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Determination of Perceived Stress Level and Coping with Stress in Individuals with Mental Illness: A Descriptive Study

Ruhsal Hastalığı Olan Bireylerin Algıladıkları Stres Düzeyi ve Stresle Başa Çıkma Yöntemlerinin Belirlenmesi: Tanımlayıcı Bir Çalışma

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ABSTRACT Objective: The importance of stress in the onset of mental illnesses is well-known. In the face of these stress situations, individuals employ various positive and negative coping strategies likewise problem-focused, seeking social support, escape-avoidance, and emotion-focused coping. This study aimed to evaluate the perceived stress level and coping with stress in individuals with mental illness. **Material and Methods:** This study was a descriptive type. A hundred seventy (170) individuals diagnosed with mental illness were included in the study. This study was carried out in psychiatry outpatient clinics between May and December 2023. Descriptive characteristics form, Perceived Stress Scale and Coping with Stress Scale were utilized to collect data. **Results:** The total mean score of the individuals diagnosed with mental illness were 19.23±7.07 on the seeking social support subscale, 23.32±6.52 on the problem-focused subscale, 23.35±5.19 on the escape-avoidance subscale, 65.91±15.21 on the Coping with Stress Scale, and 36.02±7.22 on the Perceived Stress Scale. **Conclusion:** The study indicates that the individuals' perceived stress levels were above moderate. In addition, individuals with mental illness are more prone to employing escape-avoidance coping strategies on a regular basis. It is advisable to create interventions aimed at decreasing the perceived stress in order to enhance the ability of individuals with mental illness to cope with stress.

Keywords: Coping strategies; mental illness; stress

ÖZET Amaç: Ruhsal hastalıkların oluşumunda, stresin önemli bir rol oynadığı bilinmektedir. Yaşanan bu stres durumları karşısında bireyler; problem odaklı, duygusal odaklı, sosyal destek arayıcı, kaçıngan başa çıkma gibi çeşitli olumlu ve olumsuz stresle başa çıkma yöntemlerine başvurmaktadırlar. Bu araştırmanın amacı, ruhsal hastalığı olan bireylerin algıladıkları stres düzeyi ve stresle başa çıkma stratejilerinin belirlenmesidir. **Gereç ve Yöntemler:** Bu araştırma, tanımlayıcı türde yapıldı. Araştırmaya ruhsal hastalık tanısı almış 170 birey dâhil edildi. Bu araştırma, Mayıs-Aralık 2023 tarihleri arasında psikiyatri polikliniklerinde yürütüldü. Verilerin toplanmasında tanıtıcı özellikler formu, Algılanan Stres Ölçeği ve Stresle Başa Çıkma Ölçeği kullanıldı. **Bulgular:** Ruhsal hastalığı olan bireylerin sosyal destek arama alt boyutu 19,23±7,07, problem çözme alt boyutu 23,32±6,52, kaçma-kaçınma başa çıkma alt boyutu 23,35±5,19, stresle başa çıkma toplam puan ortalaması 65,91±15,21 ve algıladıkları stres toplam puan ortalaması 36,02±7,22'dir. **Sonuç:** Araştırma, bireylerin algıladıkları stres düzeyinin ortanın üzerinde olduğunu gösterir. Ayrıca, ruhsal hastalığı olan bireyler kaçma-kaçınma başa çıkma yöntemini daha sık kullanmaya yatkındırlar. Ruhsal hastalığı olan bireylerin stresle başa çıkma becerilerini geliştirmek için algıladıkları stresi azaltmaya yönelik müdahalelerin geliştirmesi önerilebilir.

Anahtar Kelimeler: Başa çıkma yöntemleri; ruhsal hastalık; stres

In today's world, mental illnesses hold a significant place among all health problems. According to the World Health Organization, mental illnesses are indicated as one of the most important causes of disability both globally and in Türkiye.[1,2] According to the 2019 data of the Global Health Database, the prevalence of mental disorders is 13.04% in the world and 15.11% in Türkiye.[3] There are many different mental illnesses that manifest in various ways. These illnesses are usually characterized by the combina-

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tion of abnormal perceptions, thoughts, behaviors, emotions, and relationships with other.[4] The importance of stress in the onset of mental illnesses is well-known.[5] The challenging and lengthy nature of the treatment process for mental illnesses, hospitalizations, individuals experiencing a sense of stigma, and many other negative life events contribute to the stress experienced by individuals with mental illnesses. Scientific studies on stress show a strong connection between stress and mental health.[6]

Perceived stress is one of the determinants of the physiological and psychological responses individuals exhibit in their reactions to stressful events.[7] Stress can lead to an inability to perform daily life activities and a decrease in quality of life. Additionally, it creates serious difficulties in interpersonal relationships, social life, and work life.[8] Demirkol et al. found that individuals diagnosed with bipolar disorder perceived higher levels of stress compared to healthy controls.[9] In the face of these stress situations, individuals employ various positive and negative coping strategies likewise problem-focused, seeking social support, escape-avoidance, and emotion-focused coping.[10] Savoia and Bernik reported that individuals with panic disorder use less adaptive and effective coping strategies when compared to a control group without mental illness.[11]

Stress can trigger the emergence of mental disorders and increase the risk of relapse. Stress is an important situation to deal with. In addition, failure to cope with stress may result in deterioration in mental health. Using appropriate methods to cope with stress can help eliminate the negative consequences of stress.[12] Psychiatric nurses actively engage in monitoring individuals with mental illnesses, performing essential roles likewise counseling, education, case management, rehabilitation, and providing care on a one-on-one basis. It is necessary for psychiatric nurses to assess the perceived stress levels of individuals with mental illnesses and identify the coping strategies they employ to deal with stress. Additionally, supporting individuals with mental illnesses through psychosocial education can help reduce their perceived stress levels and enhance their coping strategies. By integrating effective stress management techniques into nursing care plans, psychiatric nurses can complement medical treatments and provide holistic support for individuals with mental illnesses. This study aims to determine the perceived stress levels and they use to coping strategies with stress in individuals with mental illness. For this reason, it can be thought that the results of our study will shed light on future studies.

The study sought answers to the questions:

- What is the perceived stress level of individuals with mental illness?
- Which coping strategies do individuals with mental illness use more frequently?

MATERIAL AND METHODS

STUDY TYPE AND SETTING

This study was descriptive type and was carried out in psychiatry outpatient clinics between May and December 2023. In psychiatry outpatient clinics, individuals are diagnosed, treated, and followed up.

POPULATION AND SAMPLE OF THE STUDY

The initial study population consisted of 237 individuals diagnosed with mentall illness. It was aimed to reach the entire population without using sample selection. They were diagnosed with anxiety disorders, psychosis and related disorders, and mood disorders (Based on the Diagnostic and Statistical Manual of Mental Disorders, 5th ed., DSM-V). Thirty seven individuals diagnosed with mental illness who did not want to participate in the study and thirty individuals diagnosed with mental illness who did not meet the inclusion criteria were excluded from the study. The study was conducted with a sample size of 170 individuals diagnosed with mental illness. The participants included in the study were those who were at least 18 years old, capable of communication, had successfully completed their inpatient treatment (in remission), and had their drug use, drug side effects, and illness symptoms frequently monitored by psychiatrists. Individuals with mental illnesses apply to the psychiatry outpatient clinic to prescribe medication, have various tests done or meet with a psychiatrist. Individuals with mental illness who were deemed suitable as a result of the psychiatrist's assessments and observation were referred to the re-

searchers. The researchers went to the psychiatric outpatient clinics two days in a week. The data were collected by the researchers by face-to-face interview method between May and December 2023. The questions in the data collection tools were read by the researcher and markings were made in line with the answers received.

MEASURES

Descriptive Characteristics Form: The current form, which was created by the researchers in line with the literature, contains eight questions, including the sociodemographic characteristics of the individuals (i.e., marital status, age, education status, gender, working status, presence of a history of mental illness in the family, diagnosis of illness, and duration of the illness).[9,13]

Perceived Stress Scale (PSS): The PSS was developed by Cohen, Kamarck, and Mermelstein in 1983 and its Turkish validity and reliability study was carried out by Eskin et al. in 2013, resulting in a Cronbach's alpha value of 0.84.[14] This scale aims to assess the extent to which life events are perceived as stressful. It is a self-report scale consisting of 14 items, scored on a 5-point Likert Scale ranging from "Never (0)" to "Very often (4)". Seven items with positive statements are reverse-scored (4, 5, 6, 7, 9, 10, 13). PSS-14 scores range from 0 to 56, with higher scores indicating a higher perception of stress. The scale's Cronbach's α coefficient was 0.81 for current study.

Coping with Stress Scale (CSS): Folkman and Lazarus developed the original CSS scale in 1980, based on the mental stress model. Türküm conducted a study of the scale to verify its validity and reliability within a Turkish context (Cronbach's α 0.78).[15] This 5-point Likert Scale consisted of twenty-three items and included three subscales. These subscales included the seeking social support subscale: 4, 10, 13, 17, 18, 20, 23; the problem-focused subscale: 2, 5, 6, 7, 8, 9, 12, 16; and the escape-avoidance subscale: 1, 3, 11, 14, 15, 19, 21, and 22. Three items were scored by reversing (10, 17, and 20). The total score ranges from 23-115, the total score for seeking social support subscale ranges from 1-35, the total score for the problem-focused subscale ranges from 1-40, and the total score for the escape-avoidance subscale ranges from 1-40. The scores obtained from the subscales provided information about individuals' strategies for coping with stress. The scale's Cronbach's α coefficient was 0.89 for current study.

DATA COLLECTION

The data were collected by the researchers by face-to-face interview method between May and December 2023. The questions in the data collection tools were read by the researcher and markings were made in line with the answers received. Each interview lasted an average of 15-20 minutes.

DATA ANALYSIS

SPSS 25.0 (Statistical Package for Social Sciences, SPSS Inc., Chicago, IL, USA) program was utilized in the analysis of the data. $p < 0.05$ was considered significant for the study. Cronbach's α coefficient was utilized in the internal consistency analysis of the scales. Percentage distribution was utilized to identify the descriptive characteristics, and arithmetic mean was utilized to identify the total mean score of the scales. Shapiro-Wilks test were utilized along with a histogram, P-P plot, Q-Q plot, and an evaluation of skewness and kurtosis to evaluate the conformity with normal distribution. The results of the analysis showed that the data had a normal distribution. Independent t-test and an analysis of variance were utilized to compare descriptive characteristics and scales. Tukey test was used for further analysis.

ETHICAL CONSIDERATION

Before starting the study, approval from the Diyarbakır University of Health Sciences Gazi Yaşargil Training and Research Hospital Clinical Research Ethics Committee (date: 05 May 2023; no: 386) and official permission from the hospital where the study was carried out were obtained. In addition, the study was carried out in accordance with the Principles of the Declaration of Helsinki and by obtaining written consent from the individuals with an "Informed Voluntary Consent Form".

RESULTS

It was found that 41.8% of the individuals diagnosed with mental illness were between the ages of

29 and 39, 60.6% were male, 48.8% were high school graduate, 58.8% were single, 79.4% were unemployed, 51.2% had no history of mental illness in the family, 42.4% were diagnosed with mood disorders, and 38.2% had had the illness for 6-10 years (Table 1).

Comparison of the individuals' mean CSS total scores according to descriptive characteristics revealed statistically significant differences associated with working status and presence of a history of mental illness in the family ($p<0.05$). However, there were no statistically significant differences with respect to the individuals' age groups, gender, educational status, marital status, diagnosis of the illness, and duration of the illness in terms of the CSS ($p>0.05$). The CSS problem focused subscale mean scores was the highest among individuals with university educational level, the CSS seeking social support subscale mean scores was the highest among individuals diagnosed with mood disorders group, the level of perceived stress was the highest among individuals diagnosed with psychosis and related disorders group in the Tukey analysis. In addition, there were statistically significant differences with respect to the individuals' educational status in terms of the problem-focused subscale and individuals' diagnosis of illness in terms of the seeking social support subscale ($p<0.05$) (Table 1).

Comparison of the individuals' mean PSS total scores according to descriptive characteristics revealed statistically significant differences associated with working status, presence of a history of mental illness in the family, diagnosis of the illness ($p<0.05$). However, there were no statistically significant differences with respect to the individuals' age groups, gender, educational status, marital status, and duration of the illness in terms of the PSS ($p>0.05$) (Table 1).

The total mean score of the individuals diagnosed with mental illness were 19.23±7.07 on the seeking social support subscale, 23.32±6.52 on the problem-focused subscale, 23.35±5.19 on the escape-avoidance subscale, 65.91±15.21 on the CSS, and 36.02±7.22 on the PSS (Table 2).

DISCUSSION

The findings obtained from this study, which was carried out to the determine of perceived stress level and coping with stress in individuals with mental illness, are discussed in the context of the current literature.

The result of the study is that, according to the total mean scores of the scale, it can be said that the perceived stress of individuals with mental illness are at above moderate level (The minimum-maximum score that can be obtained from the scale are 0-56 for Perceived Stress Scale). Furthermore, individuals with mental illnesses tend to use escape-avoidance coping strategies more frequently. In a study by Mohamed et al., more than half of individuals with mental illnesses (78.4%) were found to have a moderate level of stress.[13] Mert & Kelleci found that individuals with bipolar disorder had a high level of perceived stress before receiving stress coping training.[16] Demirkol et al. reported that individuals with bipolar disorder perceived higher levels of stress compared to healthy controls.[9] It has been reported that individuals with schizophrenia, even in remission, lead stressful lives.[17] Individuals with schizophrenia are said to frequently use coping mechanisms such as avoidance or distraction to cope with their symptoms and control their distress.[18] It has been reported that individuals with schizophrenia often use "emotion-focused" and "passive coping" strategies to cope with stressful events.[19] According to another study, individuals with schizophrenia typically emphasize seeking social support as a coping strategy.[20] A systematic review has indicated that individuals with mental illnesses, when compared to the general population, tend to use less problem-focused coping and more emotion-focused coping strategies for stress management.[21] Katerndahl & Palmer reported that individuals with panic disorder resort to negative coping strategies.[22] The symptoms of mental illnesses, the need for a lengthy treatment process for these illnesses, the sense of stigma, low self-esteem, negative life events, living in isolation from society, and other factors may contribute to increased stress levels in individuals with mental illnesses and their use of avoidance coping mechanisms in coping with stress.

TABLE 1: Comparison of Individuals' CSS and Subscales total scores and PSS total scores of the individuals in terms of their descriptive characteristics (n=170).

Descriptive characteristics		n	%	Seeking social support X̄±SD	Problem focused X̄±SD	Escape-avoidance X̄±SD	CSS total score X̄±SD	PSS total score X̄±SD
Age groups (years)	18-28	50	29.4	17.72±7.31	22.94±6.16	23.16±5.71	63.82±14.19	35.62±6.91
	29-39	71	41.8	19.98±7.11	24.49±6.48	23.46±5.11	67.94±15.66	35.42±7.66
	40-50	25	14.7	19.24±6.28	22.20±6.94	22.96±5.22	64.40±16.05	38.04±7.07
	51 and older	24	14.1	20.16±7.17	22.04±6.74	23.66±4.47	65.87±15.15	36.54±6.65
	Test value			F=1.172	F=1.383	F=0.108	F=0.817	F=0.906
	Significance			p=0.322	p=0.250	p=0.955	p=0.486	p=0.440
Gender	Male	103	60.6	18.23±6.65	23.78±6.07	23.16±5.07	65.87±14.21	35.18±7.26
	Female	67	39.4	19.71±7.71	22.68±7.15	23.58±5.40	65.98±16.73	37.31±7.01
	Test value			t=-0.714	t=1.075	t=-0.511	t=-0.046	t=-1.893
	Significance			p=0.476	p=0.284	p=0.610	p=0.963	p=0.060
**Education status	Illiterate	17	10.0	17.05±6.26	19.23±6.68	24.29±3.61	60.58±13.77	39.76±9.12
	Primary school	19	24.1	19.92±6.32	21.90±6.52	21.87±5.11	63.70±15.12	35.70±7.71
	High school	83	48.8	18.38±7.09	24.24±6.20	23.56±5.40	66.19±14.69	36.08±6.85
	University	29	17.1	21.96±7.86	25.27±6.16	24.13±5.26	71.37±16.52	34.10±5.66
	Test value			F=2.574	F=4.560	F=1.571	F=2.291	F=2.284
	Significance			p=0.056	**p=0.004**	p=0.198	p=0.080	p=0.081
Marital status	Married	70	41.2	20.41±7.16	23.24±6.85	24.18±5.15	67.84±16.14	36.14±7.76
	Single	100	58.8	18.41±6.92	23.43±6.31	22.73±5.15	64.57±14.44	35.94±6.85
	Test value			t=1.830	t=-0.184	t=1.811	t=1.384	t=0.180
	Significance			p=0.069	p=0.855	p=0.072	p=0.168	p=0.858
Working status	Employed	35	20.6	22.02±7.17	24.80±6.54	25.48±5.15	72.31±15.41	33.05±7.52
	Unemployed	135	79.4	18.51±6.89	22.97±6.48	22.77±5.07	64.25±14.76	36.79±6.96
	Test value			t=2.667	t=1.478	t=2.812	t=2.850	t=-2.781
	Significance			**p=0.008**	**p=0.141**	**p=0.006**	**p=0.005**	**p=0.006**
Presence of a history	Yes	83	48.8	18.67±7.03	22.20±6.49	22.22±5.02	63.10±15.01	37.80±6.53
Mental illness in the family	No	87	51.2	19.77±7.11	24.44±6.39	24.37±5.16	68.59±14.99	34.32±7.46
	Test value			t=-1.009	t=-2.270	t=-2.751	t=-2.384	t=3.233
	Significance			p= 0.315	**p=0.025**	**p=0.007**	**p=0.018**	**p=0.001**
**Diagnosis of the illness	Psychosis and Related disorders	66	38.8	17.51±6.09	22.74±6.65	22.83±5.44	63.09±13.89	37.93±7.29
	Mood disorders	72	42.4	20.55±7.36	24.29±6.17	24.12±4.80	68.97±15.05	34.88±7.20
	Anxiety disorders	32	18.8	19.81±7.76	22.50±6.92	22.56±5.41	64.87±17.25	34.62±6.38
	Test value			F=3.403	F=1.341	F=1.504	F=2.721	F=3.945
	Significance			**p=0.036**	p=0.272	p=0.225	p=0.069	**p=0.021**
Duration of the illness (years)	0-5	64	37.6	19.39±6.86	24.26±5.95	23.51±5.32	67.17±14.11	34.54±7.49
	6-10	65	38.2	18.96±7.36	23.20±6.72	23.23±5.29	65.40±16.10	37.41±7.08
	11-15	19	11.2	19.52±6.85	23.36±6.33	23.57±5.33	66.47±13.96	35.00±6.41
	16-20	12	7.1	17.83±8.24	21.33±9.60	22.75±4.91	61.91±21.02	37.58±7.01
	21 and above	10	5.9	21.10±6.31	20.90±4.28	23.00±4.57	65.00±11.83	36.50±7.16
	Test value			F=0.325	F=0.963	F=0.083	F=0.345	F=1.539
	Significance			p=0.861	p=0.429	p=0.988	p=0.847	p=0.193

*p<0.05; **Tukey; SD: Standard deviation; CSS: Coping with Stress Scale; PSS: Perceived Stress Scale; t: Independent sample t-test; F: Analysis of variance.

TABLE 2: Distribution of the Individuals' CSS and Subscales total scores and PSS total scores.

Scale	Minimum-Maximum	X̄±SD
CSS	29-103	65.91±15.21
Social seeking support	7-35	19.23±7.07
Problem-focused	8-39	23.32±6.52
Escape-avoidance	12-37	23.35±5.19
PSS	6-52	36.02±7.22

SD: Standard deviation; CSS: Coping with Stress Scale; PSS: Perceived Stress Scale.

There was a statistically significant difference between the participants' PSS mean scores according to employment status, where unemployed individuals had a higher PSS total mean score compared to employed ones. Mohamed et al. found that individuals with limited income had higher stress levels.[13] As unemployed individuals are not able to achieve economic independence, are not financially self-sufficient, and face financial problems, they may be exposed to higher levels of stress and difficulty accessing treatment options. In this study, it was determined that the level of perceived stress was the highest among individuals diagnosed with psychosis and related disorders group. Borgohain et al. found that there was a statistically significant difference between the participants' PSS mean scores according to diagnosis of the illness, where those diagnosed with psychosis and related disorders had a higher PSS total mean score compared to those with mood disorders and anxiety disorders.[23] Mogadam et al. reported that women with schizophrenia experienced and perceived higher levels of stress compared to healthy controls.[24] The psychotic nature of schizophrenia, characterized by hallucinations and delusions, may contribute to an increase in stress levels. Furthermore, there was a statistically significant difference between the participants' PSS total mean scores according to the presence of a family history of mental illness, where those with a family history of mental illness had higher PSS total mean score compared to those without. The societal perception of having a family member with a mental illness as a shameful situation in Turkish culture may lead to families being stigmatized by society and isolating themselves, potentially causing individuals with a family history of mental illness to experience higher levels of stress.

In this study, it was determined that the CSS problem focused subscale mean scores was the highest among individuals with university educational level. This result may be because individuals with higher education levels experience less difficulty in coping with problems and seek help related to their illness. Additionally, as the level of education increases, individuals may conduct more research on the causes, course, and treatment of their illness, leading them to have a better understanding of their illness and more effective coping with stress. In addition, it was determined that the CSS seeking social support subscale mean scores was the highest among individuals diagnosed with mood disorders group. Individuals with depression, in particular, have been noted to excessively use avoidance coping strategies.[25] A study suggest that individuals with bipolar disorder may have inadequate coping mechanisms for dealing with stress.[26] Mood disorders have been reported to be strongly associated with negative coping strategies.[27] In another study, individuals with bipolar disorder were reported to use negative coping strategies.[28] Individuals with depression scored significantly higher on maladaptive coping and on avoidance and significantly lower on adaptive coping relative to both psychosis and nonclinical individuals. Former studies has shown that the ways of coping with stress may not only affect the onset and prognosis of mental illnesses but also functioning of individuals with mental illnesses.[29-31]

Mert & Kelleci reported in their study that the stress coping training given to individuals diagnosed with bipolar disorder was an effective intervention on stress symptoms, coping attitudes, and perceived stress.[16] It has been stated that nurses' practices to reduce stress are useful. In addition, nurses' roles include developing effective coping and coping strategies through interventions aimed at reducing stress.[32] The most important therapeutic aims of nursing care include determining the individual's stress resulting from his/her problems and developing skills to cope with stress.[33] Individuals with mental illness hospitalized in a psychiatric clinic may be

hospitalized repeatedly because they are discharged before they are fully ready for social life.[34] Increasing the coping skills and strengthening the social adaptation of individuals with mental illness who receive inpatient treatment in the clinic are among the duties of psychiatric nurses. Psychiatric nurses are expected to plan interventions to strengthen individuals with mental illness in coping with stress after they have gone through the acute phase during hospitalization.[35]

IMITATIONS OF STUDY

The limitations of this investigation were several. Due to the fact that the study was conducted in a central location, and as a result, it was conducted with individuals who had comparable social and cultural characteristics. Furthermore, due to the descriptive nature of the study, it is not possible to do an investigation that covers the causality well enough.

CONCLUSION

The according to results of the this study showed that individuals who suffer from mental illness had above moderate levels of percevied stres and tend to use escape-avoidance coping strategies more frequently. One of the roles of psychiatric nurses is to help individuals with mental illness improve their ability to adapt to social situations and enhance their ability to cope with stressful situations. For this reason, the utilization of proper coping mechanisms might be of assistance in mitigating the adverse effects of stress on those who suffer from severe mental illness. When working with individuals who suffer from mental illness, mental health and psychiatric nurses should make it a top priority to identify the variables that contribute to elevated levels of stress and less effective coping strategies. Subsequently, mental health and psychiatric nurses should use a variety of psychotherapeutic interventions in order to reduce stress levels and increase positive coping skills for individuals who suffer from mental illness. These interventions should be incorporated into normal clinical care in addition to the treatment that is provided by pharmaceuticals. In addition, there are only a few studies that have been conducted and published on this topic in Türkiye. It is important for future study to investigate whether or not the observed perceived stress level and the strategies for coping with stress that are utilized in this demographic are related. It is possible that it would be recommended to examine the topic using a larger sample group and experiments that are controlled by randomization.

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: *Tülay Yıldırım Üşenmez;* ***Design:*** *Tülay Yıldırım Üşenmez;* ***Control/Supervision:*** *Tülay Yıldırım Üşenmez;* ***Data Collection and/or Processing:*** *Rıdvan Yılmaz;* ***Analysis and/or Interpretation:*** *Tülay Yıldırım Üşenmez;* ***Literature Review:*** *Tülay Yıldırım Üşenmez;* ***Writing the Article:*** *Tülay Yıldırım Üşenmez, Rıdvan Yılmaz;* ***Critical Review:*** *Tülay Yıldırım Üşenmez;* ***References and Fundings:*** *Tülay Yıldırım Üşenmez, Rıdvan Yılmaz;* ***Materials:*** *Tülay Yıldırım Üşenmez, Rıdvan Yılmaz.*

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