

Examining the Relationship Between Conscience Perception, Conscience Stress and Burnout Level in Pediatric Nurses: Cross Sectional and Descriptive Study

Çocuk Hemşirelerinde Vicdan Algısı, Vicdan Stresi ve Tükenmişlik Düzeyi Arasındaki İlişkinin İncelenmesi: Kesitsel ve Tanımlayıcı Çalışma

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ABSTRACT Objective: The research was carried out to examine the relationship between the perception of conscience, stress of conscience, and burnout level in pediatric nurses. **Material and Methods:** The descriptive study was carried out in Türkiye between January 2022 and June 2022 in a multicenter study. **Results:** It was determined that the total mean score of Perception of Conscience Questionnaire of the nurses was 59.92±9.05, and the mean total score of Stress of Conscience Questionnaire was 74.84±4.99. Considering the scores the nurses got from the Maslach Burnout Inventory subscales, it was determined that they got 23.26±5.86 points from the personal achievement dimension, 5.03±5.86 points from the depersonalization dimension and 17.79±8.06 points from the emotional exhaustion dimension. As a result of the correlation analysis, a negative correlation was found between the perception of conscience and the stress of conscience, a positive relationship between the perception of conscience and burnout, and a positive and highly significant relationship between conscience stress and burnout. **Conclusion:** Our study results showed that there is a significant relationship between the perception of conscience, stress of conscience and burnout. It is recommended that the study be done in a larger population and in different clinics comparatively.

Keywords: Perception; conscience; stress; burnout

ÖZET Amaç: Araştırma, pediatri hemşirelerinde vicdan algısı, vicdan stresi ve tükenmişlik düzeyi arasındaki ilişkiyi incelemek amacıyla yapılmıştır. **Gereç ve Yöntemler:** Tanımlayıcı tipteki çalışma Türkiye’de Ocak 2022-Haziran 2022 tarihleri arasında çok merkezli bir çalışma olarak gerçekleştirilmiştir. Araştırmanın örneklemini 128 pediatri hemşiresi oluşturmuştur. **Bulgular:** Hemşirelerin Vicdan Algısı Ölçeği toplam puan ortalamasının 59,92±9,05, Vicdan Stresi Ölçeği toplam puan ortalamasının ise 74,84±4,99 olduğu belirlenmiştir. Hemşirelerin Maslach Tükenmişlik Ölçeği alt boyutlarından aldıkları puanlara bakıldığında kişisel başarı boyutundan 23,26±5,86, duyarsızlaşma boyutundan 5,03±5,86 ve duygusal tükenme boyutundan 17,79±8,06 puan aldıkları belirlenmiştir. Korelasyon analizi sonucunda vicdan algısı ile vicdan stresi arasında negatif bir ilişki, vicdan algısı ile tükenmişlik arasında pozitif bir ilişki, vicdan stresi ile tükenmişlik arasında ise pozitif ve oldukça anlamlı bir ilişki bulunmuştur. **Sonuç:** Araştırma sonuçlarımız vicdan algısı, vicdan stresi ve tükenmişlik arasında anlamlı bir ilişki olduğunu göstermiştir. Çalışmanın daha geniş bir popülasyonda ve farklı kliniklerde karşılaştırmalı olarak yapılması önerilmektedir.

Anahtar Kelimeler: Algı; vicdan; stres; tükenmişlik

Conscience is an important concept for health-care professionals serving sensitive and vulnerable communities. Conscience is a guide leading the behaviors of people and showing mandatory behaviors, and raise moral and ethical awareness by reminding

us of what we need to do.¹⁻⁴ Conscience is an internal sense/power or moral consciousness/awareness.⁵ Conscience is an ethical concept that leads people to a judgment about their actions and has the power to judge one’s own moral values. Ethical nursing prac-

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tice is very important because of the sensitivity of the interpersonal relationship between caregiver and patient.⁶⁻⁸ Ethics are more important than ever for pediatric nurses as they have a moral obligation to provide services to children and their families who are inherently more vulnerable than adults.^{9,10} Nowadays, with the rapid developments in technology, the current health care environment creates different ethical problems in the practices of nurses.¹⁰ Pediatric nurses carry out their practices by respecting the inherent value and uniqueness of each child in all dimensions of care. Because collaboration with children in child care is limited, it is difficult to make decisions that have an impact on their life or death, and such situations often raise ethical issues and disagreements about treatment, procedures to be adopted, and healthcare choices.^{10,11} Nurses consult their consciences in order to provide care by ethical principles and to manage ethical dilemmas.⁶⁻⁸ Nurses have difficulty deciding conscientiously in practice due to the frequent ethical dilemmas.^{1,2,8} They also state that they experience conscientious problems when they cannot fulfill their obligations to patients due to stressors.^{8,12,13} The conscientious problems experienced can adversely affect the quality of the service provided to the patient and the health of the employee.¹⁴ In addition to this situation, it is reported that the conflicts and dilemmas experienced result in important psychological problems such as burnout in healthcare professionals.¹⁵

The stress of conscience (SC) represents a conscience hurting the individual.¹⁶ When nurses feel conscientious discomfort while performing their duties, they may experience negative feelings such as guilt, sadness, hopelessness, and powerlessness. These feelings result from the SC and affect the working environment and even private life. In this case, the nurse may have to suppress her/his conscience to work in the health system. In case of suppression of conscience, the working environment and the lack of social support from colleagues may also cause burnout in nurses.^{6,15,17} Studies show that SC in healthcare professionals is associated with burnout in hospitals, primary care, and elderly care.^{18,19}

Considering the concept of conscience as an individual's ability to morally judge his/her behavior,

this concept may shape the professional moral values of the individual.²⁰ Considering the conscience as the inner voice of individuals, the feeling of conscientious stress is believed to have created an emotional burden on nurses.^{7,8} In addition to this, it is determined that the stress experienced causes dissatisfaction, increases the thought of leaving the job, and negatively affects the practices related to providing quality patient care.^{8,21,22} Conscientious discomfort and emotional problems related to stress cause various health problems and burnout. For this reason, it is important to identify risky groups experiencing SC and to determine the effect of this on burnout.^{6,7,22} Pediatric nurses, who place the child and family at the center of care, face many difficulties not only in meeting the care needs of the sick child but also in supporting the family.^{23,24} Especially pediatric oncology clinics and intensive care units are among the areas where stress is experienced the most. It has been shown that stress increases burnout in pediatric nurses.²⁵ At the same time, it has been revealed that pediatric nurses witnessing painful procedures, sadness and deaths performed on children are factors that trigger burnout.²⁶ How and to what extent the conscience is affected may vary depending on how the conscience is perceived.²¹

Pediatric nurses working in an environment with high emotional loads by nature experience excessive stress in practices and ethical decision-making, the care needs of child patients are greater than those of adult patients, and nurses are asked to undertake the responsibilities of child patients to a large extent, and the needs of their families as well as the child must be addressed as a whole. Reasons such as these can cause emotional exhaustion. The literature includes a limited number of studies on burnout resulting from the perception of conscience (PC) and SC in nurses. It is believed that the study would be beneficial for raising awareness about the conscientious thoughts and behaviors of pediatric nurses.

MATERIAL AND METHODS

DESIGN AND PURPOSE

A descriptive and cross-sectional study was conducted to review a relationship between the PC, the

SC, and the level of burnout in pediatric nurses. The study was conducted as a multicenter in a pediatric hospital and two private hospitals in Türkiye between January 2022 and June 2022.

PARTICIPANTS AND SETTING

The population of the study consisted of 172 nurses working in the pediatric clinics. Forty-four nurses who had been on sick leave at the time of the study and who had not wanted to participate in the study were not included in the sample, and the sample consisted of 128 nurses (75.9%- comprehensiveness rate).

DATA COLLECTION

The data were collected by sharing the questionnaires from the official WhatsApp groups in the units where the nurses work and answering them electronically via Google Forms. Since the data were collected in more than one center and the workload of nurses was high, it was deemed appropriate to fill out the surveys online by institutional administrators. The nurse Description Form, Perception of Conscience Questionnaire (PCQ), Stress of Conscience Questionnaire (SCQ), and Maslach Burnout Inventory (MBI) were used as data collection forms.

NURSE DESCRIPTION FORM

The form, prepared in accordance with the relevant literature, consists of a total of 13 questions.^{18,21,27}

PCQ

Turkish validity and reliability of the questionnaire developed by Dahlgvist et al. were performed by Aksoy et al.^{3,6} The questionnaire was designed in a 6-point Likert type consisting of 13 items in total. A minimum of 13 and a maximum of 78 points can be obtained from the questionnaire. Although the questionnaire has no cut-off point, it is shown that the PC is stronger as the scores are higher. The Cronbach alpha value was determined as “0.84” in the Turkish validity and reliability of the PC in the study, and was “0.78” in our study.³

THE SCQ

The questionnaire developed by Glasberg et al. was designed in a 6-point Likert type. The questionnaire

consisting of nine items has two categories: A and B for each item. The point per item is obtained by multiplying points from A and B categories.¹⁸ The total of points per item gives the total points of the questionnaire. The maximum number of points that can be obtained from the questionnaire is 225. A high score on the questionnaire indicates high SC. Turkish validity and reliability of the study were performed by Aksoy et al., and the Cronbach alpha value was found to be “0.74”. In our study was determined as “0.78”.²²

MBI

MBI developed by Maslach and Jackson consists of 22 items. Turkish adaptation, validity, and reliability study was performed by Ergin.²⁸ Burnout is evaluated in three dimensions “emotional exhaustion (EE),” “depersonalization (D),” and “personal achievement (PA). For individuals experiencing burnout, high EE and D points and low PA points indicate a state of exhaustion (Table 1).^{28,29} Cronbach alpha values were reported as EE: 0.83, D: 0.65, H: 0.72 in the study of Ergin, while it was found to be EE: 0.84, D: 0.68, H: 0.71 in our study.²⁸

DATA ANALYSIS

The data obtained from the research were analyzed with the SPSS for Windows 24.0 package program. Number/percentage, one-way test of variance, independent groups t-test, Mann-Whitney U test, Kruskal-Wallis test, Pearson correlation analysis were used to evaluate the data.

ETHICAL CONSIDERATIONS

Non-Interventional Clinical Researches Ethics Committee of İzmir Tınaztepe University was approved the study (no: 34). Consent to participate in the research was obtained from the participants. The principles of the Declaration of Helsinki were complied with at every stage of the study.

TABLE 1: Categorization of MBI.

MBI subdimensions	Low	Medium	High
Emotional exhaustion	<16	17-26	>27
Depersonalization	<6	7-12	>13
Personal achievement	>39	38-32	<31

MBI: Maslach Burnout Inventory.

RESULTS

Considering the socio-demographic characteristics of 128 nurses' it was determined that the mean age is 34.05 ± 18.17 and 77.3% of them are women, and 47.7% of them have bachelor's degrees. It was found that 60.9% of participants are nurses between 0-10 years.

Table 2 shows the mean points of PCQ items given by nurses. Accordingly, the highest mean points of the item obtained from PCQ were 4.90 ± 1.24 , with "our conscience warns us against harming others" (item 5), 4.89 ± 1.52 with "inner peace is required to hear the voice of conscience" (item 2). The lowest average score is the item "God speaks through our conscience" (item 11).

Table 3 shows the mean points of SCQ items given by nurses. Accordingly, the highest mean point of the item obtained from SCQ were 7.99 ± 5.17 , with "Does your job in healthcare service deprive you of the energy you need to dedicate yourself to your family as you wish?" (item 7). The mean point of the lowest item were 1.59 ± 0.96 with "Have you ever suspended yourself from the patients who need help and support or the relatives of patients?" (item 5).

In Table 4, it was determined that the nurses' total mean score from PCQ was 59.92 ± 9.05 , and their total mean score from SCQ was 74.84 ± 4.99 . When the scores of the nurses from the subscales of MBI were examined, it was determined that they got 23.26 ± 5.86 points from the PA dimension, 5.03 ± 5.86

TABLE 2: The distribution of the average scores given by the nurses to the PCQ items.

Item no	Substance content	$\bar{X} \pm SD$
PCQ 1	The voice of conscience must be interpreted	4.85 ± 1.30
PCQ 2	You need an inner peace to be able to hear the voice of conscience	4.89 ± 1.38
PCQ 3	We cannot avoid the voice of conscience	4.78 ± 1.31
PCQ 4	Our conscience warns us against hurting ourselves	4.26 ± 1.44
PCQ 5	Our conscience warns us against hurting others	4.90 ± 1.24
PCQ 6	We should follow our conscience no matter what other people think	4.65 ± 1.27
PCQ 7	In my workplace I can express what my conscience tells me	4.49 ± 1.25
PCQ 8	I follow my conscience in my work	4.67 ± 1.17
PCQ 9	Our conscience fades away if we do not listen to it	4.28 ± 1.28
PCQ 10	Our conscience expresses our social values	4.65 ± 1.15
PCQ 11	God speaks through our conscience	4.09 ± 1.52
PCQ 12	When I follow my conscience I develop as a human being	4.64 ± 1.25
PCQ 13	I feel bad, conscientiously, when I can't do what I need to do.	4.82 ± 1.33

PCQ: Perception of Conscience Questionnaire; SD: Standard deviation.

TABLE 3: Distribution of the average scores given by the nurses to the SCQ items.

Item no	Substance content	$\bar{X} \pm SD$
SCQ 1	How often do you lack time to provide the care the patient needs?	6.28 ± 2.01
SCQ 2	Are you ever forced to provide care that feels wrong?	3.90 ± 3.26
SCQ 3	Do you ever have to deal with incompatible demands in your work?	5.85 ± 1.04
SCQ 4	Do you ever see patients being insulted and/or injured?	2.31 ± 1.12
SCQ 5	Do you ever find yourself avoiding patients or family members who need help or support?	1.59 ± 0.96
SCQ 6	Is your private life ever so demanding that you do not have the energy to devote yourself to your work as you would like?	3.95 ± 1.72
SCQ 7	Is your work in health care ever so demanding that you do not have the energy to devote yourself to your family as you would like?	7.99 ± 5.17
SCQ 8	Do you ever feel that you cannot live up to others expectations of your work?	3.90 ± 2.21
SCQ 9	Do you ever lower your aspirations to provide good care?	2.26 ± 1.79

SCQ: Stress of Conscience Questionnaire; SD: Standard deviation.

TABLE 4: Perception of conscience, stress of conscience, and Maslach Burnout Inventory sub-dimensions and averages of total scores.

	$\bar{X}\pm SD$	Minimum-Maximum
Conscience Perception Questionnaire sub-dimensions		
Sensitivity	51.56±8.08	11-66
The authority dimension	8.38±2.45	2-12
The Total of Points of Perception of Conscience Questionnaire	59.92±9.05	13-78
Stress of Conscience Questionnaire		
The Total of Points of The Stress of Conscience Questionnaire	74.84±4.99	0-185
Maslach Burnout Inventory subdimensions		
Personal achievement	23.26±5.86	0-32
Depersonalization	5.03±5.86	0-20
Emotional exhaustion	17.79±8.06	0-36
Total score average	46.10±8.65	0-88

SD: Standard deviation.

points from the D dimension, and 17.79±8.06 points from the EE dimension (Table 4).

Table 5 shows the relationship between the total mean points of nurses from PCQ, SCQ and MBI. As a result of the correlation analysis, a negative and low-level significant relationship was found between the total points of the PC and the SC ($r=-0.240$, $p=0.02$). A positive and low-level significant relationship was found between the total points of the PC and burnout ($r=0.153$, $p=0.01$), and a positive and high-level significant relationship was found between the total points of the SC and burnout ($r=0.619$, $p=0.01$).

DISCUSSION

PERCEPTION OF CONSCIENCE

The highest mean points of PCQ items given by nurses were determined as “our conscience warns us

against harming others” (item 5), and the lowest mean points of PCQ items given by nurses were determined as “God speaks to us through our conscience” (item 11) in our study. The total mean points obtained from PCQ is 59.92. Considering that the maximum point that can be obtained from the questionnaire is “78”, it is seen that the nurses’ PC level is above the average. The PC is related to what people see as the source of conscience. According to this study, pediatric nurses perceived the source of conscience mostly as a warning against harming others. Pediatric nurses consider it a priority not to harm children who cannot express their needs frequently and who are defenseless by nature, and to otherwise mobilize their conscience. They also believe that inner peace is necessary in order to be able to hear the voice of conscience. This may be construed that the conscience is a warning signal not to harm others and a presence and a prerequisite in guiding people to give the best service. A study that is similar in terms of high PC and low-scoring item contrasts with our study in terms of the highest-scoring item.³⁰ We believe that this difference in the result of the study may be due to the effect of belief, social structure, and culture.

The results of nurses’ item points were given in a limited number of studies on the PCQ. In our study, the highest score was received from item 5 Juthberg et al. work is similar to our results.^{19,27} This result recalls elderly people’s need for care, just like children, which may affect nurses’ consciences more. The re-

TABLE 5: Correlation coefficients for the relationship between perception of conscience, stress of conscience and burnout.

	Perception of conscience	Stress of conscience	Burnout
Perception of conscience	1	$r=-0.240$ $p=0.02^*$	$r=0.153$ $p=0.01^*$
Stress of conscience	$r=-0.240$ $p=0.02^*$	1	$r=0.619$ $p=0.01^*$
Burnout	$r=0.153$ $p=0.01^*$	$r=0.619$ $p=0.01^*$	1

* $p<0.05$.

sults are due to the fact that nurses increase the sense of not harming elderly people while giving care to them. In the studies of Gorbazadeh and Juthberg et al., similar to the results of our study, the points obtained from item 11 (the points of the authority factor) were found to be quite low.^{19,27,30} The low scores obtained from the authority subscale (items 11 and 9) suggested that pediatric nurses did not act with an authoritarian conscience, while the high scores obtained from other items in the sensitivity subscale suggested that the intuitively humanistic conscience of pediatric nurses under intense emotional load came to the fore (Table 2).

STRESS OF CONSCIENCE

In our study, the total score of nurses on SCQ was below average. When the items with the highest points from SCQ were examined, it was determined that pediatric nurses often feel distressed and guilty as their busy work schedule makes it difficult to devote time to their private lives, as well as they are not able to spare time for the care of patients. The heavy workload, the long hours spent at the workplace, and the high number of patients prevent nurses from showing the necessary attention to their homes and decrease the time for patients. It is believed that this is due to the inadequacy of the number of nurses. When the lowest points obtained from the questionnaire were examined, it showed that pediatric nurses could not stay away from patients and their relatives and try to give the best care although there is a time constraints and a heavy workload. Similar to our results, Juthberg et al., in two different studies examining the relationship between PC, SC, and burnout with healthcare professionals caring for elderly patients, found that although healthcare professionals could not find the energy to devote to their private lives due to difficulties in their work lives, they did not distance themselves from patients in need of care.^{19,21} Conscience is an element that affects both private and professional life.^{5,15} Pediatric nurses avoid the SC in their work lives by being more sensitive to the expectations and wishes of the individuals they care for, rather than to their own lives.

BURNOUT

Trying to cooperate with children in their practices, the necessity of approaching them with play most of

the time, the inclusion of families in treatment and interventions, and the obligation to support families increase the workload significantly for nurses working with children. It is inevitable for pediatric nurses, who have been exposed to such situations for many years, to experience burnout. In our study, it was found that pediatric nurses experienced burnout at moderate levels of EE, low levels of D, and high levels of PA. The study of Torun and Çavuşoğlu with nurses working in two different children's hospitals supports our study.³¹ There are also other studies reporting that pediatric nurses experience significant burnout.³¹⁻³⁵ Pediatric nurses are exposed to intense physical and emotional demands due to their work, and they have to meet the care and expectations of families as well as children. We think that when they cannot meet these demands, they may think that they cannot act as devotedly and responsibly to the people they serve as before, they may be prone to evaluate themselves negatively and may experience burnout.

THE RELATIONSHIP BETWEEN PERCEPTION OF CONSCIENCE, STRESS OF CONSCIENCE AND BURNOUT

Perception of Conscience-Stress of Conscience

In our study, a significant relationship was found between the PC and the SC. Some studies show that the PC affects the SC level.^{18,21,27} In the study of Glasberg et al., it was determined that the PC as a burden and authority by health personnel is associated with a high level of SC.¹⁸ In the study of Juthberg et al. it was determined that nurses perceived conscience as a presence and experienced the SC when time constraints and workload perceived as prevented their home life.²⁷ In another study it was determined that nurses' conscience should be dulled in order to continue working in healthcare services.²¹ In the study found that nurses unconsciously had to lie to suppress their conscience.

As a result of the correlation analysis we performed on the total points obtained from the PCQ and SCQ in our study, a negative relationship was found between the PC and the SC ($p=0.02$). According to this relationship, the SC decreases as the PC level increases. In our study, PCQ total point is above the average, and SCQ total point is below the average. This

result clearly shows us that pediatric nurses have a high perception and a lower SC. Pediatric nurses are under a very intense emotional burden in the environment in which they work. It is thought that the dependency, innocence, uniqueness and defenselessness of the child cause pediatric nurses to embrace this emotional burden with a high conscience and therefore experience low stress. We believe that investigating the factors affecting the conscience levels of nurses and raising awareness on this issue may affect the PC level and thus the SC level.

Perception of Conscience-Burnout

According to the results of our study, a positive and significant relationship was found between the PC and burnout ($p=0.01$). In a study supporting our results from this aspect, it was determined that the healthcare professionals who perceived the conscience as a burden and had to dull their conscience in order to continue working represent the burnout group.¹⁷ In another study it was determined that a dead conscience is strongly associated with burnout.¹⁹ In other words, perceiving conscience as a burden increases burnout. In our study, the relationship was investigated over the total points. Participants perceived conscience mostly as a presence, a warning signal. Considering the positive relationship between the PC and burnout, it is seen that seeing conscience as a presence and a warning signal increases burnout. From this point of view, the difference between our study from the results of Gustafsson et al. and Juthberg et al. is due to the difference in the PC.^{17,19} In our study, it was thought that pediatric nurses worked hard by listening to the voice of their conscience in order to meet the demands expected from them, and that difficult and emotionally charged working conditions caused burnout.

The Stress of Conscience-Burnout

As a result of the correlation analysis, we conducted between the total mean points in our study, a positive and high level of correlation was found between the SC and burnout. The results of the study conducted by Juthberg et al. with nurses working in inpatient elderly care support our results.²⁷ The most important reasons for emotional exhaustion are the SC of pediatric nurses due to the fact that they cannot find the

necessary energy to fulfill their responsibilities towards their families, and they feel inadequate in providing the necessary care to the patients due to time constraints. However, according to our study results, pediatric nurses experience low levels of depersonalization in all these negative situations. We believe that the low level of exhaustion experienced in the dimension of depersonalization may be due to the innocence of children, the professionalism of nurses, and their ability to approach children with mother, father, and sibling affection.

In our study, nurses experience high levels of exhaustion in the dimension of personal achievement.

The difficulties experienced by nurses in providing care to patients due to workload, time constraints, inconsistencies between patients' expectations, and the facts of health care may have caused them to feel inadequate and unsuccessful. The literature includes other studies supporting our study.^{18,19,27} In the studies of Juthberg et al. and Glasberg et al., it was shown that there is a relationship between the SC and emotional exhaustion and depersonalization.^{17,18}

CONCLUSION

In our study results, it was determined that the PC of pediatric nurses is high, and there is a significant relationship between the PC, SC, and exhaustion. Pediatric nurses perceive conscience mostly as a presence and a warning signal. Pediatric nurses mostly experience the SC when their job deprives them of the energy they need for their families and the time to provide the care the patient needs. A high level of PC reduces the SC. When the results of our study are evaluated, the conscientious awareness and coping with stress of pediatric nurses who serve patients/patients' relatives and healthy individuals can be increased through in-service programs. It is thought that reducing the workload of nurses, increasing the number of nurses, and improving their economic conditions will be beneficial in reducing the level of SC and fatigue. For the generalization of study results, it is recommended to make a comparison between the nurses working in the wider population and other clinics.

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: Nilüfer Özgürbüz; **Design:** Nilüfer Özgürbüz; **Control/Supervision:** Nilüfer Özgürbüz, Berna Dizer; **Data Collection and/or Processing:** Nilüfer Özgürbüz, Arzu Bahar; **Analysis and/or Interpretation:** Nilüfer Özgürbüz, Arzu Bahar; **Literature Review:** Nilüfer Özgürbüz, Berna Dizer; **Writing the Article:** Nilüfer Özgürbüz, Berna Dizer, Arzu Bahar; **Critical Review:** Nilüfer Özgürbüz, Berna Dizer, Arzu Bahar.

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