evaluate mental symptoms and adapted into Turkish by Şahin and Durak (1994). It has 5 subscales: anxiety means feeling nervous and uneasy; depression means hopelessness about the future; negative self means a feeling of guilt; somatization means fainting, dizziness; hostility means a feeling of aggression and harming. High scores on the subscales indicate the frequency of symptoms (Savaşır, Şahin, 1997). Cronbach Alpha coefficients for each sub-

dimension of the scale; It was calculated as .80 for PÇ, .71 for İ, .42 for R, .59 for DTV, .38 for GİG, .52 for DK and .86 for GI.

Data analysis

The data obtained from the research were analyzed on the SPSS 22.0 (statistics software package). Descriptive statistics were presented as numbers, percentages, and mean and standard deviation values. One-way ANOVA test was used to compare family functioning and mental state scores between groups. Pearson correlation and regression analyses were applied between continuous variables of the complementary research to identify differences. After the ANOVA test, the Scheffé test was used as a complementary post-hoc analysis to determine the differences. The results were evaluated at a confidence interval of 95% and a significance level of 5%.

Ethical principles

Then, necessary approval was received from the ethical committee of the university that one of researchers has previously served (Date: June 12, 2019, No: 110). Necessary permission was obtained from the authorized unit of each factory where the study would be carried out. The women who were included in the study were informed about the purpose of the study and that participation in the study was voluntary, and their written consent was obtained.

Results

Of the female workers, 28% were aged between 26 and 30, 80.3% were primary school graduates, 60% were married, 64% had children, and 69.5% had a nuclear family. Fifty-two percent of women had a total work experience of fewer than five years. In addition, 65.1% of female workers found their income less than their expenses, nearly half of them (49.4%) evaluated their health status as bad, 20.4% frequently used painkillers, 50.9% were smokers, and about one-fourth (23.6%) of them stated they used alcohol. Table 1 shows female workers' mean scores on the subscales of the family assessment device and the brief symptom inventory. It was determined that the mean scores of female workers on all subscales except for the problem-solving subscale of the family assessment device, which was evaluated as unhealthy, was ≥ 2.0 . The subscales with the highest mean scores, that is, the unhealthiest family functions, were behavior control, affective involvement, and affective responsiveness. The examination of female workers' mean scores on the subscales of the brief symptom inventory indicated that the highest mean scores were obtained from the depression and anxiety subscales, with the scores being 25.36 ± 10.17 and 23.99 ± 9.02 , respectively (Table 1)

Table 1. Female workers' mean scores on the subscales of the family assessment device and the brief symptom inventory

Subscales of the FAD	Mean	SD	Min.	Max.	Alpha
Problem solving	1.96	0.67	1.00	4.00	0.84
Communication	2.32	0.34	1.33	3.22	0.80
Roles	2.50	0.44	1.27	3.55	0.80
Affective responsiveness	2.72	0.47	1.33	3.67	0.79
Affective involvement	2.79	0.56	1.29	3.86	0.82
Behavior control	2.86	0.43	1.56	3.78	0.81
General functioning	2.47	0.24	1.67	3.00	0.80

Subscales of the BSI	Mean	SD	Min.	Max.	Alpha
Anxiety	23.99	9.02	13.00	57.00	0.81
Depression	25.36	10.17	12.00	60.00	0.83
Negative self	20.75	8.68	12.00	58.00	0.80
Somatization	17.86	6.78	9.00	41.00	0.82
Hostility	13.29	5.39	7.00	32.00	0.82

Table 2 presents the findings of the comparison between the descriptive characteristics of the female workers in the study and their mean scores on the subscales of the family assessment device and the brief symptom inventory.

It was determined that the mean scores of the married female workers on the problem solving, communication, affective responsiveness, affective involvement, and general functioning subscales of the family assessment device were statistically significant but that their scores on the roles subscale did not differ significantly according to the marital status variable ($p>0.05$). It was determined that the mean scores of the women who were not literate on the problem solving, roles, affective responsiveness, and general functioning subscales were statistically significant, but that their scores on the communication subscale did not differ significantly according to the educational status variable ($p>0.05$). Also, the mean scores of the women who had one child on the roles, affective

responsiveness, and affective involvement were found to be statistically significant, while their mean scores on the problem solving, communication, behavior control, and general functioning subscales did not differ significantly according to the number of children variable ($p>0.05$).

While the mean scores of the women whose total work experience was ≤ 5 years on the affective responsiveness, affective involvement, and behavior control subscales were statistically significant, their scores on the problem solving, communication, roles, and general functioning subscales did not differ significantly according to the total work experience variable ($p>0.05$). The mean scores of the women who used alcohol on the problem solving, affective responsiveness, affective involvement, behavior control, and general functioning subscales were found to be statistically significant. However, the scores on the communication and roles subscales were not significant (Table 2).

Table 2. Comparison of the mean scores of female workers on the subscales of the family assessment device and the brief symptom inventory according to their descriptive characteristics

Demographic characteristics	n	Subscales of the FAD						
		Problem solving	Communication	Roles	Affective responsiveness	Affective involvement	Behavior control	General functioning
Marital status		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Married	16	1.84±0.57	2.36±0.32	2.53±0.44	2.79±0.43	2.86±0.53	2.92±0.40	2.50±0.22
Single	11	2.14±0.77	2.25±0.33	2.45±0.45	2.61±0.51	2.68±0.58	2.78±0.46	2.43±0.26
t=		-3.69	2.67	1.55	3.16	2.62	2.70	2.36
p=		0.00	0.01	0.12	0.00	0.00	0.00	0.02
Education status		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Not literate	12	2.26±0.71	2.14±0.34	2.14±0.41	2.44±0.43	2.31±0.55	2.59±0.46	2.22±0.25
Elementary school	42	2.07±0.57	2.34±0.35	2.43±0.36	2.76±0.52	2.75±0.61	2.92±0.50	2.51±0.25
Middle school	84	2.05±0.65	2.25±0.37	2.31±0.39	2.60±0.54	2.55±0.52	2.72±0.43	2.45±0.29
High school	84	1.78±0.67	2.38±0.27	2.62±0.39	2.81±0.37	2.96±0.51	2.96±0.38	2.50±0.20
University	53	1.97±0.71	2.35±0.39	2.73±0.50	2.81±0.42	3.02±0.43	2.95±0.37	2.49±0.24
F=		2.87	2.35	12.68	3.68	12.00	5.42	4.03
p=		0.02	0.05	0.00	0.00	0.00	0.00	0.00
PostHoc=		1 > 4. 2 > 4. 3 > 4 (p<0.05)		2 > 1. 4 > 1. 5 > 1. 4 > 2. 5 > 2. 4 > 3. 5 > 3 (p<0.05)	2 > 1. 4 > 1. 5 > 1. 4 > 3. 5 > 3 (p<0.05)	2 > 1. 4 > 1. 5 > 1. 4 > 2. 5 > 2. 2 > 3. 4 > 3. 5 > 3 (p<0.05)	2 > 1. 4 > 1. 5 > 1. 2 > 3. 4 > 3. 5 > 3 (p<0.05)	2 > 1. 3 > 1. 4 > 1. 5 > 1 (p<0.05)

Count of children		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
1	53	1.94±0.64	2.40±0.31	2.58±0.42	2.87±0.40	2.90±0.57	2.89±0.40	2.54±0.25
2	64	1.85±0.61	2.35±0.36	2.56±0.42	2.77±0.44	2.83±0.55	2.92±0.39	2.48±0.22
3	35	1.93±0.59	2.35±0.33	2.46±0.44	2.84±0.47	2.76±0.50	2.90±0.48	2.49±0.16
≥4	24	2.22±0.59	2.25±0.33	2.20±0.37	2.42±0.56	2.49±0.63	2.73±0.46	2.42±0.31
F=		2.10	1.10	5.29	5.82	3.09	1.17	1.49
p=		0.10	0.35	0.00	0.00	0.02	0.32	0.21
PostHoc=				1 > 4, 2 > 4, 3 > 4 (p<0.05)	1 > 4, 2 > 4, 3 > 4 (p<0.05)	1 > 4, 2 > 4 (p<0.05)		
Total work experience		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
≤5 years	14	1.87±0.64	2.35±0.33	2.53±0.43	2.79±0.41	2.87±0.51	2.90±0.43	2.49±0.23
6-10 years	76	2.05±0.67	2.27±0.36	2.50±0.43	2.75±0.47	2.78±0.59	2.89±0.41	2.46±0.24
≥10 years	56	2.08±0.72	2.29±0.36	2.42±0.50	2.52±0.56	2.57±0.59	2.72±0.44	2.45±0.26
F=		3.01	1.56	1.06	6.92	6.02	3.92	0.69
p=		0.05	0.21	0.34	0.00	0.00	0.02	0.50
Post Hoc=					1 > 3, 2 > 3 (p<0.05)	1 > 3, 2 > 3 (p<0.05)	1 > 3, 2 > 3 (p<0.05)	
t=		2.61	0.88	0.12	-1.35	-2.12	-0.17	1.28
p=		0.01	0.37	0.90	0.17	0.03	0.86	0.20
p=		0.65	0.05	0.99	0.02	0.87	0.29	0.10
Using alcohol		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Yes	65	2.23±0.8	2.26±0.38	2.41±0.50	2.43±0.47	2.54±0.57	2.68±0.44	2.41±0.23
No	210	1.88±0.60	2.34±0.33	2.53±0.42	2.81±0.44	2.86±0.53	2.92±0.41	2.49±0.24
t=		3.78	-1.64	-1.82	-5.93	-4.19	-3.99	-2.20
p=		0.00	0.10	0.06	0.00	0.00	0.00	0.02

Subscales of the BSI

Demographic characteristics	n	Anxiety	Depression	Negative Self	Somatization	Hostility
		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Marital status						
Married	165	23.21±8.74	24.03±9.37	19.65±7.98	17.55±6.81	12.30±5.01
Single	110	25.16±9.34	27.37±11.01	22.40±9.43	18.32±6.73	14.78±5.62
t=		-1.76	-2.69	-2.59	-0.92	-3.81
p=		0.07	0.00	0.01	0.35	0.00
Education status						
Not literate	12	29.16±10.11	33.16±11.69	21.58±7.79	26.58±8.31	13.08±4.87
Elementary school	42	24.97±8.57	25.76±8.93	21.09±7.37	18.50±7.07	13.11±4.71
Middle school	84	24.16±7.67	26.23±9.10	19.92±7.74	19.75±6.13	12.27±4.57
High school	84	22.59±9.65	23.51±10.29	20.82±9.55	15.89±6.24	13.25±5.62
University	53	23.98±9.83	24.84±11.43	21.49±9.91	15.50±5.52	15.18±6.43
F=		1.63	2.73	0.32	11.59	2.45
p=		0.16	0.02	0.86	0.00	0.04
Post Hoc=			1>2, 1>3, 1>4, 1>5 (p<0.05)		1>2, 1>3, 1>4, 2>4, 3>4, 1>5, 2>5, 3>5 (p<0.05)	5>3, 5>4 (p<0.05)

Count of children		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
1	53	21,90±6,76	23,22±8,48	19,83±8,17	16,15±4,73	12,47±4,79
2	64	22,85±8,71	23,85±9,58	19,35±7,84	17,25±7,11	12,09±4,80
3	35	21,97±9,78	23,14±10,00	18,65±7,61	16,94±6,56	11,20±4,31
≥4	24	28,79±7,55	32,29±8,52	22,75±7,62	26,12±7,17	14,50±5,74
F=		4.39	6.39	1.43	15.05	2.30
p=		0.00	0.000	0.23	0.00	0.07
Post Hoc=		4>1, 4>2, 4>3 (p<0.05)	4>1, 4>2, 4>3 (p<0.05)		4>1, 4>2, 4>3 (p<0.05)	

Total work experience		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
≤5 years	143	23.12±8.96	24.11±9.99	20.47±8.86	16.44±5.80	13.28±5.60
6-10 years	76	22.93±6.99	24.84±8.68	20.06±7.65	17.32±5.47	12.65±4.43
≥10 years	56	27.64±10.70	29.28±11.61	22.39±9.46	22.19±8.75	14.19±5.96
F=		5.97	5.51	1.31	16.43	1.31
p=		0.00	0.00	0.27	0.00	0.27
Post Hoc=		3>1, 3>2 (p<0.05)	3>1, 3>2 (p<0.05)		3>1, 3>2 (p<0.05)	

Using alcohol		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Yes						
No	65	27.87±10.57	30.21±11.37	24.16±9.78	20.24±6.72	16.20±6.23
t=	210	22.79±8.15	23.86±9.30	19.69±8.05	17.12±6.64	12.40±4.7
p=		4.08	4.55	3.71	3.30	5.19
		0.00	0.00	0.00	0.00	0.00

There was no statistically significant difference between the other demographic characteristics of the women in our study and their mean scores on the subscales of the family assessment device. The examination of the findings of the comparison between the descriptive characteristics of female workers and their mean scores on the subscales of the brief symptom inventory indicated that the mean scores of married women on the depression, negative self, and hostility subscales were statistically significant but that their scores on the anxiety and somatization subscales did not differ significantly ($p > 0.05$). The mean scores of the women who were not literate on the depression, somatization, and hostility subscales were statistically significant, while their scores on the anxiety and negative self subscales did not differ significantly ($p > 0.05$). It was found that the depression, anxiety, and somatization subscale scores of the female workers who had one child were found to be statistically significant, while their scores

on the negative self and hostility subscales did not differ significantly according to the number of children variable ($p > 0.05$).

While the mean scores of the women who had a total work experience of ≥ 10 years on the anxiety, depression, and somatization subscales were statistically significant, their scores on the negative self and hostility subscales did not differ significantly according to the total work experience variable ($p > 0.05$).

The mean scores of the women who used alcohol on all of the subscales of the BSI, namely anxiety, depression, somatization, negative self, and hostility, were statistically significant ($p < 0.05$). As seen in Table 3, there were significant correlations between the subscales of the brief symptom inventory and the subscales of the family assessment device.

Table 3. Correlations between the brief symptom inventory and the family assessment device

Subscales of the FAD	Subscales of the BSI	Anxiety	Depression	Negative self	Somatization	Hostility
Problem-solving	r	0.45**	0.53**	0.40**	0.38**	0.41**
	p	0.00	0.00	0.00	0.00	0.00
Communication	r	-0.19**	-0.23**	-0.12*	-0.24**	-0.12*
	p	0.00	0.00	0.04	0.00	0.03
Roles	r	-0.32**	-0.41**	-0.21**	-0.45**	-0.13*
	p	0.00	0.00	0.00	0.00	0.02
Affective responsiveness	r	-0.44**	-0.51**	-0.29**	-0.52**	-0.30**
	p	0.00	0.00	0.00	0.00	0.00
Affective involvement	r	-0.41**	-0.48**	-0.33**	-0.44**	-0.29**
	p	0.00	0.00	0.00	0.00	0.00
Behavior control	r	-0.34**	-0.38**	-0.20**	-0.43**	-0.25**
	p	0.00	0.00	0.00	0.00	0.00
General functioning	r	-0.14*	-0.19**	-0.11	-0.17**	-0.11
	p	0.01	0.00	0.06	0.00	0.05

* $p < 0.05$; ** $p < 0.01$

Accordingly, there were positive correlations between anxiety and problem solving ($r=0.45$, $p=0.00<0.05$), depression and problem solving ($r=0.53$, $p=0.00<0.05$),

negative self and problem solving ($r=0.40$, $p=0.00<0.05$), somatization and problem solving ($r=0.38$, $p=0.00<0.05$), and hostility and problem solving ($r=0.41$, $p=0.00<0.05$).

Table 4. Regression analysis of mean scores on the subscales of the FAD and the BSI

Dependent variable	Independent variable	β	t	p	F	Model (p)	R ²
Anxiety	Problem-solving	3.94	4.64	0.00	16.42	0.00	0.28
	Communication	1.73	1.00	0.31			
	Roles	-1.59	-1.13	0.26			
	Affective responsiveness	-4.81	-3.44	0.00			
	Affective involvement	-1.28	-1.04	0.29			
	Behavior control	-0.18	-0.12	0.89			
	General functioning	-1.37	-0.61	0.54			
Depression	Problem-solving	5.31	6.06	0.00	26.98	0.00	0.39
	Communication	2.02	1.14	0.255			
	Roles	-3.10	-2.13	0.03			
	Affective responsiveness	-6.04	-4.19	0.00			
	Affective involvement	-1.50	-1.18	0.23			
	Behavior control	0.54	0.36	0.71			
	General functioning	-2.62	-1.12	0.26			
Negative self	Problem-solving	4.17	4.77	0.00	9.57	0.00	0.18
	Communication	1.24	0.70	0.48			
	Roles	-0.32	-0.22	0.82			
	Affective responsiveness	-2.31	-1.60	0.10			
	Affective involvement	-1.86	-1.46	0.14			
	Behavior control	1.45	0.96	0.33			
	General functioning	-2.84	-1.22	0.22			
Somatization	Problem-solving	1.41	2.32	0.02	21.79	0.00	0.34
	Communication	2.05	1.66	0.09			
	Roles	-3.65	-3.61	0.00			
	Affective responsiveness	-4.72	-4.71	0.00			
	Affective involvement	-0.64	-0.72	0.46			
	Behavior control	-1.05	-1.00	0.31			
	General functioning	0.40	0.24	0.80			
Hostility	Communication	0.29	0.26	0.79	9.98	0.00	0.18
	Roles	1.55	1.73	0.08			
	Affective responsiveness	-1.52	-1.71	0.08			
	Affective involvement	-0.48	-0.61	0.54			
	Behavior control	-0.68	-0.73	0.46			
	General functioning	-2.28	-1.59	0.11			

Table 4 shows the regression analysis of the mean scores on the subscales of the FAD and the BSI. Various models were presented regarding how independent variables (problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning) predicted dependent variables (anxiety, depression, negative self, somatization, and hostility). The regression analysis between each of the variables of anxiety ($F=16.42$; $p=0.00<0.05$), depression ($F=26.98$; $p=0.00<0.05$), negative self ($F=9.57$; $p=0.00<0.05$), somatization ($F=21.79$; $p=0.00<0.05$), and

hostility ($F=9.98$; $p=0.00<0.05$) and independent variables (problem-solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning) was found to be significant.

Discussion

In this study, which was conducted to examine factors (food, leather –textile, furniture, chemical product, paper, plastic, electronic) affecting the mental status and family functioning of female workers working in the industrial sector and determine the relationship between their mental

status and family functioning, women were found to obtain the highest mean scores on the behavior control (2.86 ± 0.43), affective involvement (2.79 ± 0.56), and affective responsiveness (2.72 ± 0.47) subscales of the family assessment device, which showed the unhealthiest family functioning.

The reason why the behavior control subscale was perceived as unhealthy can be interpreted as women's inadequacy in functions such as setting rules for family members and providing discipline. Failure to control the behavior of family members can lead to unrestricted and impulsive behaviors, especially in children. In the study conducted by Çimen (2018) with 386 young people, it was determined that the wrong attitudes of the family towards the internet use of young people caused them to become cyberbullies or victims. The review of the relevant literature indicated that when mothers had a busy work schedule, the behavior control functioning, which is one of the family functioning, was affected (Şahin Gökçe, Özensoy Güler, Karagülleoğlu & Çarhan, 2021). In another study, 459 secondary school students were examined, and it was found that healthy family functioning affected the academic success of students and that it was more effective on the self-confidence and academic success of the child than the mother and father (Soner, 2000). This finding is significant in that it shows that an unhealthy behavior control functioning affects all family members. These results are consistent with our research findings. In our study, it was determined that mean scores of female workers on the affective involvement subscale of the family assessment device indicated an unhealthy functioning regarding this subscale, which meant that there was an inadequate level of affective involvement among family members. Thus, it was seen that family members felt insecure that they would help each other and tried to find a solution method in their own way. The examination of the results of different studies showed that the level of affective involvement among family members was unhealthy, which was consistent with our research findings. Accordingly, it was determined that women could not share their family responsibilities due to their workload both at home and outside, they had problems in family functioning, and that children were more likely to run away from home and display risky behaviors (Dinçer Set, Özbesler, 2020; Kızıldağ, Cin, 2018).

Affective responsiveness is defined as the family's ability to respond emotionally to certain stimuli in appropriate quality and quantity. While love, happiness, and joy are positive emotions, anger, sadness, and fear are grouped as negative emotions (Yanık, Timuroğlu, Naktiyok, 2017). Family members in a family that is considered healthy can express all kinds of emotions to each other. It is important for women in the family to express their feelings easily and to be role models for children. Studies have shown that children and young people with behavior problems also have problems with affective responsiveness dimension, which is among family functioning. One of these studies is the research conducted by Hisar et al. (2020) on individuals aged between 15 and 25 with substance use disorders. As a result of the study, it was found that individuals with weak expressions of emotions had difficulty in controlling their anger, expressed their responses through bullying, and had a high risk of social incompatibility. In their study with 352 female and male students, Kapci and Hamamci (2010) determined that the inadequate expression of emotions in the family might be

caused by the negative early maladaptive schemas of family members and that they might develop psychological symptoms in the later stages of their lives. It is possible to find other studies with similar results in the literature (Saydam, Gençöz, 2005; Çimen, Coşkun, Nasıroğlu, Etiler, 2017; Günaydın, Kumcagiz, 2020; Dinçer Set, Özbesler, 2020; Peled, Muzicant, 2008; Öngel Atar et al., 2016; Ünlü et al., 2006). In addition, when the affective responsiveness functioning in the family is unhealthy, if there is a family member with a chronic disease in the family, family members feel the burden of the disease more intensely (Köröglu, Hocaoglu, 2019; Çamur Duyan, Çelenk, Duyan, 2014; Ghamari, 2012; Yönder Ertem, 2020; Kocakaya, Çalık Var, 2018). All these research results are consistent with the results of our research.

In this study, the highest mean scores of women working in the industrial sector on the brief symptom inventory were obtained from the depression and anxiety subscales of the scale. In addition, it was determined that there was a positive and significant correlation between depression and anxiety ($p<0.05$). It has been reported in the literature that the lifetime prevalence of depression in women is approximately twice that of men (Okyay, Atasoylu, Önde, Dereboy & Beşer, 2012; Albert, 2015; Hasin, Goodwin, Stinson, Grant, 2005; Kuehner, 2017; Maji, 2018). Anxiety is an internal, uncertain feeling of fear, worry, or concern for an unknown reason as if something bad will happen (Öztürk, 2002). While anxiety disorders are more common especially in women, if the depression level is high, the anxiety levels are generally high (Keskin, Ünlüoğlu, Bilge, Yenilmez, 2013; Karamustafaloğlu, Yumrukçal, 2011; Tiller, 2013; Erim, Yücens, 2016; Kaya Zaman, Özkan, Toprak, 2018; Öngider, 2011; Bandelow, Michaelis, Wedekind, 2017; Sezgin, Punamäki, 2019; Lee et al., 2022). High levels of anxiety and depression pose a risk in terms of lowering women's life satisfaction. This situation is clearly demonstrated in some studies (Serin, Serin, Özbaş, 2010; Brambila Tapia et al., 2020; Meule, Voderholzer, 2020). In our study, the female workers who were married, had 4 or more children, had a low level of education, and had been working for 10 years or more had higher mean scores on the depression subscale of the BSI ($p<0.05$). The low level of education can be interpreted as a decrease in the effectiveness of the woman in her own life and an increase in the rate of depression. Similar to the results of our study, there are studies in the literature in which the depression levels of individuals with low education levels are high (Türkleş, Yılmaz, Özcan, Öncü & Karataş, 2013; Özyurt, Deveci, 2010; Şahin, Ermiş, 2019). The mean scores of the married female workers on the depression subscale of the BSI were found to be high. Parallel to this finding of our study, there are studies in which married individuals have higher depression rates than unmarried individuals (Inaba et al., 2005; St John, Montgomery, 2009; Çilli et al, 2004). In this study, the BSI depression subscale scores of female workers with 4 or more children were found to be high. Some studies have also found that people with children show more depressive symptoms (Evenson, Simon, 2005; Perren, Wyl, Bürgin, Simoni, Klitzing, 2005). These results can be associated with the excess responsibilities of married women with children for performing domestic chores and child care. In addition, similar to our research results, some studies have shown that working in a paid job causes depression in women (Revati, Yogesh, 2012; Roskam, Raes, Mikolajczak, 2017). In the light of this information in the

literature, it can be said that being married and having children, having a low level of education, and working are common risk factors for depression. All these results are consistent with our study results. Since women's responsibilities and expectations in family and business life can create an emotional burden, their depression scores may be high. It was determined that there was a negative significant correlation between depression, which is one of the subscales of the BSI, and behavior control, affective involvement, and affective responsiveness, which are the subscales of the FAD ($p < 0.05$). In other words, as women's depression levels increase, there is a decrease in following the rules in the family, responding to stimuli, and showing interest in family members. A statistically significant positive relationship was found between the mean scores of the women in our study on the depression subscale and the problem-solving subscale. In other words, as women's depression levels increased, their problem-solving skills also increased.

It is known that when individuals are depressed, there are deficiencies in all areas of life and problem-solving skills (Tümekaya, İflazoğlu, 2000). Contrary to what is known, female workers in our study were not insensitive to problems in the family even if they were depressed. This may be due to the structures of the women's families which adopt traditional gender roles and expect women to make concessions in ensuring the integrity of the family. A woman is an indispensable family member for the family and takes more responsibility than man in ensuring the continuation of the family healthily (Şener, 2009). According to studies conducted in Turkey, families adopt traditional gender roles and have a patriarchal structure (Akgül Gök, 2013; Çakır, Aksoy, 2016; Eken, 2006; Erdoğan, 2016; Ünüvar, Tagay, 2015; Günay, Bener, 2011). In the foreign literature, it is seen that family members adopt egalitarian gender roles and that the roles and responsibilities within the family are shared equally, while some studies show that families adopt traditional gender roles (Valentova, 2013; Scott, Clery, 2013). Problem-solving is the ability to solve material and moral problems without disturbing the welfare and continuity of the family. In families with members who have acquired problem-solving skills, solutions to problems can be produced and new problems can be coped with. This is a healthy family function (Pehlivan, 2008; Çokamay Yılmaz, 2018). The women in our study were found to not trust that they would receive effective support from their family members for problem-solving, and they had confidence in their own coping skills instead. To understand the family dynamics correctly, instead of focusing on the individual, it is appropriate to look at the general characteristics of the family, the main stressors that constitute the problem, and the previously employed solutions (Eskin, 2018; Martínez, Amador, & Guerra, 2017). In support of this situation, a negative significant relationship was found between the mean depression scores of female workers in our study and their mean scores on the communication subscale. As women's depression levels increase, their ability to communicate with family members decreases. This finding is an expected result in depressed individuals. Evaluation of family relations as healthy is possible with the healthy communication of family members with each other (Nazlı, 2018). Some studies on the subject have shown that men have healthier functioning in family communication than women (Ersoy, 2009; Akgül Gök, 2013). This result may be due to the fact that men in Turkish society are allowed

to express themselves more easily in the family since their childhood. In this study, it was determined that there was a positive correlation between the mean anxiety scores and the mean problem-solving scores of female workers, and a significant negative correlation between their mean anxiety and communication scores. In other words, as the anxiety levels of the women participating in the study increased, their problem-solving skills increased but communication skills decreased. Anxiety is a treatable problem, but it reduces the quality of life due to loss of ability and deterioration in the perception of health (Okuyay, Atasoylu, Önde, Dereboy & Beşer, 2012). In the case of anxiety, as in depression, a decrease in communication is an expected result. If the anxiety level of the individual is high, there is a decrease in interpersonal communication, and inappropriate methods are used for problem solving (Türk, Öztürk, & Bilican Gökkaya, 2022).

Therefore, in the current study, the increase in problem-solving skills despite high levels of anxiety in female workers can be seen as a surprising finding, which is contrary to the literature. This finding can be evaluated as a result of the struggle of women not only at home but also in order to maintain their permanent working conditions and not to lose their social status.

The results obtained from the regression analysis of our study showed that female workers' mean scores on the subscales of the family assessment device (problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning) significantly predicted the subscales of the brief symptom inventory (anxiety, depression, negative self, somatization, and hostility). Reflecting on this result, it can be said that the healthy family functioning of female workers depends on the solution of problems via communication within the family, the connectedness of family members and involvement, proper fulfillment of roles and responsibilities within the family, and establishment of open communication.

In order to achieve all these, it is important to consider women's working conditions as a common structure that affects and is affected by the working environment and mental states.

Conclusion

In the study, it was found that the mental states of the female workers working in the industrial sector (food, leather –textile, furniture, chemical product, paper, plastic, electronic) negatively affected their family functioning. The family functioning of women in the study was found to be unhealthy, and their depression and anxiety levels were high. However, women in the study performed the problem-solving function appropriately despite high levels of anxiety and depression. This can be attributed to the rigidity of women's gender roles. Based on all these results, it can be recommended that female workers should be supported by their family members, especially in household jobs, they should be given psycho-education on issues, such as communication, coping skills, and symptoms of mental disorders, and that focus group interviews with female workers should be planned.

Study findings are limited to the responses given by female workers working in the industrial area (food, leather – textile, furniture, chemical product, paper, plastic, electronic) where the study was conducted. The study was

conducted in a single metropolitan city, and it was based on self-reports of female workers, which are limitations of the study.

Limitations

Study findings are limited to the responses given by female workers working in the industrial area where the study was conducted. The study was conducted in a single metropolitan city, and it was based on self-reports of female workers, which are limitations of the study.

Declarations

Ethics Approval and Consent to Participate

The ethics committee permission required to start this study was obtained from the ethics committee of Istanbul Okan University Ethics Committee with the decision number 110 dated 12.06.2019. Ethical rules reported during the study were taken

into consideration and consent forms were obtained from the participants.

Consent for Publication

Not applicable

Availability of Data and Materials

Not applicable.

Competing Interests

The author declares that no competing interests in this manuscript.

Funding

Not applicable.

Authors' Contributions

MK carried out the proposal of the main idea of the research, MK and NB contributed to the collection of data, analysis. KDB carried out revision of the article content. All authors have read and approved the final article.

References

- Akgeyik, T. (2017). Türkiye'de Kadınların İşgücü Piyasasına Katılımını Etkileyen Faktörler: TÜİK Verileri Üzerine Bir Analiz. Sosyal Siyaset Konferanslar Dergisi, (70):31-53.
- Brambila Tapia, A. J. L., Meda Lara, R.M., Palomera Chávez, A., De Santos Ávila, F., Hernández Rivas, M.I., Bórquez Hernández, P., Juárez Rodríguez, P. (2020). Association Between Personal, Medical And Positive Psychological Variables With Somatization In University Health Sciences Students. Psychology, Health & Medicine, 25(7):879-886.
- Bulut, İ. (1990). Aile Derecelendirme Ölçeği El Kitabı. Ankara, Özgüzel Matbaası, 1, 6-8.
- Çiğler, A., Çopur Vardar, G. (2019). Kadın Muhasebe Meslek Mensuplarına İlişkin Cam Tavan Algısı Antalya İli Örneği. Eskişehir Osmangazi Üniversitesi İİBF Dergisi, 14(1):239-258.
- Çakır, H., Aksoy, E. (2016). Yozgat Kırsalında Yaşayan Üç Kuşak Kadının Aile İçi Cinsiyet Rollerindeki Değişim. International Periodical For The Languages, Literature And History Of Turkish Or Turkic, 11(2):259-280.
- Çimen, İ.D., Coşkun, A., Nasıroğlu, S., Etiler, N. (2017). İzmit'te Yaşayan Ergenlerde Kendine Zarar Verme Davranışı ve Aile Özellikleri İle İlişkisi. Anadolu Psikiyatri Derg, 18, 257-264.
- Demir, S. (2018). Akademide Kadın: Farklı Disiplinlerden Kadınların Akademideki Yeri ve Aile Yaşamlarıyla Etkileşimi. Marmara Üniversitesi Sosyal Bilimler Dergisi, 6(1):187-209.
- Diñçer Set, E., Özbesler, C. (2020). Evden Kaçan Ergenlerin Aile İşlevselliğinin Değerlendirilmesi: Şanlıurfa Örneği. Toplum ve Sosyal Hizmet, 31(2):441-459.
- Erdoğan, T. (2016). Kentleşme Süreci Ve Ailede Toplumsal Cinsiyet Rollerine İle Kalıp Yargıların Dönüşümü Denizli Sevinlik Mahallesi Örneği. Pamukkale Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, (24):143-166.
- Evenson, R.J., Simon, R.W. (2005). Clarifying The Relationship Between Parenthood And Depression. Journal Of Health And Social Behavior, 46(4).
- Ghamari, M. (2012). Family Function And Depression, Anxiety, And Somatization Among College Students. International Journal Of Academic Research In Business And Social Sciences, 2(5):101-105.
- Gül, H., Yalçınoğlu, N., Atlı, Z.C. (2014). Türkiye'de Çalışma Yaşamında Kadının Konumu Ve Sorunları. TAF Preventive Medicine Bulletin, 13(2):169-176.
- Günay, G., Bener, Ö. (2011). Kadınların Toplumsal Cinsiyet Rollerini Çerçevesinde Aile İçi Yaşamı Algılamaya Biçimleri. TSA, 15(3).
- Hisar, T., Kazan Kızılkurt, Ö., Dilbaz, N. (2020). 15-25 Yaşları Arasındaki Madde Kullanım Bozukluğu Olan Bireylerde Öfke ve Aile İşlevlerinin Zorbalık Davranışı Üzerine Etkisi. Anadolu Psikiyatri Derg, 21, 1-8.
- Karaköse, S. & Ulusoy, A. N. (2022). Housewife Burnout And Somatization: Predictors Of Depression, Cyprus Turkish Journal Of Psychiatry & Psycholog. 4(1): 94-10.
- Karlı, E. (2019). Modernleşme Sürecinde Çözülen Aile Yapısı ve Kadının Yeniden İnşası. Uluslararası Hukuk ve Sosyal Bilim Araştırmaları Dergisi, 1(1):1-14.
- Keskin, A., Ünlüoğlu, İ., Bilge, U., Yenilmez, Ç. (2013). Ruhsal Bozuklukların Yaygınlığı, Cinsiyetlere Göre Dağılımı ve Psikiyatrik Destek Alma İle İlişkisi. Archives Of Neuropsychiatry, 50(4):344-351.
- Kızıldağ, F., Cin, F.M. (2018). Evli Kadınlarda Çalışmanın Toplumsal Cinsiyet Algılarına ve Aile İşlevselliğine Etkisi. İstanbul Ticaret Üniversitesi Sosyal Bilimler Dergisi, 33, 241-251.
- Kocakaya, R., Çalık Var, E. (2018). Aile İşlevselliği: Engelli Üyeye Sahip Aileler Örneği. Uluslararası Sosyal Araştırmalar Dergisi, 11(58):706-716.
- Koyun, A., Taşkın, L., Terzioğlu, F. (2011). Yaşam Dönemlerine Göre Kadın Sağlığı ve Ruhsal İşlevler Hemşirelik Yaklaşımlarının Değerlendirilmesi. Psikiyatride Güncel Yaklaşımlar, 3(1):67-99.
- Koroğlu, A., Hocoğlu, Ç. (2019). Şizofrenide Aile Yükü, Aile İşlevleri ve Başa Çıkma Tutumları Arasındaki İlişkinin İncelenmesi. Ortadoğu Tıp Derg, 11(3): 294-302.
- Kuehner, C. (2017). Why Is Depression More Common Among Women Than Among Men? The Lancet Psychiatry, 4(2):146-158.
- Lee, J., Lim, J.E., Cho, S.H., Won, E., Jeong, H.G., Lee, M.S., Ko, Y.H., Han, C., Ham, B.J., Han, K.M. (2022). Association Between Work-Family Conflict And Depressive Symptoms In Female Workers: An Exploration Of Potential Moderators. Journal Of Psychiatric Research, 151, 113-121.
- Maji, S. (2018). Society And Good Woman: A Critical Review Of Gender Difference In Depression. International Journal Of Social Psychiatry, 64(4):396-405.
- Martínez, J. M., Amador, B., Guerra, M.D. (2017). Family Coping Strategies And Impacts On Family Health: A Literature Review. Enfermería Global, 47, 592-604.
- Meule, A., Voderholzer, U. (2020). Life Satisfaction In Persons With Mental Disorders. Quality Of Life Research, 29(11):3043-3052.

- Nazlı, S. (2018). Aile Danışmanlığı. (14. Baskı). Anı Yayıncılık, Ankara.
- Okyay, P., Atasoylu, G., Önde, M., Dereboy, Ç., Beşer, E. (2012). Kadınlarda Yaşam Kalitesi Anksiyete ve Depresyon Belirtilerinin Varlığından Nasıl Etkileniyor? Kesitsel Bir Alan Çalışması. Türk Psikiyatri Dergisi, 23, 1-11.
- OSBÜK (2022). Sayılarla OSB'ler, <https://Osbuk.org/view/osbliste.Php>
- Öngel Atar, A., Yalçın, Ö., Uygun, E., Çiftçi Demirci, A., Erdoğan, A. (2016). Madde Kullanım Bozukluğu Olan Ergenlerde Aile İşlevlerinin, Çift Uyumunun ve Anne Baba Tutumunun Değerlendirilmesi. Arch Neuropsychiatr, 53, 38-44.
- Öngider, N. (2011). Anksiyete Düzeyleri Açısından Boşanmış ve Evli Anneler İle Çocuklarının İncelenmesi. Nöropsikiyatri Arşivi Dergisi, 48, 66-70.
- Perren, S., Wyl, A. Von, Bürgin, D., Simoni, H., Klitzing, K.V. (2005). Depressive Symptoms And Psychosocial Stress Across The Transition To Parenthood: Associations With Parental Psychopathology And Child Difficulty. Journal Of Psychosomatic Obstetrics And Gynaecology, 26(3):173-183.
- Revati, R. D., Yogesh A. J. (2012). Mental Health And Depression Among Working And Non Working Women. International Journal Of Scientific And Research Publications, 2(8).
- Roskam, I., Raes, M.E., Mikolajczak, M. (2017). Exhausted Parents: Development And Preliminary Validation Of The Parental Burnout Inventory. Frontiers In Psychology, 8, 163.
- Sağlık, B., Çelik, H.Y. (2018). Küreselleşen Çalışma Hayatında Kadının Rolü. Fırat Üniversitesi İİBF Uluslararası İktisadi ve İdari Bilimler Dergisi, 2 (2):95-120.
- Savaşır, I., Şahin, N. (1997). Bilişsel Davranışçı Terapilerde Değerlendirme: Sık Kullanılan Ölçekler. Türk Psikologlar Derneği Yayınları, Ankara, 115-118.
- St John, P.D., Montgomery, P.R. (2009). Marital Status, Partner Satisfaction, And Depressive Symptoms In Older Men And Women. Canadian Journal Of Psychiatry, 54(7):487-492.
- Şahin, M., Ermiş, E. (2019). Kadın Sığınma Evinde Kalan ve Kalmayan Kadınlarda Benlik Saygısı, Depresyon Düzeyi ve Psikosomatik Belirtiler. Avrasya Sosyal ve Ekonomi Araştırmaları Dergisi, 6 (11):81-110.
- Türk, A., Öztürk, M., & Bilican-Gökkaya, V. (2022). Investigation Of The Relationship Between Depression, Anxiety, Stress And Future Anxiety By Canonical Correlation Analysis, Cyprus Turkish Journal Of Psychiatry & Psychology, 4(3):262-270.
- Türkleş, S., Yılmaz, M., Özcan, A., Öncü, E., Karataş, B. (2013). Kadınlarda Ruh Sağlığını ve Aile İşlevlerini Etkileyen Etmenler. Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi, 16(3):154-162.
- Uslu, Ö., Kızılkaya, M. (2021). Hemşirelerin Profesyonel Değerlerinin Belirlenmesi. Sağlık ve Hemşirelik Yönetimi Dergisi, 8(2):192-202.
- Ünlü, G., Aras, S., Güvenir, T., Büyükgebiz, B., Bekem, O. (2006). Family Functioning, Personality Disorders, And Depressive And Anxiety Symptoms In The Mothers Of Children With Food Refusal. Turk Psikiyatri Derg, 17, 12-21.