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Investigation of Health Fatalism, Self-Esteem, and Quality of Life in Epilepsy Patients

Ayşe Gülşah BAHÇEBAŞI[1], Zülfünaz ÖZER[2]

[1]Istanbul Sabahattin Zaim University, Institute of Postgraduate Education, Department of Nursing, Istanbul, Turkey.
[2] Istanbul Sabahattin Zaim University, Faculty of Health Sciences, Department of Nursing, Istanbul, Turkey.

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ABSTRACT

This study was conducted to examine health fatalism, self-esteem, quality of life, and the relationships among these variables in epilepsy patients. A descriptive and cross-sectional design with 210 patients admitted to the Epilepsy Outpatient Clinic of a Training and Research Hospital in Istanbul between April and December 2021. The research data were collected through face-to-face interviews with the "Personal Information Form", "Health Fatalism Scale (HFS)", "Rosenberg Self-Esteem Scale (RSES)" and "Quality of Life in Epilepsy Scale QOLIE-31". HFS mean score was 49.8±17.32 and RSES mean score was 1.96±0.53. 41.4% had high self-esteem. QOLIE-31 total mean score was 58.03±19.84, and the scores from seizure anxiety, general quality of life, emotional well-being, energy/fatigue, cognitive function, effect of drugs and social function subscales were 51.42±31.18, 59.18±20.31, 56.57±21.46, 51.98±21.85, 59.81±24.43, 57.12±31.95 and 62.11±29.83, respectively. It is seen that the mean QOLIE-31 scores of patients with high self-esteem were lower than those of patients with moderate self-esteem at a statistically significant level. The mean QOLIE-31 and its sub-dimensions scores of patients with high self-esteem were higher than those of patients with moderate self-esteem at a statistically significant level. It was determined that the patients had a moderate level of fatalism, and their self-esteem and quality of life levels were moderate. Patients with a moderate level of self-esteem were more fatalistic and those with high self-esteem had higher quality of life.

Keywords: Epilepsy, Health Fatalism, Quality Of Life, Self-Esteem.

Epilepsi Hastalarında Sağlıkta Kadercilik Anlayışı, Benlik Saygısı ve Yaşam Kalitesinin İncelenmesi

ÖZET

Bu çalışma, epilepsi hastalarında sağlık kaderciliği, öz saygı, yaşam kalitesi ve bu değişkenler arasındaki ilişkileri incelemek için yürütülmüştür. Tanımlayıcı ve kesitsel tipte olan bu araştırma Nisan-Aralık 2021 tarihleri arasında İstanbul'da bir Eğitim ve Araştırma Hastanesi Epilepsi polikliniğine gelen 210 hasta ile yürütüldü. Araştırma verileri, "Tanıtıcı Bilgi Formu", "Sağlık Kaderciliği Ölçeği (SKÖ)", "Rosenberg Benlik Saygısı Ölçeği (RBSÖ)" ve "Epilepside Yaşam Kalitesi Ölçeği QOLIE-31" ile yüz yüze görüşme yoluyla toplandı. HFS değeri ortalaması 49.8±17.32 ve RSES değeri ortalaması 1.96±0.53'tür. Hastaların %41.4'ünün yüksek benlik düzeyinde olduğu görüldü. QOLIE-31 toplam puan ortalaması 58,03±19,84, alt boyutları puan ortalaması Nöbet endişesi 51.42±31.18, Genel yaşam kalitesi 59.18±20.31, Emosyonel iyilik 56.57±21.46, Enerji/yorgunluk 51.98±21.85, Bilişsel fonksiyon 59.81±24.43, İlaçların etkisi 57.12±31.95, Sosyal fonksiyon 62.11±29.83'tür. Yüksek benlik saygısına sahip hastaların SKÖ puan ortalamalarının, orta benlik saygısına sahip hastalara göre düşük olması istatistiksel olarak anlamlı bulunmuştur. Yüksek benlik saygısına sahip hastaların QOLIE-31 ve alt boyutları puan ortalamalarının, orta benlik saygısına sahip hastalara göre yüksek olması istatistiksel olarak anlamlı bulunmuştur. Hastaların orta düzeyde kadercilik anlayışına sahip olduğu, benlik seviyelerinin ve yaşam kalitelerinin orta düzeyde olduğu saptandı.

Anahtar Kelimeler: Benlik Saygısı, Epilepsi, Sağlık Kaderciliği, Yaşam Kalitesi.

Corresponding Author: Zülfünaz ÖZER, Istanbul Sabahattin Zaim University, Faculty of Health Sciences, Department of Nursing, Istanbul, Turkey.
E-mail: zulfinazozer@gmail.com

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1. INTRODUCTION

Epilepsy is characterized by recurrent seizures, which are brief periods of involuntary movements, sometimes accompanied by loss of consciousness and loss of control of bowel and bladder functions (WHO, 2022) as a neurological disease most common in childhood and adolescence and second most common in adulthood following cerebrovascular diseases (Üçer et al., 2016). The rate of active epilepsy patients who have ongoing seizures or require treatment in the general population is estimated to be between 4-10 per 1000 people. On average, 5 million people are diagnosed with epilepsy each year on a global scale. It is estimated that 49 people per 100.000 people are diagnosed with epilepsy each year in developed countries, but this increases to 139 per 100.000 in underdeveloped and developing countries (WHO, 2022). It was reported in previous studies that there are 750 thousand people diagnosed with active epilepsy in our country (Balal et al., 2017).

Today, epilepsy is not considered as a disease in almost every country in the world, but as a term that involves mystical thoughts (Görgülü & Fesci, 2011). As well as medical treatment, epilepsy patients resort to various spiritual methods such as making amulets, visiting holy places, and praying (Rani & Thomas, 2019). False beliefs such as epilepsy is a contagious disease and a punishment from Allah for sins, that cognitive functions are weaker than others, and that the patient should not participate in social and sports activities increase stigmatization in Islamic societies and affect self-management negatively (Adjei et al., 2013; Birbeck & Kalichi, 2004; Yeni et al., 2018). Health fatalism is the belief that health-related problems are beyond human control (Nageeb et al., 2018). People believe that they are not in control but in an external force, and for this reason, they think they are powerless in the event of any disease or health condition (Ramirez & Carmona, 2018).

Individuals who have epilepsy feel worthless, which causes decreased self-esteem (Reidpath et al., 2005). However, high self-esteem is needed for a healthy life and personal satisfaction is a human need associated with ideal functioning (Siqueira, 2011). Self-esteem helps to make inferences regarding the psychological health of the individual. People who have high self-esteem have an increased quality of life (Crocker & Park, 2004). In epilepsy, sick individuals are excluded from society, and face problems in their family, work, and social life, as a result, their quality of life decreases because of recurrent seizures the unpredictability of seizures, and the cognitive disorders they leave on the patient, and the problems experienced in perception, attention, memory, and speech (Kabay et al., 2014).

Epilepsy is a chronic neurological disease and requires long-term or lifelong treatment (Özbek & Gürdere, 2020). The fact that patients who are diagnosed with epilepsy have to live with

seizures disrupts the family structure and creates feelings of helplessness and inadequacy in the patient. For this reason, the quality of life and self-esteem of epilepsy patients must be increased (Erdoğan, 2021). Based on this information, the present study was conducted to examine the fatalism, self-esteem, and quality of life of epilepsy patients.

2. MATERIALS AND METHODS

2.1. Type of the Study

The present study had a descriptive and cross-sectional design and aimed to examine the perception of fatalism in health, self-esteem, and quality of life in patients with epilepsy.

2.2. Place and Time of the Study

The study was conducted between April 12 and December 10, 2021, with patients who came to the epilepsy clinic at a Training and Research Hospital in Istanbul.

2.3. Population and Sample of the Study

The population of the study consisted of 300 patients who applied to the clinic at the institution where the study was conducted between April 12 and December 10, 2021. The sample consisted of 210 individuals (70% participation) who met the inclusion criteria for the study between these dates. The G-Power 3.1.9.4 program was used to calculate the adequacy of the sample size. As a result of the Post-Hoc Power Analysis, it was found that the effect size of the study was 0.192 at 80% power and 0.05 significance level.

Inclusion criteria

- Volunteering to participate in the study
- Being over 18 years of age
- Having no visual, hearing, cognitive impairment, or psychosis
- Being literate
- Being diagnosed with epilepsy

2.4. Data Collection Tools

The data of the study were collected by using the Descriptive Data Form, the Health Fatalism Scale, the Rosenberg Self-Esteem Scale, and the Quality of Life in Epilepsy - QOLIE-31.

Descriptive Data Form: The form was prepared by the researcher to describe the socio-demographic and disease-related characteristics of the patients participating in the study and included 14 questions on sex, age, marital status, education level, occupation, income level, seizure type, seizure frequency, number of medications used, non-epilepsy disease status, and

epilepsy status in the family.

Health Fatalism Scale (HFS): The Health Fatalism Scale (HFS) was developed by Franklin et al. (2008). Bobov & Çapık (2020) conducted its validity and reliability study for Turkiye. This scale was designed to determine whether general health fatalism is associated with health behavior. Also, the scale was designed to help remove cognitive barriers to health behaviors, health services, and healthy living practices. The Turkish version of the scale has one dimension and consists of 17 items with a 5-point Likert-type scale with answers as "I strongly disagree," "I disagree," "I am undecided," "I agree," and "I strongly agree." The scores that can be obtained from the scale are between 17 and 85. An increase in the score obtained from the scale indicates an increase in the level of fatalism. Bobov & Çapık (2020) reported the Cronbach Alpha Coefficient of the scale as 0.91 in their study (Bobov & Çapık, 2020). In the present study, the Cronbach's alpha coefficient of the scale was found to be 0.96.

Rosenberg Self-Esteem Scale (RSS): The Rosenberg Self-Esteem Scale was developed by Morris Rosenberg in 1965 (Rosenberg, 1965). The scale was translated into Turkish by Çuhadaroğlu in 1986 and its validity and reliability studies were conducted. Only the part of the scale on self-esteem was used in the present study. The scale consists of 10 questions. Each item of the scale, which includes five positive and five negative statements (1, 2, 4, 6, 7), is answered according to the expressions "very true, true, false, and very false". The total score is used after the reverse items are translated because self-esteem is accepted as a one-way concept. The score range to be obtained from the RBS is between 0-6, and as the score of the individuals increases, the self-esteem decreases. A score between 0-1 is considered high self-esteem, a score between 2-4 is considered moderate self-esteem, and a score between 5-6 is considered low self-esteem. The Cronbach's Alpha Reliability Coefficient of the scale is 0.77 (Çuhadaroğlu, 1986). In the present study, the Cronbach's alpha coefficient of the scale was found to be 0.96.

Quality of Life Scale in Epilepsy - QOLIE-31: The scale consists of 31 items because it was shortened from 89 items in the Quality of Life in Epilepsy-89 Scale (QOLIE-89). Its validity and reliability were conducted for Turkish by Mollaoğlu et al. (2001) (Mollaoğlu et al., 2015). The Quality of Life in Epilepsy-31 (QOLIE-31) Scale consists of 7 sub-dimensions with a total of 31 items (Seizure-Related Anxiety (5 items), Emotional Well-Being (5 items), Energy/Fatigue (4 items), Social Function (5 items), Cognitive Function (6 items), Effects of Medications (3 items), Total Quality of Life (2 items) and an additional item evaluating Total Health Status). The QOLIE-31 Scale, which normally consists of 30 items, has become a 31-item scale with this last item (the item evaluating total health status). The scale is scored

between “0” and “100”. A high score reflects a high quality of life. The Cronbach’s Alpha Coefficient in the original scale was determined to be 0.91 (Mollaoğlu et al., 2015). In this study, the Cronbach’s Alpha Coefficient of the scale was found to be 0.94.

2.5. Evaluation of the Data

The statistical analysis of the quantitative data obtained from the study was performed by using the SPSS 25 package program. The data were shown as frequency, percentage, and mean ± standard deviation (SD). Spearman Correlation Analysis was used to determine the relationship between dependent and independent variables. The findings were evaluated at a significance level of $p<0.05$.

2.6. Ethical Dimensions of the Study

To assess the ethical suitability of the study, approval was received from Istanbul Sabahattin Zaim University Ethics Committee (26.02.2021; 2021/02). Institutional permission for the study to be conducted from the relevant hospital was received from the Provincial Health Directorate (06.04.2021; 503). Permissions for use were obtained from the researchers who conducted the Turkish validity and reliability studies of the Health Fatalism Scale, Rosenberg Self-Esteem Scale, and Quality of Life in Epilepsy Scales planned to be used in the study. Before the study, each individual included in the sample was informed about the purpose of the study and written permission was obtained with an informed consent form. The study was conducted in line with the ethical standards of the Declaration of Helsinki. Individuals who volunteered for the study were included in the study and confidentiality of their identities was ensured.

3. RESULTS and DISCUSSION

The mean age of the patients was 36.1±13.91 years, the mean time to diagnosis of epilepsy was 21.75±13.94 months, 58.6% of the patients were female, 50.5% were single, 41.4% were primary school graduates, 69.5% were unemployed, 51.9% had an income equal to their expenses, and 46.7% lived with their spouses and children (Table 1).

Table 1. Results on the Socio-Demographic Characteristics of Patients (n= 210)

Variables		**Mean±SD**	**Min-Max (Median)**
Age (Years)		36.1±13.91	18-80 (33)
Time to Epilepsy Diagnosis (Months)		21.75±13.94	0-76 (18)
		n	**%**
Sex	Female	123	58.6
	Male	87	41.4
Marital	Married	104	49.5
status	Single	106	50.5

Educational Status	Illiterate	6	2.9
	Literate	6	2.9
	Primary education	87	41.4
	High school	69	32.9
	License	35	16.7
	Postgraduate	7	3.3
Working Status	Working	64	30.5
	Not working	146	69.5
Income Status	Income is lower than expenses	83	39.5
	Income equals expenses	109	51.9
	Income is more than expenses	18	8.6
People Living Together	Parents	72	34.3
	Spouse and children	98	46.7
	Only	10	4.8
	Other*	30	14.3

*Relative, Friend

It was found that 78.1% of the patients had generalized tonic-clonic seizures, 35.2% had a seizure once a year, 46.7% used more than one medication, 31.4% had a disease other than epilepsy, and 19% had a family history of epilepsy (Table 2).

Table 2. Findings Regarding Disease Characteristics of Patients (n= 210)

Variables		**n**	**%**
Seizure Type	Absence	14	6.7
	Focal	3	1.4
	Grand mal	1	0.5
	Generalized tonic-clonic	164	78.1
	Unclassifiable Seizures	28	13.3
Seizure Frequency	No Seizures	46	21.9
	Per Year-1	74	35.2
	Monthly-1	70	33.3
	Week-1	20	9.5
Number of Drugs Used	One medicine	95	45.2
	More than one medication	98	46.7
	Not Using Medication	17	8.1
Non-Epileptic Disease Condition	Yes	66	31.4
	No	144	68.6
Presence of Epilepsy in the Family	Yes	40	19.0
	No	170	81.0

Patients' mean HFS, RSES, and QOLIE-31 Measurement scores are given in Table 3. The mean HFS value was 49.8±17.32, the mean RSES value was 1.96±0.53, 41.4% of the patients had high self-esteem. The mean value of the QOLIE-31 total value was 58.03±19.84, among the sub-dimensions, the mean value of seizure anxiety was 51.42±31.18, the mean value of general quality of life was 59.18±20.31, the mean value of emotional well-being was 56.57±21.46, the mean value of energy/fatigue was 51.98±21.85, the mean value of cognitive function was 59.81±24.43, the mean value of the effect of drugs was 57.12±31.95 and the mean value of social function was 62.11±29.83 (Table 3).

Table 3. The Findings Regarding the Health Fatalism Scale, Rosenberg Self-Esteem Scale, Quality of Life in Epilepsy Scale and Its Sub-Dimensions (n= 210)

Variables		Mean±SD	Min-Max (Median)
Health Fatalism Scale		49.8±17.32	17-85 (51)
Rosenberg Self-Esteem Scale		1.96±0.53	1-3.9 (2.0)
Sub-dimensions of the Quality of Life Scale in Epilepsy	Seizure-Related Concerns	51.42±31.18	0-100 (52.67)
	General Quality of Life	59.18±20.31	10-100 (55)
	Emotional Well-being	56.57±21.46	4-100 (58)
	Energy/Fatigue	51.98±21.85	0-100 (55)
	Cognitive Function	59.81±24.43	3.33-100 (58.05)
	Effects of Medications	57.12±31.95	0-100 (61.1)
	Social Function	62.11±29.83	0-100 (66)
Quality of Life Scale in Epilepsy		58.03±19.84	14.1-100 (57.31)
		n	**%**
Rosenberg Self-Esteem Scale-Higher Self-esteem		87	41.4
Rosenberg Self-Esteem Scale-Moderate Self-esteem		123	58.6

When Table 4 is examined, it is seen that the mean QOLIE-31 scores of patients with high self-esteem were lower than those of patients with moderate self-esteem at a statistically significant level (p=0.001). The mean QOLIE-31 and its sub-dimensions scores of patients with high self-esteem were higher than those of patients with moderate self-esteem at a statistically significant level (p=0.001) (Table 4).

Table 4. The Comparison of Measurements with the Rosenberg Self-Esteem Scale, Health Fatalism Scale, and Quality of Life in Epilepsy Scale

Scales	Sub-Dimensions	n	Mean±SD	p*
HFS	High Self Esteem	87	46.16±17.57	0.009
	Moderate Self Esteem	123	52.37±16.73	
Seizure-Related Concerns	High Self Esteem	87	57.65±29.61	0.017
	Moderate Self Esteem	123	47.02±31.63	
General Quality of Life	High Self Esteem	87	67.01±21.19	0.001
	Moderate Self Esteem	123	53.64±17.75	
Emotional Well-being	High Self Esteem	87	66.3±21.34	0.001
	Moderate Self Esteem	123	49.69±18.79	
Energy/Fatigue	High Self Esteem	87	60.4±21.98	0.001
	Moderate Self Esteem	123	46.02±19.76	
Cognitive Function	High Self Esteem	87	63.99±22.61	0.025
	Moderate Self Esteem	123	56.85±25.31	
Effects of Medications	High Self Esteem	87	62.07±30.08	0.066
	Moderate Self Esteem	123	53.61±32.89	
Social Function	High Self Esteem	87	71.57±25.34	0.001
	Moderate Self Esteem	123	55.42±31.02	
QOLIE-31	High Self Esteem	87	65.36±17.03	0.001
	Moderate Self Esteem	123	52.84±20.12	

* Mann Whitney U Test, p<0.05, QOLIE-31: Quality of Life in Epilepsy Scale

As a chronic disease, Epilepsy negatively affects a person's physical, emotional, intellectual, and social life. The unexpected occurrence of epileptic seizures causes people to lose control, be excluded from society, have negative self-esteem, and decrease in quality of life. Frequent epileptic seizures cause people to be limited in family, work, marriage, and social life. Also, although epilepsy is not considered a disease today, it is associated with supernatural and mystical concepts. In epilepsy, it is important to cope with the psychosocial aspect of the disease, to accept it, to understand that it is nothing to be ashamed of, and to learn not to escape from society (Mlinar et al., 2021; Mula & Sander, 2016). To examine the fatalistic perception, self-esteem, and quality of life of epilepsy patients, the findings obtained in this study, which was conducted with 210 epilepsy patients who came to the epilepsy clinic in a Training and Research Hospital and volunteered to participate in the study, were discussed in line with literature data.

In the present study, it was found that patients had a moderate level of fatalism perception. In the study that was conducted by Samatra (2019), it was reported that fatalistic beliefs were common in epilepsy patients (Samatra, 2019). In the study that was conducted by Dayapoğlu et al. (2021), it was similarly found that patients had a moderate level of fatalism perception. In another study that was conducted on 110 epileptic individuals, it was reported that 83% of the participants believed that the disease was a test from God, and 40% believed that the disease was a punishment given by God (Alkhamees et al., 2015). In another study, half of the participants found that they believed that epilepsy was fate, God's will, or punishment for sins in their past lives (Ismail et al., 2005). In light of these data, it can be considered that the association of epilepsy with mystical thoughts for many years and the belief that all events are governed by a single supernatural factor increase the fatalistic belief of epileptic individuals.

In the present study, it was found that the participants had moderate self-esteem. Similarly, in the study that was conducted by Serin (2019), it was found that the patients had moderate self-esteem. In the study that was conducted by Turki et al. (2016) on epilepsy patients, they found that self-esteem was at a moderate level. In the study that was conducted by Gauffin et al. (2010), it was found that epileptic individuals had low self-esteem. Kurtuluş (2019) found that self-esteem was at a low level in his study. In different studies, patients' self-esteem was found to be high (Chew et al., 2017; Mehvari Habibabadi et al., 2018). The fact that epileptic individuals are exposed to social exclusion and stigmatization, the unpredictability of seizures, and the thought of using medication for the rest of their lives can negatively affect their self-esteem.

When the general score average was examined in the present study, it was found that the quality of life is at a moderate level. Coşar (2016) also reported the quality of life to be at a moderate level in his study. Mollaoğlu et al. (2015) reported the quality of life to be at a moderate level in their study conducted on 148 epileptic individuals. In another study conducted with 115 epileptic individuals, individuals were found to have a moderate quality of life (Acaroğlu & Yılmaz, 2016). Oturbay (2022) reported the quality of life to be at a moderate level in his study conducted on epileptic individuals before surgery. Yaşar et al. (2014) reported the quality of life to be at a moderate level in their study conducted on epileptic individuals. Melikyan et al. (2012) also found the quality of life to be at a moderate level in their study conducted on 208 epileptic individuals. Alptekin (2022) reported the quality of life to be at a moderate level in his study conducted on 141 epileptic individuals. In another study that was conducted on epileptic individuals, the quality of life was found to be low (Erdem, 2014). Another study found a significant decrease in quality of life in individuals with treatment-resistant epilepsy (Akdemir, 2014). Akyol (2018) also found that quality of life was low in his study conducted on epileptic individuals. In the study that was conducted by Suurmeijer et al. (2001) with 210 epileptic individuals, quality of life was found to be low. In the systematic review, the mean Global QOLIE-31 score was found to be 59.8 (n = 7255 individuals). QOLIE-31 scores were 57.2 for African countries, 58.3 for the Americas, 59.9 for Europe, 52.7 for the Eastern Mediterranean, 59.7 for Southeast Asia, and 62.7 for the Western Pacific (Saadi et al., 2016). Problems experienced by epileptic individuals, such as frequent seizures, severe and damaging seizures, side effects of antiepileptic drugs, social exclusion, and unemployment, do not allow individuals to live a quality and unhindered life and reduce the quality of life.

Patients who had moderate self-esteem were found to be more fatalistic. In a previous study, it was reported that introverted individuals who had low self-esteem believed that the future was beyond human control (Sobol et al., 2022). In the study that was conducted by Geng et al. (2022), it was found that a weak self-concept was associated with a stronger perception of fatalism. Individuals with high self-esteem are more confident in their self-worth and believe in their strengths rather than seeking external support (Lee-Flynn et al., 2011). The positive evaluations of sick individuals were found to be negatively associated with fatalism (Zuo et al., 2020). The high fatalistic tendencies of individuals with low self-esteem can be considered as one of the coping strategies that enable the transfer of the burden of responsibility from themselves to an external factor.

It was also determined that patients with high self-esteem have a high quality of life. Epileptic individuals have a low quality of life, poor self-esteem, high anxiety, and depression compared

to the general population (Guekht et al., 2007). High self-esteem increases the individual's quality of life (Crocker & Park, 2004). Self-esteem is known to be a stress regulator. For this reason, people who have higher self-esteem also have a higher sense of self-worth under stressful conditions and this protects them against the consequences of stress (Mehvari Habibabadi et al., 2018). In a previous study that was conducted on 87 epileptic individuals and their parents, it was found that 17.2% of the patients had low self-esteem and their quality of life was at a moderate level (Kurtuluş, 2019). When the literature was reviewed, it was found that several studies reported that self-esteem and quality of life were inter-related and that individuals with high self-esteem also had a high quality of life (Kılıçarslan & Sanberk, 2016; Rabiei et al., 2022; Souza Junior et al., 2022; Tavares et al., 2016). The sudden and unpredictable seizures experienced by epileptic individuals cause the individual to lose control, disrupt work and social relationships, and reduce self-esteem, which can negatively affect their quality of life.

4. CONCLUSION

It was found in the present study that the patients had a moderate level of fatalism, and their self-esteem and quality of life were at a moderate level. It was also found that patients with moderate self-esteem were more fatalistic. It was seen that patients with high self-esteem had a high quality of life.

Based on these results, the following recommendations can be made.

- Regularly evaluating the quality of life and self-esteem of epileptic individuals and creating and disseminating regular education and social support programs based on needs as a result of these assessments.
- Ensuring that epileptic individuals cooperate with healthcare teams to increase their quality of life and self-esteem.
- Providing training in the light of accurate information on the subject of fatalism regarding the religion and beliefs of epileptic individuals.
- Developing strategies for epileptic individuals to reach higher education levels.
- Repeating the study in a larger and different sample group.

Author Contributions

Having an idea/opinion or contributing to the creation and maintenance of the article/work: A.G.B., Z.Ö; Planning and designing: A.G.B., Z.Ö; Revision, audit or review: A.G.B., Z.Ö; Providing financial support: A.G.B.; Collection of data or processing of collected data in

preparation for analysis: A.G.B., Z.Ö; Data analysis or interpretation of the analysis: A.G.B., Z.Ö; Review of the literature: A.G.B., Z.Ö; Writing the article/study: A.G.B., Z.Ö; Final checking and review: A.G.B., Z.Ö.

Declaration of Competing Interest

The authors declare no conflict of interest.

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