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The Mediating Role of Self-Efficiency and Resilience in the Effect of Spiritual Care on Psychological Well-Being in Hemodialysis Patients: Descriptive Research

Hemodiyaliz Hastalarında Manevi Bakımın Psikolojik İyi Oluş Üzerindeki Etkisinde Özyeterlilik ve Dayanıklılığın Aracı Rolü: Tanımlayıcı Araştırma

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ABSTRACT Objective: This study was planned to be descriptive to investigate the mediating role of self-efficiency and resilience in the effect of spiritual care on psychological well-being in individuals receiving hemodialysis treatment. **Material and Methods:** The study has been completed with 207 dialysis patients who matched the research criteria. Confirmatory factor analysis, correlation, and reliability analysis have been performed in the data's statistical evaluation. The structural equation model for hypothesis testing and the bootstrap technique for mediation testing have been used. **Results:** In this study conducted with hemodialysis patients, it has been determined that spiritual care has a positive effect on psychological well-being, self-efficacy, and resilience. Moreover, it has been determined that self-efficacy and resilience had a partial mediating role in the effect of spiritual care on psychological well-being. By meeting the spiritual care needs of patients receiving hemodialysis treatment, the psychological well-being, self-sufficiency and resilience levels of the patients can be increased. **Conclusion:** It has been determined that to increase the psychological well-being, self-efficacy, and resilience of these patients, the spiritual care needs that support holistic care should be met. It can be suggested that nurses who have primary responsibility in the treatment and follow-up of dialysis patients should be aware of these factors and plan appropriate nursing activities that will minimize their negative effects on the individual.

Keywords: Hemodialysis patients; spiritual care; psychological well-being; self-efficiency; resilience

ÖZET Amaç: Bu çalışma, hemodiyaliz tedavisi alan hastalarda manevi bakımın psikolojik iyi oluş üzerindeki etkisinde öz yeterlilik ve dayanıklılığın aracı rolünü araştırmak üzere tanımlayıcı olarak planlanmıştır. **Gereç Yöntemler:** Çalışma, araştırma kriterlerine uyan 207 diyaliz hastası ile tamamlanmıştır. Verilerin istatistiksel olarak değerlendirilmesinde doğrulayıcı faktör analizleri, korelasyon ve güvenilirlik analizleri yapılmıştır. Hipotez testleri için yapısal eşitlik modeli, aracılık testi için ise bootstrap tekniği kullanılmıştır. **Bulgular:** Hemodiyaliz hastalarında yapılan bu çalışmada, manevi bakımın psikolojik iyi oluş, öz yeterlilik ve dayanıklılık üzerinde pozitif yönde etkisi olduğu belirlenmiştir. Ayrıca manevi bakımın, psikolojik iyi oluş üzerindeki etkisinde öz yeterlilik ve dayanıklılığının kısmi aracı rolü olduğu belirlenmiştir. Bu hastaların psikolojik iyi oluşlarını, öz yeterlilik ve dayanıklılıklarını artırmak için holistik bakımı destekleyen manevi bakıma gereksinimlerinin karşılanması gerektiği belirlenmiştir. Hemodiyaliz tedavisi gören hastaların ruhsal bakım ihtiyaçlarını karşılayarak, hastaların psikolojik iyi oluşu, kendine yeterliliği ve dayanıklılık düzeyleri artırılabilir. **Sonuç:** Hemodiyaliz tedavisi alan hastaların manevi bakım ihtiyaçları karşılanarak, hastaların psikolojik iyilik hâli, kendine yeterlilik ve dayanıklılık düzeyleri artırılabilir. Diyaliz hastalarının tedavisinde ve takibinde öncelikli sorumluluğu olan hemşirelerin bu faktörlerin farkında olmaları ve birey üzerindeki olumsuz etkilerini en aza indirecek uygun hemşirelik faaliyetlerini planlamaları önerilebilir.

Anahtar Kelimeler: Hemodiyaliz hastaları; manevi bakım; psikolojik iyi oluş; öz-yeterlilik; dayanıklılık

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Chronic renal failure (CRF), which has become a significant health problem in the world and our country, is a disease that can occur due to many reasons, causing an irreversible loss of kidney functions, negatively affecting individuals' quality of life, and requires lifelong treatment and follow-up.[1,2]

CRF, which is a challenging disease experience on a biopsychosocial dimension, is a process that strains the coping capacity of patients and makes it difficult to comply with the disease. Optimal physiological well-being, psychological well-being, self-efficacy, and resilience are also crucial for individuals receiving dialysis treatment.[3,4] Nevertheless, some psychosocial difficulties such as sexual problems, decreased physical activity and resilience, make it difficult to carry on with it and negatively affect both the disease process and the treatment. These difficulties caused by the chronic disease and regular dialysis treatment negatively affect the patient's quality of life in physiological, psychological, and social areas and reduce living pleasure. That is why patients intensively become introverted, isolated, and, most importantly, feel a sense of hopelessness. Despair may cause inactivity, isolation, and inability to perform daily life activities ensued by illness. Loss of belief and negative thoughts in patients negatively affect their self-care ability, psychological well-being, resilience, and self-efficacy levels. Besides, the obligation to obey nutrition program in dialysis treatment, dependence on the machine, distortion of the body structure by the dialysis catheter, and decrease in sexual functions are other conditions that affect the self-efficacy and psychological well-being of the individuals supporting hemodialysis patients to perform self-care as much as they will help them feel better in terms of physical and mental health.[5]

That is why novel alternative and complementary methods continue to be discovered for the treatment of chronic diseases. The holistic care of the body, mind, and soul is critical in nursing practices. For this reason, in addition to medical treatment, there is a need to improve mental health and support modern medicine with therapeutic methods (pray, spirituality, spiritual medicine, and psychotherapy).[6] Spiritual care practices are considered part of a multidisciplinary team approach for providing holistic care. Hence, the World Health Organization particularly emphasizes the significance, of spiritual care in providing mental and holistic care.[7] In this study, spiritual care is considered a holistic care approach that meets basic needs such as the meaning of life, psychological wellbeing, hope, resilience, and self-efficacy.[7-10]

Just as spiritual care effectively attains emotional calm and inner peace, it is also a positive and active way of dealing with problems for the development of self-care behaviors. With spiritual care, it is possible to improve hemodialysis patients' self-care behaviors and re-raise the illness experience with positive changes by using the quality of life levels negatively affected by the disease and the successful coping mechanisms. According to Chiang et al., spiritual care is an essential factor in increasing people's well-being as it provides a source of strength and hope for people.[9]

In point of fact, according to articles in the sources, spiritual care has been seen as an essential factor for increasing their levels of psychological well being, self efficacy, and resilience of individuals.[3,4,11-14] Although spiritual care has a positive effect as an essential coping mechanism in treating diseases, it is a highly neglected subject in both clinical practice and research. Thus, in the study, it has been planned to focus on the effects of spiritual care in individuals receiving dialysis treatment in terms of psychological well being, self-efficacy, and resilience and with the positive effects of self efficacy and resilience on psychological well-being, the moderate role of spiritual care in self-efficacy and resilience on the psychological well-being of the individual will be explained.[9,15,16]

MATERIAL AND METHODS

After giving information about the universe and the sample, confirmatory factor analyzes of the scales were made. Then, the results of the regression analysis and mediation test between variables created within the framework of correlation analysis, reliability analysis and structural equation model were examined. This study was approved by the institutional Ethics Committee of Osmaniye Korkut Ata University, and the procedures followed were in accordance

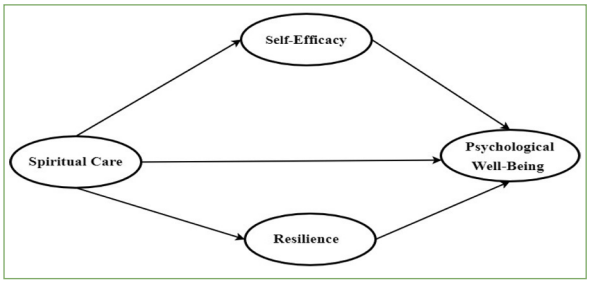

FIGURE 1: The research model.

with the Helsinki Declaration. Within the research scope, the model indicate in Figure 1 was present to expose the relationships between variables.

H1: Spiritual care has a significant positive effect on self-efficacy.

H2: Spiritual care has a significant positive effect on psychological well-being.

H3: Self-efficacy has a mediating role in spiritual care's effect on psychological well-being.

H4: Spiritual care has a significant positive effect on resilience.

H5: Resilience has a mediating role in spiritual care effects on the psychological well-being scale.

POPULATION AND SAMPLE

The study population was comprised of the dialysis center of a private hospital and 250 dialysis patients receiving treatment in private dialysis centers in the province. The data of the research were collected between January-February 2020. The sample consisted of 207 patients who agreed to join in the study and complied with the research criteria. The criteria for participating in the research include individuals who are over the age of 18, who have been receiving dialysis treatment for at least 1 year, who do not have any mental disability or perception problem, who do not have communication problems, and who agreed to take part in the study, who pray every day (at least 3 times a day) and read the Quran and muslim individuals.

STUDY PARTICIPANTS

This study was planned to be descriptive to investigate the moderate role self efficacy and resilience of spiritual care on the patients' psychological well-being receiving hemodialysis treatment. The study data have been collected between January-February 2020 from a private hospital and dialysis centers in Türkiye. The study sample made of individuals who complied with the research criteria and muslim patients.

THE RESEARCH SCALES/DATA COLLECTION

Spirituality and Spiritual Care Rating Scale: Scale improved by McSherry et al. consists of 4 dimensions and 17 expressions: spirituality, spiritual care, religiosity, and individualized care.[17] The validity and reliability of the scale in our country was determined by Ergül and Bayık Temel and the Cronbach α coefficient was found to be 0.76.[18]

Psychological Well-Being Scale: Single dimension and 8 items of psychological well-being developed by Diener et al. were used.[19] Turkish validity and reliability study was carried out by Akın et al. the internal consistency coefficient was obtained as 0.87.[20]

Generalized Self-Efficacy Scale: Single dimension and 10 items of self efficacy scales developed by Schwarzer and Jerusalem were used.[21] Its validity and reliability study was carried out by Aypay and adapted to Turkish culture. The total alpha coefficient of the scale is 0.83.[22]

Personal Views Survey III-R: Three dimensions and 18 component of the resilience scale developed by Maddi et al. was used.[23] The construct validity of the scale was conducted by Durak in order to determine how well it fits the theoretical definition of the concept of resilience. The internal consistency coefficient of the scale was found to be 68.[24]

COLLECTION OF THE DATA

Individuals who accepted the study were informed about the study. The individuals meeting the inclusion criteria have been written and verbal consents were obtained from the patients before data collection. The researcher collected the survey of the study using the face-to-face method and lasted about 15 minutes.

STATISTICAL ANALYSIS

Means, standard deviations, kurtosis and skewness values, correlation and Cronbach's alpha analyzes were made in SPSS 24 (SPSS Inc., Chicago, IL, USA) packet program was used in the analysis. Confirmatory factor analyses, hypotheses testing within the framework of the structural model and Bootstrap mediating results were made in the Amos 24.0 software package (Amos Development Corporation, Chicago, IL, USA) program.

ETHICAL PRINCIPLES OF THE RESEARCH

Prior to the research, approval from the Ethics Committee of Osmaniye Korkut Ata University Faculty of Medicine (date: January 03, 2020, no: 2020/1/6), written permission and oral consent from the institutions where the study will be conducted. Ethical principles including "Informed Consent", "Protection of Privacy and Confidentiality" and "Respect for Autonomy" principles were fulfilled by explaining the purpose of the study to hemodialysis patients before the data were collected. It was *kept* confidential and those who wish to participate in the research on a voluntary basis were included. The researchers informed the participants about the study and received their written consent with an informed consent form. In addition, possible questions of hemodialysis patients were answered and the necessary information was provided after the survey was completed.

RESULTS

SAMPLE CHARACTERISTICS

44.4% (n=92) of the participants of the research were female and 55% (n=115) were men. 76.8% (n=159) of them were married and 23.2% (n=48) were single. 13.5% (n=28) of the participants were 18-30 years old, 23.7% (n=49) were 31-45 years old, 44.0% (n=91) were 46-64 years old and 18.8% (n=39) were 65 and over. 28.0% (n=58) were primary education graduates, 57.5% (n=119) were secondary education graduates and 14.5% (n=30) were higher education graduates. 79.7% (n=165) were nuclear families and 20.3% (n=42) were large families. 32.4% (n=67) of them were dialysis patients for 1-5 years, 50.2% (n=104) for 6-15 years and 17.4% (n=36) for 16 or more years. Per week, 12.6% (n=26) undergo 1 session of dialysis, 27.1% (n=56) undergo 2 sessions and 60.4% (n=125) undergo 3 sessions.

Goodness of fit values of the scales and measurement model were within acceptable limits and good fit range (Table 1).[21-23]

The means, standard deviations, and correlation values obtained from the analysis are given in Table 2. Since kurtosis and skewness values are found the range of -2 to +2, the data distribution is accepted as usual.

TABLE 1: The goodness of fit statistics of scales and research model.

Goodness of fit values	χ^2	df	CMIN/DF	SRMR	IFI	CFI	TLI	RMSEA
Spiritual care	129.54	48	2.698	0.031	0.990	0.990	0.984	0.064
Psychological well-being	30.93	14	2.210	0.013	0.991	0.991	0.982	0.048
Self-efficacy	63.60	28	2.272	0.033	0.980	0.980	0.970	0.066
Resilience	248.52	84	2.958	0.051	0.970	0.970	0.960	0.072
Measurement model	712.53	364	1.957	0.092	0.980	0.980	0.970	0.052

TABLE 2: Descriptive statistics and correlation coefficients of variables.

	Mean	SD	Skewness	Kurtosis	1	2	3	4
1. Spiritual care	3.76	0.83	-1.30	1.25	(0.87)			
2. Psychological well-being	4.76	0.96	-1.12	1.29	0.510**	(0.89)		
3. Self-efficacy	2.87	0.70	0.54	0.26	0.525**	0.572**	(0.90)	
4. Resilience	3.09	0.84	-0.94	-0.04	0.469**	0.503**	0.469**	(0.92)

**p<0.001; n=207; the Cronbach's alpha reliability values are shown in parentheses.

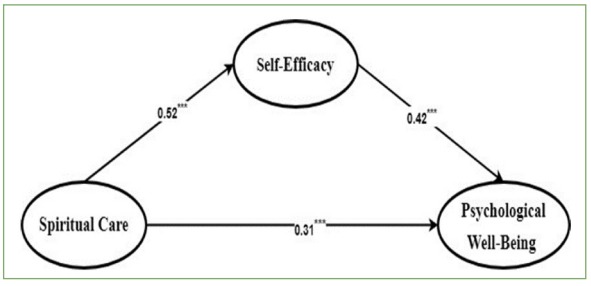

FIGURE 2: The mediating role of self-efficacy.

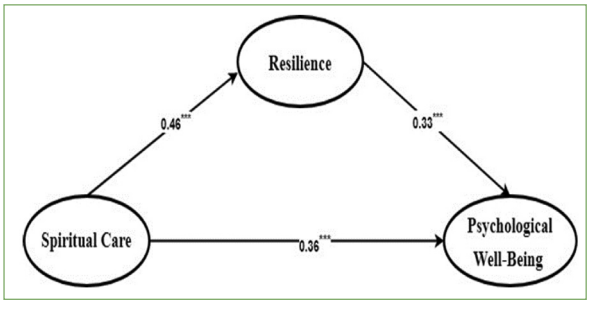

FIGURE 3: The mediating role of resilience.

Morever, significant relations were found between all dependent and independent variables in the study. For this reason, it is possible to predict significant interactions between variables (Figure 1).

To investigate the mediating effect in line with the hypotheses of the study, the causal structural equation model presented in Figure 2 and Figure 3 were analyzed. To test the mediating role, the significance of indirect effects was examined using the bootstrap method. The highest likelihood method was used in the 95% confidence interval (CI) of 5,000 samples, and the Monte Carlo parametric bootstrap option was selected. Bootstrap CI lower bounds, and confidence interval upper bounds, standardized bootstrap effects indirect effects data are presented in Table 3 and Table 4.

The research hypothesis was tested on the structural model. The moderate model provides the goodness of fit values. ($\chi 2/df=2.31$; SRMR 0.18; IFI=0.96; TLI=0.95; CFI=0.96; RMSEA=0.06). End of the analysis, spiritual care has a positive effect on self-

TABLE 3: Mediating analysis of self-efficacy.

					BC 95% CI	
Tested path			**β**	**SE**	**LB**	**UB**
Spiritual care	---->	Self-efficacy	0.518***	0.71	0.36	0.64
Self-efficacy	---->	Psychological well-being	0.421***	0.75	0.27	0.56
Spiritual care	---->	Psychological well-being				
Total effect (c)			0.525	0.86	0.33	0.66
Direct effect (c')			0.307***	-	0.14	0.47
Indirect effect (axb)			0.218***	-	0.13	0.34

Note: n=348 (5.000 Bootstrap sample); BC 95% CI: Bias corrected 95% confidence interval; X: Spiritual care; Y: Psychological well-being; M: Self-efficacy, a: the effect of X on M; b: the effect of M on Y; c: the total effect of X on Y; c': the effect of X on Y; ***p<0.001.

TABLE 4: Mediating analysis of resilience.

					BC 95% CI	
Tested path			**β**	**SE**	**LB**	**UB**
Spiritual care	---->	Resilience	0.463***	0.85	0.28	0.65
Resilience	---->	Psychological well-being	0.330***	0.75	0.18	0.47
Spiritual care	---->	Psychological well-being				
Total effect (c)			0.517	0.84	0.32	0.32
Direct effect (c')			0.364***	-	0.19	0.53
Indirect effect (axb)			0.153***	-	0.10	0.32

Note: n: 348 (5,000 Bootstrap sample); BC 95% CI: Bias corrected 95% confidence interval; X: Spiritual care, Y: Psychological well-being; M: Resilience; a: the effect of X on M; b: the effect of M on Y; c: the total effect of X on Y; c': the effect of X on Y; ***p<0.001.

efficacy [β=0.518, p<0.001, 95% CI (0.36, 0.64)]. In this instance the H1 hypothesis is approved. Self-efficacy which is a mediating variable, has a significant positive effect on psychological well-being [β=0.421, p<0.001, 95% CI (0.33, 0.66)]. Spiritual care fit has a total [β=0.525, p<0.001, 95% CI (0.51, 0.69)] and direct [β=0.307, p<0.001, 95% CI (0.14, 0.47)] significant positive effect on psychological well-being. In this instance, the H1 hypothesis is supported. In addition, spiritual care was found to have a significant indirect effect [β=0.218, p<0.001, 95% CI (0.13, 0.34)] on the psychological well-being. In this instance, the H3 hypothesis is approved. According to these findings, self-efficacy has a partial mediating role in spiritual care's impact on psychological well-being. Because Bootstrap CI values obtained, do not include 0 (zero) value. In the next stage, the mediating role of resilience was examined in the efficacy of spiritual care on psychological well-being.

The research hypothesis was tested on the structural model. The mediating model provides the goodness of fit values (χ2/df=2.46; SRMR=0.14; IFI=0.97; TLI=0.96; CFI=0.97; RMSEA=0.05). According to the results of our analysis, spiritual care has a positive effect on resilience [β=0.463, p<0.001, 95% CI (0.28, 0.65)]. In this instance, the H4 hypothesis is provided. Resilience which is a middleman variable, has a significant positive effect on psychological well being [β=0.330, p<0.001, 95% CI (0.18, 0.47)]. Spiritual care fit has a total [β=0.517, p<0.001, 95% CI (0.32, 0.62)] and direct [β=0.364, p<0.001, 95% CI (0.14, 0.47)] significant positive effect on psychological well being. In addition, spiritual care was found to have a significant indirect effect [β=0.218, p<0.001, 95% CI (0.10, 0.32)] on the psychological well being. In this case, the H5 hypothesis is supported. Based on these findings, resilience has a partial mediating role in spiritual care's impact on psychological well-being. Because a value of 0 (zero) is not included because bootstrap confidence interval values are obtained.

DISCUSSION

As a result of the analysis of this study conducted on dialysis patients to determine the effect of spiritual care on psychological well being, self-efficacy, and psychological resilience, it has been found that spiritual care positively affected psychological well being. The spiritual dimension especially comes to the fore in crisis situations where an individual experiences illness, stress, fear of death, questions the meaning of life and runs out of hope. In particular, life-threatening diseases lead to the emergence of spiritual needs. Meeting the spiritual needs helps the individual to accept her illness and plan for the future, increases the hope of life by positively affecting the healing process.

Assessing attaining the goals, summarizing and concluding the meetings. This finding shows that spiritual care increases the psychological well-being of dialysis patients. As reported by Darvishi et al., this finding reveals that spiritual care is an essential factor in mental relaxation and stress reduction in hemodialysis patients.[3] According to Zimmer et al., there is a negative relationship between spiritual care and depression, anxiety, and stress.[12] Thus, Patel et al. investigated the relationship between religious beliefs and medical factors in patients with hemodialysis and found that spirituality was an important factor in reducing the effects of depression and disease, regardless of the medical aspects disease.[25] As a result, it is stated that spiritual care, which is useful in achieving emotional calm and inner peace, increases the state of psychological well being, which also expresses the general happiness level of the individual by reducing the anxiety, stress, and depression which have been seen as side effects in hemodialysis patients.[26,27]

In the analysis conducted to determine the relationship between spiritual care and self-efficacy, it was found that spiritual care positively affected self efficacy.

The study made to determine the relationship between spiritual care and self-efficacy, it was found that spiritual care positively affected self efficacy. This finding shows that spiritual care increases self-efficacy, which is considered the belief of the patient's abilities to enable him/her to manage the typical situations.[28] Finding is in harmony with the studies in the literature. Darvishi et al. stated in their study that spiritual care affects spiritual wellbeing, self esteem, and self efficacy in individuals receiving hemodialysis treatment.[3] Moradi et al. provided spir-

itual and cognitive counseling for 8 sessions of 90 minutes to a hemodialysis group of 15 people.[29] According to the study results, it has been concluded that spiritual and cognitive counseling increased flexibility and self-efficacy in hemodialysis patients. Moreover, with self-efficacy, which is the basic concept of "Social Cognitive Theory" (Bandura 2002) and expressing an individual's personal belief in displaying relevant health behaviors, individuals can also perform daily activities without being dependent on others.[30] In their study, Ramezani et al. (2019) determined that the self-care and self-efficacy training applied to hemodialysis patients for 41 hours a week for 2 months increased the patients' self-efficacy levels, and so they performed better self-care.[31] Nevertheless, the effectiveness of the Chronic Disease Self-Management Program has been examined on patients who underwent hemodialysis for 2 and a half times per week in 6 weeks. As a result of the study, positive results were obtained in the patients' health status, self-management behavior, and self-efficacy.[32] Therefore, it has been evaluated that spiritual care can be an essential factor in increasing patients' self-efficacy struggling with hemodialysis.

The analysis in order to find the effectiveness spiritual care on psychological resilience, it was found that spiritual care positively affected psychological resilience. This finding shows that spiritual care increases psychological resilience, which generally refers to a process of success or adaptation.[33] It has been determined that this finding is compatible with the studies in the literature. Duran et al., who worked with 134 hemodialysis patients in their study, stated that spiritual care positively affected resilience.[4] Jenaabadi and Mir, who worked with 227 hemodialysis patients, pointed out the importance of spiritual care and resilience in hemodialysis patients' treatment process, and stated that spiritual care positively affected resilience.[13] Besides, Freire de Medeiros et al., who worked with 202 hemodialysis patients, stated that spiritual care and resilience are essential factors in hemodialysis management and that spiritual care positively affected resilience.[14] For this reason, it can be evaluated that spiritual care can be an essential factor increasing resilience, which is considered to be the ability to overcome difficulties.[34]

Spiritual care, as Darvishi et al. also mentioned, is an essential factor in increasing the self-efficacy and psychological well-being of hemodialysis patients.[3] In studies conducted to determine the effect of self-efficacy on psychological well being, Fu et al. found that self-efficacy increases psychological well being.[16] Older adults with high self-sufficiency also experience less stress, anxiety, and depression.[35] In this study, the analysis was carry on find the mediating role of self efficacy in the effect of spiritual care in psychological well being; it was determined that self-efficacy had a partial mediating role in spiritual care psychological well being. This finding shows that the patients' general beliefs in their ability to perform their health behaviors under the influence of spiritual care (Bandura 2002) have an increasing effect on psychological well being.[30]

According to Musa et al., spiritual care can be used as coping mechanisms, immensely as sources of strength and support, to overcome the stressful effects of psychological problems associated with physical illnesses.[11] Fava and Tomba stated that psychological well-being should be healthy to fight psychological distress and actual events.[34] Besides, Ríos-Risquez et al. stated in their study that resilience was a positive source for psychological well-being and that resilience positively affected psychological well-being.[15] Again, Smith and Hollinger-Smith stated in their study that resilience positively affected psychological well-being.[35] In this study, the analysis was implemented in order to identify the intermediary role resilience in the effect of spiritual care on psychological well-being; it was determined that resilience had a partial intermediary role in spiritual care on psychological well-being. This finding indicates that spiritual care on psychological well-being increased the resilience effect of the patients' ability to cope with difficulties and be successful.[34]

LIMITATIONS OF THE STUDY

Hemodialysis patients have high morbidity and mortality rates. This study's findings are valuable in discussing spiritual care and related particular in dialysis patients. Despite the findings that we obtained of the study there are some limitations. This study is limited by the available findings of 207 hemodialysis patients participating in study. In research, the psychological care levels of

hemodialysis treatment patients, coping strategies due to the difficulty of hemodialysis treatment, and the relation among them psychological well being, self-sufficiency, and resilience of these patients have been examined, and the research is limited with the people who are only receiving hemodialysis treatment.

The study is limited to the participants' feelings, thoughts, beliefs, and attitudes during the period when they answered the questions since the emotions of these individuals receiving hemodialysis treatment can vary. Furthermore, since the study is cross-sectional, it covers a specific period and is limited to the data obtained during its covers.

CONCLUSION

In this study conducted on dialysis patients, spiritual care positively affects psychological well-being, self efficacy, and resilience. Besides, self efficacy and resilience have a moderate role in the efficacy of spiritual care on psychological well being.

Acknowledgment

We would like to thank all hemodialysis patients who agreed to participate in the study.

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

This study is entirely author's own work and no other author contribution.

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