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Compassion Satisfaction, Burnout and Compassion Fatigue within the Context of the Dimensions of the Professional Quality of Life Scale in Nurses: A Cross-Sectional Study

Hemşirelerde Mesleki Yaşam Kalitesinin Boyutları Bağlamında Merhamet Doyumu, Tükenmişlik ve Merhamet Yorgunluğu: Kesitsel Bir Araştırma

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ABSTRACT Objective: This study was conducted to determine the prevalence of compassion satisfaction, burnout and compassion fatigue, which are the dimensions of the professional quality of life, among nurses working in a university hospital, and the affecting demographic and occupational factors. **Material and Methods:** The population of this cross-sectional study included 349 nurses and the study was completed with 253 nurses (72.5%). The data were collected using the personal information form and "Professional Quality of Life Scale" developed by Stamm. **Results:** The mean scores obtained by the nurses participating in the study were as follows: 32.08±9.09 for the compassion satisfaction subscale, 25.75±5.87 for the burnout subscale, and 18.50±7.57 for the compassion fatigue subscale. The level of compassion satisfaction was significantly higher among nurses working in surgical clinics. The burnout levels of the participants were affected by the marital status. The married nurses obtained significantly higher mean scores from the burnout subscale. There were not differences between the participants' compassion fatigue levels in terms of the demographic variables. **Conclusion:** While the participating nurses had low levels of compassion satisfaction, they had moderate levels of burnout, and high levels of compassion fatigue.

Keywords: Nurses; job satisfaction; burnout; compassion fatigue

ÖZET Amaç: Bu araştırma, bir üniversite hastanesinde çalışan hemşirelerin profesyonel yaşam kalitesinin boyutları olan merhamet memnuniyeti, tükenmişlik ve merhamet yorgunluğu düzeylerini ve bunu etkileyen demografik ve mesleki faktörleri belirlemek amacıyla yapılmıştır. **Gereç ve Yöntemler:** Kesitsel türdeki araştırmanın evrenini 349 hemşire oluşturmuş ve 253 hemşire ile araştırma tamamlanmıştır (%72,5). Veri toplama aracı olarak hemşirelerin demografik ve mesleki özelliklerinin sorgulandığı kişisel bilgi formu ve Stamm tarafından geliştirilen "Profesyonel Yaşam Kalitesi Ölçeği" kullanılmıştır. **Bulgular:** Araştırmaya katılan hemşirelerin merhamet memnuniyeti alt ölçeği puan ortalaması 32,08±9,09, tükenmişlik alt ölçeği puan ortalaması 25,75±5,87, merhamet yorgunluğu alt ölçeği puan ortalaması 18,50±7,57 olarak belirlenmiştir. Merhamet memnuniyeti düzeyi cerrahi kliniklerde çalışan hemşirelerde anlamlı düzeyde yüksek bulunmuştur. Tükenmişlik düzeyi medeni duruma göre farklılık göstermiştir. Evli olan hemşirelerin tükenmişlik puan ortalaması anlamlı düzeyde yüksek bulunmuştur. Merhamet yorgunluğu düzeyi demografik değişkenlere göre farklılık göstermemiştir. **Sonuç:** Araştırmaya katılan hemşirelerin merhamet memnuniyetleri düşük, tükenmişlikleri orta düzeyde, merhamet yorgunlukları ise yüksek düzeyde bulunmuştur.

Anahtar Kelimeler: Hemşireler; mesleki memnuniyet; tükenmişlik; merhamet yorgunluğu

The quality of work life is an important determinant of meeting a person's expectations of his or her job, workplace and profession, and of taking pleasure from his or her life by ensuring the expected psychological satisfaction.[1] Stamm recommended that because compassion satisfaction, compassion fatigue and burnout together determine the professional quality of life, these three concepts should be ad-

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dressed together. She also addressed these three concepts together in the Professional Quality of Life Scale (ProQOL) she developed. The feeling of compassion causes healthcare professionals to be affected by the physical, emotional and spiritual difficulties experienced by patients while they are provided care, and thus to display the behavior of helping towards patients.[2,3] Stamm argued that taking pleasure in helping others could alleviate the unfavorable aspects of taking care of traumatized people. Such pleasure is called "compassion satisfaction." Compassion satisfaction is the positive outcome of helping others.[4]

Another factor affecting the quality of work life in nurses is burnout. Burnout is a negative psychological condition characterized by emotional exhaustion, depersonalization, and low level of sense of personal accomplishment.[5] The concept of burnout, a syndrome that is more common in professionals who have high levels of relationships with other people, was first described by Freudenberg in 1974. Later, Maslach and Jackson defined burnout as "feelings of fatigue, helplessness and hopelessness, development of a negative self-concept, and a physical, emotional and mental exhaustion syndrome manifesting itself in negative attitudes towards the profession, other people and life in general." According to Maslach, the meaning of burnout is expressed in three dimensions, emotional detachment from work, depersonalization, and reduced personal accomplishment.[6]

The third dimension of the ProQOL is compassion fatigue. Compassion fatigue is defined as the suffering experienced by those who try to treat individuals who have been exposed to a long-term suffering. In other words, compassion fatigue is a kind of burnout that occurs in individuals who serve others. Moreover, while burnout tends to progress over time, compassion fatigue appears suddenly in response to a particular event.[7] According to a systematic meta-analysis in which burnout symptoms in nurses were investigated globally, one-tenth of nurses worldwide suffered high levels of burnout symptoms, the highest burnout level was among intensive care nurses, and regionally, the highest burnout rates were observed in nurses in Southeast Asia and sub-Pacific geographical regions.[8] In a study conducted in China, a relationship was determined between nurses' burnout levels and factors such as low frequency of exercise, presence of comorbidities, working in a high-quality hospital, having longer length of service in the profession (work experience), working at night shifts more, and having fewer paid vacation days.[9] In a study conducted in the United States, poor practice environments characterized by low autonomy in making decisions related to patient care, multiple job demands, and limited support from managers were determined to lead to nurse burnout.[10] The review of these studies demonstrated that nurses from different countries suffer from burnout symptoms. In Turkey, nursing is considered as a stressful profession with a heavy workload due to the effects of many negative factors stemming from the work environment. In a study conducted with nurses in Turkey, the highest and lowest burnout levels were determined among nurses working in surgical units and intensive care units respectively.[11] In another study, the highest burnout score was obtained by those working in the emergency department.[12] However, in Woo's study, the highest burnout level was determined in nurses working in the intensive care unit.[8] In a study, a significant relationship was determined between nurses' length of service in the profession and their burnout levels, and nurses who did not choose their profession willingly obtained higher burnout scores.[11] On the other hand, it was stated that the burnout level was not affected by such variables as age, sex and education level.[12] The review of studies conducted on burnout demonstrated that sources of stress among nurses were associated with job-specific factors, factors related to job relationships, factors related to professional roles, factors related to progress and development opportunities in professional life, and factors related to the conflict between home and work.

Different results have been obtained in studies on compassion fatigue, a concept related to burnout. In a study conducted abroad, compassion fatigue was more common among nurses who suffered from anxiety much, were young, worked full-time, and had no specialist training.[13] While in a study conducted in Turkey, factors such as age, sex, education level, department worked in and choosing the profession willingly did not affect nurses' compassion fatigue levels, in another study, female nurses' and post-

graduate nurses' compassion fatigue scores were significantly higher.[12,14] In a qualitative study including nurses in Turkey, factors such as not being appreciated, indifference of patient relatives and feelings of not being able to help patients appropriately were among the triggers of compassion fatigue.[15] All these results suggest that burnout and compassion fatigue in nurses are an important problem all over the world.

In our country, Turkey, the number of studies conducted on the quality of working life in nurses is limited.[11,16,17] The topics investigated in these studies are mostly as follows: burnout level, compassion fatigue and factors influencing compassion fatigue.[15,18-21] In the present study, the concept of professional quality of life within the scope of compassion satisfaction, compassion fatigue and burnout was directly addressed.

This cross-sectional descriptive study was conducted to determine the prevalence of compassion satisfaction, burnout and compassion fatigue, which are the dimensions of the ProQOL, among nurses working in a university hospital, and the affecting demographic and occupational factors.

MATERIAL AND METHODS

STUDY DESIGN

In this cross-sectional and descriptive study, the authors aimed to determine the quality of work life of nurses.

SETTING AND PARTICIPANTS

The study population comprised 349 nurses working in the inpatient units of a university hospital in eastern Turkey. Of the nurses, those who did not want to participate in the study (n=45), who were on leave (n=38), and who did not fill in the questionnaire completely (n=13) were excluded from the sample. Thus, the study was completed with 253 nurses (72.5%). The inclusion criterion of the study was to be volunteer to participate in the study.

DATA COLLECTION TOOLS

A questionnaire consisting of two parts was used to collect the data. The first part included closed-ended questions on the participating nurses' age, sex, marital status, education level, unit where they work, length of service in the profession, and working as a contractual or a permanent nurse.

In the second part, the "ProQOL" developed by Stamm and adapted to Turkish by Yeşil et al. was included.[4,22] The Cronbach's alpha coefficient was 0.84 in the Turkish validity and reliability study of the scale and 0.75 in the present study. The scale has 30 items and 3 sub-dimensions: compassion satisfaction (10 items), burnout (10 items) and compassion fatigue (10 items). The highest possible score to be obtained from the compassion satisfaction subscale is 50. The scores between 0 and 33 are considered as low satisfaction, between 34 and 42 as moderate satisfaction, and between 43 and 50 as high satisfaction. As the score obtained from this subscale increases, so does the feeling of satisfaction as a helper.

The highest possible score to be obtained from the Burnout subscale is also 50. The scores between 0 and 18 indicate that the burnout level is low, between 19 and 27 indicate that it is moderate, and between 28 and 50 indicate that it is high.

The highest possible score to be obtained from the compassion fatigue/secondary traumatic stress subscale is also 50. The scores between 0 and 8 are considered as low level of fatigue, between 9 and 17 as moderate level of fatigue, and between 18 and 50 as high level of fatigue. Yeşil et al. recommend that those with the high level of compassion fatigue should receive support or assistance.[22]

DATA COLLECTION

The study data were collected by the researcher in the aforementioned clinics between February 2019 and May 2019. After the nurses had been informed about the purpose of the study in the clinics, the questionnaires were distributed to those who agreed to participate in the study. They were given 10-15 minutes to answer the questions. If they had any questions about the questionnaire, they were answered. After they answered the items in the questionnaires, they were asked to give them back to the researcher.

QUANTITATIVE VARIABLES

The dependent variables of the study were the subdimensions of the ProQOL. The independent variables of the study were age, sex, marital status,

education level, unit where they work, length of service in the profession, and working as a contractual or a permanent nurse.

STATISTICAL METHODS

The data were analyzed using the SPSS package program, and given as numbers, percentages and arithmetic mean. In the analysis of the dependent and independent variables, the independent samples t-test and ANOVA were used. p-values less than 0.05 were considered statistically significant.

ETHICAL APPROVAL

Before the study was performed, ethical approval was obtained from the Fırat University Social and Human Sciences Researches Ethics Committee (Date: November 01, 2018, Number: 11-07) and the hospital management where the research was to be conducted. A written explanation about the study given on the questionnaire was also repeated while the questionnaires were handed out. To protect their privacy, the participants were asked not to write any personally identifiable information on the questionnaire. The research conforms to the provisions of the Declaration of Helsinki in 1995 (as revised in Edinburgh 2000).

RESULTS

The mean age of the nurses participating in the study was 29.7±6.09 years. Of them, 83.8% were women, 58.9% were married, 64.0% had a bachelor's degree, 13.8% were charge nurses, 86.2% are clinic nurses, 57.3% had been working for more than five years and 50.6% were contractual nurses.

The mean scores obtained from the subscales of the ProQOL were given in Table 1. As is seen in Table 1, of the nurses, 54.3% (n=135) had a low level, 34.0% (n=86) had a moderate level and 12.6% (n=32) had a high level of compassion satisfaction scores. As for the Burnout scores, 9.1% (n=23) had a low level, 55.3% (n=140) had a moderate level and 35.6% (n=90) had a high level. As for the compassion fatigue scores, 9.5% (n=24) had a low level, 39.9% (n=101) had a moderate level and 50.6% (n=128) had a high level.

Comparison of the mean scores of the nurses obtained from the subscales of the ProQOL according to the sociodemographic variables were given in Table 2. There were significant differences between the mean scores the participating nurses obtained from the burnout subscale of the ProQOL according to the marital status variable. The married nurses' mean burnout scores were higher than were those of the single nurses.

There were significant differences between the mean scores the participating nurses obtained from the compassion satisfaction subscale of the ProQOL according to the variable "clinic they work in." The nurses working in the surgery clinics obtained statistically significant higher scores from the compassion satisfaction subscale than did the nurses working in the internal diseases clinics. The factors such as age, sex, education level, occupation, length of service in the profession having a contractual or permanent work did not affect the participants' quality of work life (Table 3).

DISCUSSION

In Turkey, working, conditions in institutions in which healthcare services are provided contain various difficulties.[23] According to the results of Turkey Health Statistics 2019, in Turkey, the number of nurses per 100,000 people is 306, which is

TABLE 1: Mean scores obtained by the participating nurses from the subscales of the Professional Quality of Life Scale.

Subscales of the ProQOL	Mean score obtained $\bar{X}$±SD	Minimum-maximum	Possible score range
Compassion satisfaction	32.08±9.09	7-50	0-50
Burnout	25.75±5.87	9-43	0-50
Compassion fatigue	18.50±7.57	0-42	0-50

ProQOL: Professional Quality of Life Scale; SD: Standard deviation.

TABLE 2: Comparison of the mean scores the nurses obtained from the subscales of the Professional Quality of Life Scale according to the sociodemographic variables.

		Subscales of the ProQOL		
		Compassion satisfaction	Burnout	Compassion fatigue
Variables	n	X̄±SD	X̄±SD	X̄±SD
Age				
21-25 years	82	31.89±8.78	25.54±5.99	17.99±7.95
26-30 years	73	32.58±7.79	25.45±6.57	19.21±8.23
31-35 years	55	30.69±9.30	25.95±5.30	17.53±6.20
36-40 years	27	30.63±11.45	26.11±4.48	19.70±7.83
≥40 years	16	38.00±9.65	26.94±6.27	19.19±6.49
p value		0.060	0.894	0.608
Sex				
Women	212	31.90±9.23	25.95±5.82	18.36±7.27
Men	41	33.00±8.39	24.73±6.12	19.20±9.07
p value		0.480	0.226	0.521
Marital status				
Married	149	32.10±9.07	26.49±5.72	18.82±6.96
Single	104	32.05±9.17	24.69±5.95	18.04±8.39
p value		0.964	0.016	0.421
Education				
Health vocational high School	49	30.94±9.56	25.94±6.35	19.04±7.58
Associate degree	28	32.46±10.87	26.39±7.30	18.57±9.32
Bachelor's degree	162	32.57±8.66	25.61±5.59	18.43±7.30
Master's degree	14	29.57±8.65	25.43±4.50	17.29±7.59
p value		0.503	0.916	0.891

ProQOL: Professional Quality of Life Scale; SD: Standard deviation.

rather low compared to that in Organisation for Economic Co-operation and Development countries.[24] The largest proportion of workload in hospitals whose primary function is to provide healthcare and rehabilitation for patients lies on nurses' shoulders. The workload of nurses working in many fields and at all levels of the profession is quite heavy. Due to the increasing workload, the nursing service is first affected by the developments that cause the labor force circulation among the nurses, which negatively affects nurses' quality of life.[7,23] In addition, factors such as time pressure, intensive use of technology, having to communicate with too many people, working in an environment open to conflicts, witnessing death cases frequently, heavy workload, lack of equipment, the high number of patients to whom care is given, work-related stress and tension, lack of participation in decision making, lack of social support, bureaucracy, low salary, lack of status and prestige of the profession, all of which are faced with while working in a profession directly related to human life, adversely affect the mental health of nurses and cause burnout.[18,25]

More than half of the nurses participating in the study obtained low scores from the compassion satisfaction subscale and moderate scores from the burnout subscale. This result indicates that there was not a good balance between the compassion satisfaction, a factor which positively contributes to the prevention of fatigue among nurses and burnout, whose contribution is negative. According to the results of the study, half of the participating nurses experienced high levels of compassion fatigue. Low compassion satisfaction, moderate burnout and high compassion fatigue levels should be handled as an indicator of poor professional quality of life.

High levels of compassion satisfaction indicate that nurses enjoy their work and get satisfied with the

TABLE 3: Comparison of the mean scores the nurses obtained from the subscales of the Professional Quality of Life Scale according to their work-related characteristics.

Variables	n	Compassion satisfaction X̄±SD	Burnout X̄±SD	Compassion fatigue X̄±SD
		Subscales of the ProQOL		
Occupation				
Charge nurse	35	33.31±10.35	27.03±4.99	19.11±8.09
Clinic nurse	218	31.88±8.88	25.55±5.98	18.40±7.50
p value		0.388	0.166	0.605
Length of service in the profession				
<1 year	34	34.76±6.97	24.97±5.42	16.47±8.45
1-5 years	74	31.84±8.28	25.19±6.49	19.53±7.73
6-10 years	82	30.46±9.57	25.84±5.99	18.05±7.25
11-15 years	32	32.41±10.14	26.56±5.86	18.63±8.66
≥16 years	31	33.65±10.14	26.87±4.34	19.32±5.44
p value		0.160	0.555	0.349
Clinic they worked in				
Internal diseases	162	30.95±9.40	25.56±6.04	18.25±7.70
Surgery	91	34.09±8.19	26.10±5.58	18.95±7.36
p value		0.008	0.481	0.483
Contractual or permanent work				
Contractual	125	31.41±9.65	26.11±5.66	18.48±7.07
Permanent	128	32.73±8.50	25.40±6.07	18.52±8.06
p value		0.247	0.335	0.970

ProQOL: Professional Quality of Life Scale; SD: Standard deviation.

work life. The rate of the participating nurses whose compassion satisfaction levels were high was very low (12.6%). Unlike the results of our study, the results of several other studies on nurses' compassion satisfaction provide enough evidence that they have moderate or high levels of compassion satisfaction.[26-31] These differences in results may have stemmed from the participants' socio-demographic and professional characteristics, conditions of their working environment and cultural differences.

In our study, the variables such as age, sex, marital status, level of education, occupation, length of service in the profession and working as a contractual or a permanent nurse did not affect the level of compassion satisfaction: however, the type of the clinic they worked insignificantly affected their compassion satisfaction levels. Compassion satisfaction subscale scores of the nurses working in surgical clinics were higher than those of the nurses working in internal diseases clinics. Providing healthcare services to critical patients in surgical clinics increases the responsibilities of nurses working in surgical clinics. It is emphasized that assuming more responsibility positively affects nurses' job satisfaction. In surgical clinics, patients are hospitalized either for an emergency operation or for planned surgical procedures. The health problem leading to the surgical procedure and the length of the surgery affect the patient's duration of stay in the clinic, recovery and morbidity. Because in this process, both the patient's needs of daily life and their care needs due to health problems should be met, nurses' professional obligation and workload increase. Patients experience pain and suffering during all surgical procedures. Nurses' making efforts to relieve pain and suffering and to fulfil care practices, and serving critical patients in surgical clinics increase their responsibilities.[12] However, the fact that in surgical departments, health professionals' responsibilities are clearly defined, that the hierarchy and division of labor within the team is

clearer, that unlike other units, the number of chronic patients is low, and that relatively more up-to-date treatment techniques are used may have contributed to nurses' professional satisfaction.[32] Similarly, in Başkale et al.'s study, compassion satisfaction levels were the highest among those working in the operating theaters.[11] In studies in which compassion satisfaction levels of nurses were investigated by taking their sociodemographic characteristics into account, different results were obtained. For instance, compassion satisfaction was significantly correlated with sex, age, education level, and unit where nurses work in Sacco et al.'s study, with age and education level in Yılmaz and Üstün's study and with sex in Merk's, Roney and Acri's.[27,29,33,34]

Health institutions are supposed to provide safe and quality care for all their patients. In a unit, department or clinic in which nurses suffer high levels of burnout and stress, it will not be possible to provide effective healthcare to patients.[29] The vast majority of the nurses in our study suffered medium and high levels of burnout. In university hospitals, nurses take care of patients with acute, intensive and complex diseases, and provide high quality and specialized care, which suggests that nurses are under increasing work demands and heavy workload, causing them to suffer burnout. Similarly, in Wentzel and Brysiewicz's, Mashego et al.'s and Kolthoff's studies, nurses were reported to have moderate levels of burnout.[28,30,31] In our study, while the factors such as age, sex, education level, occupation, length of service in the profession, unit they work in and having a contractual or permanent work did not affect the participants' burnout scores, the marital status had a significant effect on their burnout scores. The burnout scores were higher among the married nurses. While marital status was among the factors affecting nurses' burnout scores in Wang et al.'s study.[35] In Jakimowicz's study increases in age, length of service in the profession and practices significantly decreased the nurses' burnout scores.[26] In Merk's study, young nurses obtained significantly higher burnout scores.[27] According to the results of Başkale et al.'s study, the burnout levels of the nurses whose length of service in the profession was more than twenty years were low.[11]

Compassion fatigue is a work-related professional hazard acquired during the provision of healthcare to patients. This hazard can cause physical and mental health problems for nurses and affect the quality of nursing care given to patients. Nurses who suffer compassion fatigue may be reluctant, nervous, emotionally overwhelmed and indifferent towards patients. In studies conducted in recent years, it has been estimated that the prevalence of compassion fatigue among healthcare workers ranges between 7.3% and 36.0%.[35] In our study, half of the participating nurses suffered high levels of compassion fatigue, which suggests that the situation should be intervened immediately. In order for the work performance of nurses and the success of the institution they work in, and patient care not to be negatively affected due to compassion fatigue, necessary interventions should be made. In Kolthoff's, and Wentzel and Brysiewicz's studies, the nurses had moderate levels of compassion fatigue.[28,30] In the present study, the distribution of the compassion fatigue scores among the participating nurses was consistent in terms of their socio-demographic and professional characteristics. In the literature, in several studies, a significant relationship was determined between nurses' compassion fatigue scores and their socio-demographic and professional characteristics. Jakimowicz, Perry and Lewis pointed out that compassion fatigue levels were high among nurses whose length of service in the profession was short.[26] In Mashego et al.'s study, compassion fatigue scores were higher in married or older nurses.[31] However, in Merk's study, compassion fatigue scores were higher in young nurses.[27] According to the results of Hegney et al.'s study, nurses who were younger and had no experience after graduation were more likely to suffer stress, and one-fifth of the nurses suffered high levels of compassion fatigue.[13]

LIMITATIONS OF THE STUDY

Since the study population comprises nurses working in one hospital, the results of the study cannot be generalized to all nurses working in tertiary hospitals, and therefore the results should be interpreted with caution. Another limitation is that not all the variables related to working conditions and workplace relationships were included.

CONCLUSION

This study is one of the few studies in which the concepts of compassion satisfaction, compassion fatigue and burnout were addressed together, and its results provide important data on the issue. Our results revealed that the level of the quality of professional life was low among the nurses.

Health institutions should develop strategies to help nurses cope with burnout and compassion fatigue by increasing their psychological resilience levels and improving their quality of work life. In order for nurses to continue to offer compassionate care, they should first receive training on this issue and then learn self-management techniques that prepare them for the emotional demands of clinical practices. Training to be given to nurses should first provide them with the ability to understand the symptoms of burnout and compassion fatigue that may occur in them and to cope with these symptoms. Among other initiatives that can be done individually in the fight against burnout are the strengthening of social support networks and acquisition of hobbies outside of work life.

The next step is to discuss the sources of burnout and the factors that increase burnout in an individual. Managers should encourage the establishment of support networks among nurses to alleviate their emotional burden and harmful effects of compassion fatigue. Reducing long working hours, increasing the number of nurses per patient, increasing vacation and social activity opportunities, eliminating the staff shortage, having clear job descriptions, organizing regular intra-team meetings, increasing training opportunities, creating a reward mechanism and implementing other preventive measures are among the other interventions that can be done institutionally.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Evrim Çelebi;* ***Design:*** *Evrim Çelebi, Hafize Öztürk Can;* ***Control/Supervision:*** *Evrim Çelebi, Hafize Öztürk Can;* ***Data Collection and/or Processing:*** *Evrim Çelebi;* ***Analysis and/or Interpretation:*** *Evrim Çelebi, Hafize Öztürk Can;* ***Literature Review:*** *Evrim Çelebi, Hafize Öztürk Can;* ***Writing the Article:*** *Evrim Çelebi, Hafize Öztürk Can;* ***Critical Review:*** *Evrim Çelebi, Hafize Öztürk Can;* ***References and Fundings:*** *Evrim Çelebi;* ***Materials:*** *Evrim Çelebi.*

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