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Effect of Ethical Sensitivity and Compassionate Communication on Patient-Centered Care Competence: Descriptive and Correlation Study

Etik Duyarlılığın ve Şefkatli İletişimin Hasta Merkezli Bakım Yetkinliğine Etkisi: Tanımlayıcı ve İlişki Arayıcı Araştırma

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ABSTRACT Objective: This study was conducted to determine the effect of compassionate communication and ethical sensitivity of nursing students on patient-centered care competence. **Material and Methods:** The research was conducted as a descriptive and correlational study. The study population consisted of 654 nursing students enrolled in the department of nursing, faculty of health sciences at a state university. The study was completed with 452 students who volunteered to participate. The data were collected using an introductory information form, the Compassionate Communication Scale (CCS), the Ethical Sensitivity Questionnaire for Nursing Students, and the Patient-Centered Care Competence Scale (PCC). Data were analyzed using descriptive statistics, normality tests, correlation analyses, and regression analysis, ethics committee approval, institutional permission, and consent were obtained from the students. **Results:** In the present study, the mean scores for the Ethical Sensitivity for Nursing Students Scale, CCS, and PCC among the nursing students were 22.4±9.2, 85.2±15.0, and 72.6±8.2, respectively. There was a correlation between all CCS scores and PCC scores ($p<0.05$). CCS sub-scale compassionate communication was determined as effective on the PCC total score. As compassionate communication scores increased, PCC total score increased by 0.726 points ($p<0.001$). **Conclusion:** It can be stated that the ethical sensitivity and compassionate communication levels of nursing students were moderate, while their patient-centered care competency levels were high. Moreover, it was determined that there was a positive relationship between compassionate communication and patient-centered care competence. It was determined that compassionate communication was particularly effective on patient-centered care competence.

Keywords: Nursing; ethical sensitivity; compassionate; patient-centered care

ÖZET Amaç: Bu araştırma, hemşirelik öğrencilerinin etik duyarlılık ve şefkatli iletişim düzeylerinin hasta merkezli bakım yetkinliği üzerine etkisini belirlemek amacıyla yapılmıştır. **Gereç ve Yöntemler:** Araştırma, tanımlayıcı ve ilişki arayıcı tiptedir. Araştırmanın evrenini, bir devlet üniversitesinin sağlık bilimleri fakültesi hemşirelik bölümünde öğrenim gören 654 öğrenci oluşturmuştur. Araştırma, çalışmaya katılmaya gönüllü 452 öğrenci ile tamamlanmıştır. Veriler; tanıtıcı bilgi formu, Hasta Merkezli Bakım Yetkinliği Ölçeği, Etik Duyarlılık Ölçeği ve Şefkatli İletişim Ölçeği kullanılarak toplanmıştır. Veriler; tanımlayıcı istatistikler, normallik testleri, korelasyon analizleri ve regresyon analizi kullanılarak değerlendirildi. Araştırmanın yapılabilmesi için etik kurul onayı, kurum izni ve öğrencilerden onam alınmıştır. **Bulgular:** Araştırmada, hemşirelik öğrencilerinin Etik Duyarlılık Ölçeği puan ortalaması 22,4±9,2, Şefkatli İletişim Ölçeği puan ortalaması 85,2±15,0 ve Hasta Merkezli Bakım Yetkinliği Ölçeği puan ortalaması 72,6±8,2'dir. Şefkatli İletişim Ölçeği ile Hasta Merkezli Bakım Yetkinliği Ölçeği puanları arasında anlamlı bir korelasyon bulunmaktadır ($p<0,05$). Şefkatli İletişim Ölçeği'nin "şefkatli konuşma" alt boyutunun, Hasta Merkezli Bakım Yetkinliği Ölçeği toplam puanı üzerinde anlamlı bir etkisi bulunmuştur. Şefkatli konuşma puanı arttıkça toplam puan 0,726 birim artmaktadır ($p<0,001$). **Sonuç:** Hemşirelik öğrencilerinin etik duyarlılık ve şefkatli iletişim düzeylerinin orta, hasta merkezli bakım yeterliliklerinin ise yüksek olduğu görülmüştür. Şefkatli iletişim ile hasta merkezli bakım yeterliliği arasında pozitif bir ilişki bulunmuş ve şefkatli iletişimin, özellikle hasta merkezli bakım yeterliliği üzerinde etkili olduğu belirlenmiştir.

Anahtar Kelimeler: Hemşirelik; etik duyarlılık; şefkatli iletişim; hasta merkezli bakım

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Nursing is a scientific health discipline based on philosophy, theory, practice, and research. Born out of a social need, the spirit and essence of the nursing profession come from social and individual moral rules.[1,2] Nurses, the largest group of healthcare professionals, are health professionals who are directly involved in communication with patients throughout the treatment process. Nurses play a key role in the quality perceptions of patients with their attitudes and behaviors in this process.[3,4]

Nurses constantly interact with patients and spend more time with them than other health professionals. Due to the action-based nature of the nursing profession, they are always in an ethical relationship with patients. Therefore, nurses may encounter ethical problems occasionally.[5] For nurses to be able to recognize ethical problems and make the right decision in the resolution phase, they must have developed ethical sensitivity, which is defined as the ability to discern ethical problems.[6] Besides, nurses are expected to know and apply interpersonal communication techniques to provide care in a way that respects the integrity, personality, rights, and privacy of the individual.[7]

Communication improves the quality of care, nurse motivation, and patient safety. Effective communication improves the patient's health and comfort and builds trust, while compassionate communication prioritizes the patient's needs. Compassion plays an important role in providing quality nursing care.[8,9] Compassion is genuine communication with the patient, encompassing the human-to-human relationship and communication rather than the patient-nurse relationship. Compassionate communication is the cornerstone of traditional and holistic care.[10]

It is believed that nurses' care based on compassionate communication and high ethical sensitivity improves the understanding of patient-centered care.[11,12] Patient-centered care is a new approach that focuses on respecting the patient's perspective, values, understanding of health, and preferences. This approach encourages shared decision-making regarding interventions or management of health problems related to the patient.[11] Patient-centered care focuses on providing holistic care to the patient and explores both the disease and the disease experience.[11,12] The fundamental behaviors essential for providing patient-centered care require communicating, listening, and treating the patient as unique.[13]

Today, as a member of the multidisciplinary healthcare team, nurses make important contributions by taking a transformative role in the changes occurring in the health system. Patient-centered care is at the center of nursing practice and unique nursing knowledge.[3,14]

It is important for ethical sensitivity and compassionate communication to be imparted in vocational education processes so that nurses can provide patient-centered care. This research aims to determine the levels of ethical sensitivity and compassionate communication of nursing students, who are future nurses, and to evaluate the impact on patient-centered care competence. Furthermore, it is believed that this study highlights the significance of these concepts in nursing education and provides data for future studies on the subject. Although there are studies examining individual components, no studies have been found that investigate the relationship between ethical sensitivity, compassionate communication, and patient-centered care competence together. This study was conducted to determine the effect of ethical sensitivity and compassionate communication levels of nursing students on patient care competence.

MATERIAL AND METHODS

STUDY DESIGN

This study was conducted using a descriptive correlational design to determine the effect of nursing students' ethical sensitivity and compassionate communication levels on patient care competence.

POPULATION AND SAMPLE OF THE STUDY

The study population consisted of 654 nursing students studying in the nursing department of Yozgat Bozok University's faculty of health sciences. In the current study, the estimated sample size was derived from the online Raosoft sample size calculator. The estimated minimum sample size required was 310 participants, calculated based on a response distribu-

tion of 50%, a confidence interval of 99%, a margin of error of 5%, and the total nursing student population of 654.[15] No sample selection was made in the study, and the study was completed with 452 nursing students who were studying between December 2022-May 2023 and volunteered to participate in the study. Participation was limited to students who agreed to take part and were proficient in Turkish; thus, foreign-students were not included in the study. A "post hoc" power analysis was performed to support the selected sample size using G*Power version 3.1.9.7 (Heinrich Heine University Düsseldorf, Düsseldorf, Germany). The power of the research was calculated as 0.99% for an effect size of 0.38 and a margin of error of 0.05.

DATA COLLECTION TOOLS

In the research, the data collection tools included an introductory information form for determining the sociodemographic characteristics of the sample group, the Ethical Sensitivity Questionnaire for Nursing Students (ESQ-NS), the Compassionate Communication Scale (CCS), and the Patient-Centered Care Competence Scale (PCC).

Introductory Information Form

The form, prepared by the researchers utilizing the literature, consists of 6 questions including some sociodemographic characteristics of the students, such as age and gender.[8,16]

The Ethical Sensitivity Questionnaire for Nursing Students

The Turkish validity and reliability of the scale developed by Muramatsu et al. were conducted by Aksoy and Büyükbayram.[17,18] The scale consists of 9 items: a 4-point Likert-type scale with the options "1: I do not think at all", "2: I do not think much", "3: I think a little", "4: I think very". The scale consists of 2 sub-scales: "Respect for individuals" and "justice and confidentiality". There are no reverse-scored items in the scale, and the score obtained from the scale ranges from 9 to 36 points. The higher the score, the higher the ethical sensitivity.[17] Determined the Cronbach's alpha reliability coefficient of the scale as 0.80 in their study, while it was 0.947 in the present study.

The Compassionate Communication Scale

The Turkish validity and reliability study of this scale, developed by Salazar, was conducted by İbrahimoğlu et al.[8,19] The scale is a 5-point Likert scale with "1: never", "2: rarely", "3: sometimes", "4: often", and "5: very often". Consisting of 23 items, the minimum and maximum scores that can be obtained from this scale are 23 and 115 points, respectively. High mean scores indicate high levels of compassionate communication, and low mean scores indicate low levels of compassionate communication. İbrahimoğlu et al. determined the Cronbach's alpha reliability coefficient of the scale as 0.94 in their study, while it was determined as 0.92 in the present study.[8]

The Patient-Centered Care Competence Scale

Developed by, the scale aims to determine the competencies of nurses in providing patient-centered care.[20] The Turkish validity and reliability of the scale were conducted by Arslanoğlu and Kırılmaz.[11] Patient-centered care competency consists of 17 questions and 4 sub-scales. The sub-scales are respecting patients' perspectives (items 1-6), promoting patient involvement in care processes (items 7 and 11), providing for patient comfort (items 12 and 14), and advocating for patients (items 15-17). The scale was designed as a 5-point Likert scale; 1) Strongly Disagree, 2) Disagree, 3) Undecided, 4) Agree, 5) Strongly Agree. The lowest score is 17 and the highest score is 85. The Cronbach's alpha reliability coefficient of the scale was determined as 0.850, while it was 0.93 in the present study.

DATA COLLECTION

The researchers collected the data face-to-face through a structured questionnaire form between December 2022-May 2023.

Ethical Dimension of the Research

Written permissions were obtained via e-mail from the researchers who conducted the validity and reliability studies of the scale. The study protocol adheres to the Helsinki Declaration guidelines. Ethical approval (date: November 16, 2022; no: 62/7) was obtained from the Ethics Committee of the Süleyman Demirel University for the research. Institutional per-

mission was obtained from the institution where the research was conducted. Participants were provided with necessary explanations before the research. Voluntary participation was ensured, and informed consent was obtained from the participants.

STATISTICAL ANALYSIS

Data were analyzed using SPSS Statistics Standard Concurrent User V 26 (IBM Corp., Armonk, New York, USA) statistical software package. Descriptive statistics were expressed as a number of units, percentage, mean±standard deviation, median, minimum, maximum, and interquartile range values. The normal distribution of the data of numerical variables was evaluated by the Shapiro-Wilk normality test. For 2-category variables, an independent 2-sample t-test was conducted when the scale scores data showed normal distribution, and the Mann-Whitney U test was used when the distribution was not normal. For variables with more than 2 categories, one way analysis of variance (ANOVA) was conducted when the scale scores data showed normal distribution, and the Kruskal-Wallis analysis was used when the distribution was not normal. Tukey honestly significant difference was used as a multiple comparison test in a one-way ANOVA, and the Dunn-Bonferroni test was used in the Kruskal-Wallis analysis. Comparisons between numerical variables were evaluated using the Pearson correlation coefficient when the data showed normal distribution and using the Spearman correlation coefficient when the distribution was not normal. The effect of the CCS scores on the total scores of The PCC was evaluated by multiple linear regression analysis. In univariate analyses, variables associated with CCS or PCC scores were included in the model as confounding factors. Categorical confounding factors were defined as dummy variables. The stepwise elimination method was utilized to determine the final model. It was checked whether the final model met the assumptions of multiple linear regression. Tolerance and variance inflation factor values for multicollinearity, the Durbin-Watson value for the presence of autocorrelation among residuals, and the normality of residuals were evaluated with Q-Q plots. Moreover, $p<0.05$ was considered statistically significant.

RESULTS

The study included 452 participants. According to Table 1, the ages of the participants ranged between 17-38 years, and the mean age was 20.6±1.9 years. Among the participants, 413 (91.4%) were female, 137 (30.3%) were 4th-grade students, and 238 (52.7%) had income equal to their expenses. Among the participants, 226 (50.0%) came to the department voluntarily, and 339 (75.0%) of them graduated from Anatolian High School.

Table 2 shows the descriptive statistics of the scales used in the study. According to Table 2, Cronbach's alpha values indicating the inter-item internal consistency of all scales and subscales were at an adequate level. The mean score of the ESQ-NS was 22.4±9.2, The CCS was 85.2±15.0, and The PCC was 72.6±8.2.

TABLE 1: Descriptive characteristics of participants (n=452)

Variables	Statistics
Age (years)	
$\bar{X}$±SD	20.6±1.9
Minimum-maximum	17.0-38.0
Gender, n (%)	
Female	413 (91.4)
Male	39 (8.6)
Class, n (%)	
1	110 (24.3)
2	102 (22.6)
3	103 (22.8)
4	137 (30.3)
Income, n (%)	
Income less than expenditure	153 (33.8)
Income equal to expenditure	238 (52.7)
Income more than expenditure	61 (13.5)
Voluntarily attendance, n (%)	
Yes	226 (50.0)
Partially	176 (38.9)
No	50 (11.1)
High school, n (%)	
Anatolian high school	339 (75.0)
General high school	19 (4.2)
Health vocational high school	57 (12.6)
Science high school	15 (3.3)
Other high schools	22 (4.9)

SD: standard deviation

TABLE 2: Statistics of the scales used in the study

	Cronbach's alpha	X̄±SD	M (minimum-maximum)
The ESQ-NS			
Total	0.947	22.4±9.2	20 (9-36)
Respect for individuals	0.896	12.7±5.1	12 (5-20)
Justice and confidentiality	0.926	9.6±4.4	9 (4-16)
The CCS			
Total	0.925	85.2±15.0	85 (36-115)
Compassionate communication	0.876	39.5±4.4	40 (18-45)
Compassionate touch	0.922	25.5±6.6	26 (7-35)
Compassionate messaging	0.894	20.1±7.2	20 (7-35)
The PCC			
Total	0.936	72.6±8.2	71 (36-85)
Respecting patients' perspectives	0.833	25.4±3.2	25 (12-30)
Promoting patient involvement in care processes	0.868	21.1±2.7	20 (8-25)
Providing for patient comfort	0.864	13.1±1.6	13 (6-15)
Advocating for patients	0.730	12.9±1.6	13 (6-15)

Cronbach's alpha: Internal consistency coefficient; SD: Standard deviation;
ESQ-NS: Ethical Sensitivity Questionnaire for Nursing Students;
CCS: Compassionate Communication Scale;
PCC: Patient-Centered Care Competence Scale

Table 3 shows no statistically significant relationship between the ESQ-NS scores and CCS and PCC scores. Furthermore, there was a statistically significant and weak positive correlation between all CCS scores and PCC scores. The study's dependent variable is PCC, and the independent variables are ESQ-NS and CCS scores. According to Table 3, when evaluated univariately, there was no relationship between PCC and ESQ-NS scores, while a relationship was observed between PCC and CCS scores. The final effect of CCS scores on the PCC total score is shown in Table 4. In univariate analyses, factors associated with PCC or CCS scores were included in the model in Table 10 as confounding factors. In Table 4, PCC was included as the dependent variable, and CCS sub-scales of compassionate communication, compassionate touch, and compassionate messaging were included in the model as independent variables. Confounding factors were kept constant in the model, and insignificant independent variables were removed from the model using the stepwise method. As a result, in the model, compassionate communication was determined to be effective on the total PCC score.

According to Table 4, as compassionate communication scores increased, the total PCC score increased by 0.726 points. The model was statistically significant (F=8.871, p<0.001). The variables in the model explain the total PCC score by 14.9%.

DISCUSSION

In this descriptive and correlational study conducted to determine the effect of ethical sensitivity and compassionate communication levels of nursing students on patient-centered care competence, the ethical sensitivity scale score of the students was determined to be 22.4±9.2. Considering that the score to be obtained from the scale is minimum 9 and maximum 36 points, it can be concluded that the students have a moderate level of ethical sensitivity. In the literature, various studies related to the subject reveal different findings regarding the ethical sensitivity of nursing students, ranging from low, neutral, medium, high, and medium-high level.[16,21] These variations in the results stem from differences in the students' educational curricula, whether they take ethics courses, encounter ethical problems in practice courses, and the differences in their practice areas. In a study conducted, it was observed that all of the metaphors created by nursing students who took the ethics course in nursing regarding their ethical perceptions were positive, and it was recommended to include ethics courses in the literature.[22]

It was observed that there is a positive relationship between ethical sensitivity and care behavior in nurses; that is, as the level of ethical sensitivity increases, nurses provide better care behavior.[23] In order to provide quality and holistic care and manage ethical challenges in the clinical setting, students should have ethical sensitivity and be prepared from studenthood to deal with ethical challenges in their future roles.[24] Compassionate communication, another important concept in providing good nursing care, plays a key role in providing holistic care.[10] In this study, the compassionate communication score of nursing students was 85.2±15.0, and it can be said that their compassionate communication level was moderate. In the literature, similar to our study results, İbrahimoğlu et al. reported a mean score of 86.78±18.83 for CCS in their Turkish validity and re-

TABLE 3: Comparisons between scales

	The ESQ-NS						PCC									
	Total		Respect for individuals		Justice and confidentiality		Total		Respecting patients' perspectives		Promoting patient involvement in care processes		Providing for patient comfort		Advocating for patients	
	rho	p value	rho	p value	rho	p value	r value	p value	r value	p value	r value	p value	r value	p value	r value	p value
The CCS																
Total	-0.022	0.641	-0.009	0.844	-0.021	0.663	**0.306**	**<0.001**	**0.259**	**<0.001**	**0.289**	**<0.001**	**0.297**	**<0.001**	**0.240**	**<0.001**
Compassionate communication	-0.038	0.423	-0.022	0.646	-0.040	0.396	**0.386**	**<0.001**	**0.335**	**<0.001**	**0.349**	**<0.001**	**0.370**	**<0.001**	**0.312**	**<0.001**
Compassionate touch	-0.015	0.745	-0.002	0.972	-0.014	0.770	**0.236**	**<0.001**	**0.215**	**<0.001**	**0.221**	**<0.001**	**0.198**	**<0.001**	**0.188**	**<0.001**
Compassionate messaging	0.013	0.786	0.016	0.735	0.011	0.816	**0.180**	**<0.001**	**0.133**	**0.005**	**0.180**	**<0.001**	**0.205**	**<0.001**	**0.132**	**0.005**
PCC																
Total	0.003	0.958	0.012	0.801	0.010	0.827										
Respecting patients' perspectives	0.017	0.716	0.020	0.666	0.031	0.507										
Promoting patient involvement in care processes	0.042	0.377	0.052	0.266	0.042	0.368										
Providing for patient comfort	-0.022	0.646	-0.009	0.847	-0.023	0.627										
Advocating for patients	-0.057	0.230	-0.038	0.426	-0.054	0.256										

ESQ-NS: Ethical Sensitivity Questionnaire for Nursing Students; CCS: Compassionate Communication Scale; rho: Spearman correlation coefficient, r: Pearson correlation coefficient

TABLE 4: The effect of compassionate communication on patient care competence

	Regression coefficients					Multicollinearity statistics	
	β	SE	zβ	t value	p value	Tolerance	VIF
Fixed	49.922	6.085		8.205	<0.001		
Compassionate communication	0.726	0.082	0.394	8.815	<0.001	0.946	1.057
Model statistics: F=8.871; p<0.001; R^2=0.167; Adj R^2=0.149							

Adjusted for age, gender, class, type of school; Variables entered step 1: Compassionate communication, compassionate touch, compassionate messaging; SE: Standard error; VIF: Variance inflation factor

liability study, while Öztürk and Kaçan stated a mean CCS score of 88.98±14.38.[8,25]

Compassion, which is genuine communication with the patient, encompasses human-to-human relationships and communication rather than just the patient-nurse relationship.[10] Compassion is necessary for providing individualized care in an appropriate and correct manner, motivating patient-nurse cooperation, and enhancing the quality of care.[10,26] The CCS used in this study consists of compassionate communication, compassionate touch, and compassionate messaging dimensions.[8] As a form of non-verbal communication, touch has powerful therapeutic effects. Through touch, patients are conveyed messages such as closeness, care, trust, encouragement, empathy, respect, support, understanding, acceptance, and willingness to help.[27]

We think that patient-centered care, which is an important approach in strengthening the relationship between patients and healthcare professionals, evaluating the patient holistically, and exploring both the disease and the disease experience, requires compassionate communication in its implementation.[28] In this study, the mean score of patient-centered care competence was 72.6±8.2, and it can be stated that the nursing students within the scope of the study had high levels of patient-centered care competence. When the studies related to the subject were examined, it was seen that the mean score of the nursing students in the study conducted by Yurdagül was at a high level with 67.04±14.05.[29] In a study conducted by Wilkerson et al. with 322 students, it was determined that the level of patient-centered skills of the students was at a moderate level.[30] As the basic components of patient-centered care, responding to patient needs, individualizing care, treating patients with respect, informing patients about their condition and treatment, and involving patients in decision-making are important factors in improving the quality of care.[31] In this study, we believe that nursing students' high level of patient-centered care competence will enable them to provide care worthy of human dignity by treating the patient as a unique individual with a holistic evaluation.

In our study, there was a statistically significant and weak positive correlation between all CCS scores and PCC scores. It was determined that particularly compassionate communication had an effect on PCC scores. In a study conducted with nurses related to the subject, a positive relationship was demonstrated between nurses' communication competence and compassionate and patient-centered care. In the same study, a positive relationship was identified between nurses' compassionate competence and patient-centered care, indicating that compassion is a factor that directly affects nurses' nursing care.[32] While these findings reveal that compassion plays an important role in professional practice, this situation shows that developing and supporting compassionate communication skills of nursing students, who are the nurses of the future, during the education process has the potential to increase their competencies in patient-centered care in the future. In this study, we consider that nursing students' evaluating patients and providing care with compassionate communication serve as a bridge between the nurse and the care-receiving individual, revealing the artistic aspect of care.

In our study, there was no statistically significant relationship between the ESQ-NS' scores and CCS and PCC scores. In studies conducted with

nurses in relation to the subject, unlike our results, person-centered care showed significant positive correlations with ethical sensitivity.[33] It was also determined that the strongest predictor of person-centered care was ethical sensitivity.[34] In the study of Karakoc Kumsar et al., it was determined that as the compassion levels of nurses increased, their ethical sensitivity also increased, and compassion was an important factor in ethical sensitivity.[35] This lack of significant relationship between ethical sensitivity and compassionate communication or patient-centered care competence in our study may be associated with the fact that nursing students have not yet fully encountered professional responsibilities and real clinical ethical dilemmas. Their limited exposure to real-life patient care situations might have influenced their ability to reflect ethical sensitivity in communication or care competence.

LIMITATIONS

The strength of this study is its sample power is high. The results obtained from this study cannot be generalized to the population since they are limited only to the nursing department students at the faculty where the research was conducted.

CONCLUSION

As a result, in this study, it can be stated that nursing students' ethical sensitivity and compassionate communication levels were medium, and patient-centered care competence levels were high. The study determined that there was a positive relationship between compassionate communication and patient-centered care competence, especially since compassionate communication was effective in patient-centered care competence. It is undeniable that ensuring patient-centered care is necessary for enhancing the quality of health care, and at this point, nurses who spend the most time with the patient at the bedside play a key role. It is recommended that necessary plans and practices should be made to increase the ethical sensitivity, compassionate communication levels, and patient-centered care competence of nursing students as nurse candidates.

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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:** Ayşe Aydınlı, Züleyha Kılıç, Yurdagül Günaydın; **Design:** Ayşe Aydınlı, Züleyha Kılıç; **Control/Supervision:** Ayşe Aydınlı; **Data Collection and/or Processing:** Ayşe Aydınlı, Züleyha Kılıç, Yurdagül Günaydın; **Analysis and/or Interpretation:** Ayşe Aydınlı, Yurdagül Günaydın; **Literature Review:** Ayşe Aydınlı, Züleyha Kılıç, Yurdagül Günaydın; **Writing the Article:** Ayşe Aydınlı, Züleyha Kılıç, Yurdagül Günaydın; **Critical Review:** Ayşe Aydınlı, Züleyha Kılıç, Yurdagül Günaydın.*

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