ORİJİNAL ARAŞTIRMA ORIGINAL RESEARCH

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Experiences of Common Unmet Psychosocial Care Needs of Hospitalized Individual with Hematological Cancers and Family Caregiver Dyads: A Qualitative Study

Hastanede Yatan Hematolojik Kanseri Olan Birey ve Bakım Veren Çiftlerin Karşılanmamış Ortak Psikososyal Bakım Gereksinimlerine İlişkin Deneyimleri: Nitel Bir Çalışma

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This study was presented as an oral presentation at 6th International and 17th National Nursing Congress, December 19-21, 2019, Ankara, Türkiye.

ABSTRACT Objective: The aim of this study was to reveal common unmet psychosocial needs and strategies of coping with unmet psychosocial needs of hospitalized individual with hematological cancers and family caregiver dyads. **Material and Methods:** The study had a qualitative descriptive design which was conducted 12 with hematological cancer patients and family caregiver dyads. The data were collected face to face by semi-structured interview method. Interviews were conducted with a semi-structured interview form and audio recorder. Data that are obtained from the semi-structured interviews were analyzed with Braun and Clarke's thematic analysis. **Results:** Thematic data analysis showed four main themes. 1) Shared difficult emotions: Under the theme, dyads expressed their worries and emotions. 2) Shared social needs: Concerning the theme, dyads reported experiencing social isolation and mentioned shelter needs of the caregivers. 3) Struggling to cope with unmet psychosocial needs: Under the theme, dyads use hiding their feelings and opinions from each other, and maladaptive coping strategies like taking alcohol. Also, they expect psychosocial support services. 4) Information needs: Concerning the theme, dyads reported their information needs during the hospitalization process and after discharge. **Conclusion:** Individual with hematological cancers and their caregiver dyads need holistic care especially interventions about information needs and coping strategies for suffering emotions. It can be recommended that nurses perform dyadic psychosocial interventions dealing with the dyads to fulfill their common needs.

Keywords: Caregiver; hematological neoplasms;
need assessment;
psychiatric nursing; qualitative research

ÖZET Amaç: Bu çalışmanın amacı, hastanede yatan hematolojik kanserli birey ve bakım veren çiftlerin ortak karşılanmamış psikososyal bakım gereksinimlerini ve karşılanmayan psikososyal gereksinimleriyle baş etme stratejilerini ortaya koymaktır. **Gereç ve Yöntemler:** Araştırma tanımlayıcı kalitatif desendedir. Araştırmanın örneklemini 12 hematolojik kanser tanılı birey ve bakım veren çifti oluşturmaktadır. Veriler, yarı yapılandırılmış görüşme yöntemi ile yüz yüze toplanmıştır. Görüşmeler yarı yapılandırılmış görüşme formu ve ses kayıt cihazı ile gerçekleştirilmiştir. Yarı yapılandırılmış görüşmelerden elde edilen veriler Braun ve Clarke'nin tematik analiz yöntemiyle analiz edilmiştir. **Bulgular:** Verilerin analizinde 4 ana temaya ulaşılmıştır. 1) Paylaşılan Zor Duygular: Bu tema altında çiftler zor duygularından ve endişelerinden bahsetmişlerdir. 2) Paylaşılan Sosyal Gereksinimler: Bu tema ile ilişkili, çiftler sosyal izolasyon ve bakım verenlerinin barınma ihtiyaçlarından bahsetmişlerdir. 3) Karşılanmamış Psikososyal Gereksinimlerle Başa Çıkma Mücadelesi: Bu tema altında, çiftler duygularını ve düşüncelerini gizleyerek, alkol alma gibi maladaptif baş etme stratejileri kullanarak baş ettiklerini ifade etmişlerdir. Psikolojik destek beklemektedirler. 4) Bilgi Gereksinimleri: Bu tema ile ilişkili, çiftler hastanede yatış ve taburculuk süreçlerine ilişkin bilgi ihtiyaçlarından bahsetmişlerdir. **Sonuç:** Hematolojik kanser tanılı birey ve bakım veren çiftlerinin özellikle bilgi ve acı verici duygularla baş etme konusunda desteğe ihtiyaçları bulunmaktadır. Hemşirelerin hasta ve bakım veren çiftlerinin ortak gereksinimlerini dikkate alarak diyadik müdahaleler gerçekleştirmesi önerilmektedir.

Anahtar Kelimeler: Bakım verici; hematolojik neoplaziler;
gereksinim değerlendirmesi;
psikiyatri hemşireliği; kalitatif araştırma

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Despite advances in treatment, hematological cancers are life-threatening disease. While in 2021, in the United States of America the incidence of hematological cancers was 9.8%, in Türkiye it is 7.45%.[1] In 2021 mortality rates from leukemia, non-Hodgkin lymphoma, multiple myeloma, and Hodgkin lymphoma in Türkiye are 3.8%, 2.4%, 1.6% and 0.30%, respectively.[1] Treatment regimens can range from intensive chemotherapies to "watch and wait" regimes. The prognosis may involve remissions and relapses.[2] Hematological cancers differ from solid tumors in terms of their diagnosis and treatment. Therefore, it is difficult to estimate to what extent the needs of patients with hematological cancers and family caregivers (FCs) overlap with needs of patients with solid tumors.

Hematological cancer diagnosis affects patients and FCs psychosocially.[3-5] FCs cope with the diseases of the patients while they offer support and care. Caregiving family members, especially in Turkish culture, take the responsibility for caregiving not only at home but also during hospital stays. FCs naturally take the role of a caregiver after a family member is diagnosed with a disease. Culturally, caregiving is considered valuable and the primary responsibility of a family member. Care is also a sign of love and affection.[6] Especially due to developments in hematological cancer, and long-term treatments, caregivers provide long-term care both in the hospital and at home.[2,7,8] The relationship between the patient and the caregiver, which started in the hospital, continues at home. Additionally, it is known that in recent years, patients and caregivers are emotionally affected by each other and respond to the cancer experience as a common emotional system.[9] Patients and caregivers respond with reciprocal and interrelated dyadic coping strategies to stressful situations such as cancer.[10,11] For this reason, interventions that provide physical, psychological, social, and spiritual support for the patient-caregiver dyads have increased in recent years.[12,13] Patient-caregiver dyadic interventions are offered to cancer patients and their FCs together as the unit of care.[14,15] However, the studies are based on caregiver needs and caregiving outcomes. Favorable patient outcomes depend on the response of the caregiver-patient unit. It is recommended that healthcare professionals working with cancer patients formulate care by considering the needs of the patient-caregiver dyads in order to provide optimal holistic cancer care.[14] Therefore, it is important to examine psychosocial needs of the patient-caregiver in dyads.[13,14] No studies are examining deeply the psychosocial needs of the patient-caregiver dyads as a unit of care.

It has been noted in the current literature that cancer patients have psychosocial needs in all stages of their disease and have unmet psychosocial needs.[16,17] Additionally, it has been stated that the rate of experiencing depression during treatment is higher than in other stages of the disease.[18] During this stage, cancer patients and FCs establish long interactions with nurses in Türkiye. Therefore, the treatment process is the most appropriate period when psychosocial needs-based psychosocial support.

Qualitative studies are needed to make in-depth examinations of dyads' psychosocial needs and coping strategies. The results of this study can guide nurses for psychosocial interventions which are directed toward individuals with hematological cancers-family caregiver dyads. The aim of this study was to reveal common unmet psychosocial needs and strategies of coping with unmet psychosocial needs of hospitalized individual with hematological cancers and family caregiver dyads.

MATERIAL AND METHODS

STUDY DESIGN

This study had a qualitative descriptive design. This study was reported using Consolidated Criteria for Reporting Qualitative Research Guidelines.[19]

SETTINGS AND PARTICIPANTS

The study was conducted in the hematology-oncology in-patient clinic of a university hospital in İzmir, Türkiye, between August 2019-January 2020. The clinic has 18 beds and 18 patients. All the rooms are single, and each patient is accompanied by a FC.

Purposeful sampling was used and the sample included 24 individuals, 12 of whom were individuals with hematological cancers staying and receiving treatment in the hematology-oncology clinic and 12 were FCs offering care to their patients. The inclusion criteria for the patients were an age of over 18 years, 3-months period elapses since the diagnosis of hematological cancer, receiving chemotherapy, voluntarily accepting to participate in the study and being able to speak and understand Turkish. The primary caregivers of the patients who accepted were included. The exclusion criteria for the caregivers were having a physical disability, visual impairment, hearing disability, perceptual disorder, mental retardation or organic brain damage. The exclusion criteria for the patients were being in the terminal stage and having bone marrow transplantation in addition to those required for the FCs.

Interviews with patients and FCs were conducted separately because of worries about an inability to express themselves freely. Interviews conducted in single, well-lit, well-ventilated and quiet rooms where the patients and the caregivers felt comfortable.

DATA COLLECTION

Whether the individuals to be included in the sample were eligible in terms of the inclusion criteria was determined using the patient records and requesting information from the charge nurse of the clinic. Data were gathered with a descriptive characteristic form for patients with hematological cancers, a descriptive characteristic form for caregivers, a semi-structured interview form for the patients and the caregivers and a voice recorder (Table 1). Semi-structured interview questions were created by examining the literature.[20] The first researcher conducted the interviews. They were piloted on a dyad and the interviews were evaluated by an expert. Based on the feedback from the expert, the interviews were conducted face to face.

There was no individual who refused to participate in the study during the data collection process. There were 15 dyads that met the inclusion criteria. Data saturation, when no new information appeared, was achieved when 12 dyads. Since sufficient data were collected for the purpose, repeated interviews were not conducted. Each interview took 30 min on average. The researcher also took notes during the interviews. The first researcher performed member checking and asked each participant about the possible meanings of the expressions which they found important to confirm them.

TABLE 1: The semi-structured interview questions.

Main questions for patients and family caregivers
What do you think are your most important unmet needs while in the hospital?
What significance do these needs have for you?
What are the needs of your patient/caregiver from your point of view?
How do you deal with your unmet needs?
What kind of expectations do you have from nurses regarding these needs?

DATA ANALYSIS

Data about sociodemographic features were analyzed with numbers and percentages. The interviews were analyzed by the 2 researchers separately. The data obtained using the interview form were evaluated using thematic analysis according to Braun and Clarke, which is a qualitative data analysis method.[21] In this study, during the thematic analysis, the transcripts were read several times to obtain a detailed understanding of the data. Codes were assessed and related to the phenomenon and classified as conceptually similar codes. Subthemes were combined to create themes. The researchers discussed the thematic statements. Initially, the researchers performed the analysis independently. Later, they came together and discussed the themes and subthemes. The researchers critically evaluated and discussed the data with respect to the research aims. Consensus was achieved on the thematic statements that best described the findings.[22] Themes were reviewed by a qualitative research expert. No software was used in the analysis of the interview data.

RIGOR

Credibility, transferability, consistency and confirmability were adopted to strengthen rigor.[22]

For consistency, the researchers clearly asked the readers whether obtained data were sufficient to answer the research question. The interviews were continued until data saturation was obtained to collect in-depth data according to the aim of the study. For validity in the present study, the researchers arranged the data based on emerging themes and presented them by using thick description without adding comments. Purposeful sampling was used to determine the patients and their caregivers in accordance with the aim of the study. For consistency, interviews were conducted by the same interviewer. The same voice recorder and the interview forms were used in all the interviews. The researchers are both female and psychiatric nurses. Both are experienced in both psycho-oncology and qualitative research. The researchers have no relationship with the participants.

ETHICAL CONSIDERATIONS

This study was approved by Dokuz Eylül University Non-Interventional Research Ethics Committee (date: April 10, 2019, no: 2019/09-22). The patients and the caregivers participating in the study were informed about the study purpose, and their oral and written consent was obtained. The research was conducted in accordance with the principles of the Declaration of Helsinki.

RESULTS

Four themes have been reached at the end of analysis: shared difficult emotions, shared social needs, struggling to cope with psychosocial unmet needs, and shared information needs.

The sample included 12 patients with hematological cancers and 12 their FCs. The patients were aged 62 years and the caregivers were aged 55 years on average. Three dyads were parents and their children, eight dyads were spouses and one dyad were siblings (Table 2, Table 3).

Theme 1: Shared difficult emotions

Regarding the theme shared difficult emotions, the patients and FCs expressed their worries and emotions.

Individuals with hematological cancers and their FCs had hopelessness, fear of recurrences, fear of dependence and difficulty in acceptance. While the caregivers had fear of losing the patients, the patients had experienced fear of death.

"Even its name is bad. At the end of the day, it is cancer. I wonder whether I will experience that inevitable end. I don't want to live dependent on someone. I don't even want to think about the possibility. I don't want anyone to care about me. I can't stand it." (P9)

"I do not know if my patient will survive, and I am afraid of losing him. Then I tell myself that if he lives like this, it will be more significant destruction for him. He hadn't even had the flu until now, but this disease came suddenly (crying)." (FC9)

TABLE 2: The characteristics of the patients.

No	Gender	Age	Education	Income situation	Type of cancer	Disease state	Length of treatment (Mo)	Length of hospital Stay (Mo)
P1	F	62	Literate	Low	AML	Stable	5	2
P2	F	65	Primary school	Middle	MM	Relaps	24	2
P3	M	63	Primary school	Middle	ALL	Unknown	3	3
P4	M	49	High school	Middle	HL	Relaps and disease progression	12	3
P5	M	64	Primary school	High	CLL	Unknown	4	4
P6	F	68	Universtiy	Middle	AML	Stable	4	4
P7	M	65	High school	Middle	HCL	Partial remission	72	1
P8	F	64	High school	Low	AML	Relaps	8	1
P9	M	53	Universtiy	Middle	NHL	Relaps	30	1
P10	M	59	Master	High	CLL	Unknown	5	1
P11	M	68	Primary school	Middle	NHL	Relaps	12	1/2
P12	F	64	Primary school	Low	NHL	Relaps	24	1

ALL: Acute lymphoblastic leukemia; AML: Acute myeloid leukemia; CLL: Chronic lymphoblastic leukemia; F: Female; HCL: Hair cell leukemia; HL: Hodgkin's lymphoma; M: Male; MM: Multiple myeloma; NHL: Non Hodgkin's lymphoma; P: Patients.

TABLE 3: The characteristics of the family caregivers.

No	Gender	Age	Education	Job	Income situation	Relationship with patient	Duration of caregiving, (Mo)	Another responsibility of caregiving
FC1	M	35	University	Employed	Middle	Offspring	2	-
FC2	F	39	Primary school	Unemployed	Low	Offspring	24	-
FC3	M	64	Primary school	Unemployed	Middle	Spouse	3	-
FC4	M	53	High school	Unemployed	Middle	Sibling	3	-
FC5	F	61	Primary school	Unemployed	Middle	Spouse	4	-
FC6	M	70	University	Unemployed	High	Spouse	4	-
FC7	F	60	High school	Unemployed	Middle	Spouse	1	-
FC8	M	65	University	Unemployed	Low	Spouse	8	-
FC9	F	49	University	Employed	Middle	Spouse	30	-
FC10	F	58	University	Retired	Middle	Spouse	5	-
FC11	F	59	Primary school	Unemployed	Middle	Spouse	12	
FC12	F	44	High school	Employed	Low	Offspring	24	-

F: Female; FC: Family caregiver; M: Male.

The patients and FCs experienced uncertainty and they reported that they were worried about the prognosis, treatment, and relapse.

"Nobody can say anything. Nobody knows what will happen. I'm waiting for them to say something, but they don't. It is not clear what will happen, and this uncertainty is very difficult." (P4)

"The disease is a great uncertainty. I asked the doctor how long the treatment would take, he said it would take 3 to 4 months. I can't ask the professor if my patient will be healthy. You do not dare to ask this question. They cannot give a clear answer to that either." (FC4)

Theme 2: Shared social needs

Concerning the theme shared social needs, the patients and FCs reported experiencing social isolation and mentioned shelter needs of the caregivers.

The patients commented that they experienced isolation since they had to live away from their home and family during their treatment. Primary caregivers stated that they could not share care with other family members due to insufficient social support.

"I had just retired, we moved to a place by sea, and we had friends, and we were spending time. It is very difficult not to be able to do them, not to get out of here. It is said that I will go out, then my fever comes out, my blood values change, and they do not send me home. My wife used to travel a lot too, I feel like I imprisoned her here." (P10)

"The family of my spouse gave no support. At the beginning, I felt empty. I expected support from people around. I always though why they did not call me. I accept that they can't see my spouse, but I asked myself why they did not come to see me." (FC10)

Due to long hospital stays, FCs experience shelter-related problems. They explained that they had to sleep in an uncomfortable sofa in the patient rooms. They have sleeplessness, tiredness and pain due to unsuitable physical conditions.

"If my caregiver takes care of me, he should have comfort. The sofas where caregivers sleep are uncomfortable. My caregiver complains about back pain. The most serious problem is the lack of a suitable environment for caregivers." (P8)

"There is an armchair for the companions in the rooms. They are very bad. They need to change. Our back hurts all the time because of the sofas. We are not young anymore and we also stay in the hospital for at least a month with our patient." (FC8)

Theme 3: Struggling to cope with common unmet psychosocial needs

The dyads were found to use coping strategies, hiding their feelings and opinions from each other, and maladaptive coping strategies like taking alcohol. Caregivers expected psychosocial support services.

Individuals with hematological cancers and the FCs commented that they could not share suffering emotions and thoughts with each other or nurses. Instead, they tried to overcoming distress by not thinking about illness.

"When I first heard it, I got upset. I wondered what would happen. I was scared. I do not want to think about it much since I am obsessed with it and become sad then. I can't share it with anyone. When I share it, the person I talk to becomes upset and cries." (P3)

"We try not to think about it, but we never forget about this disease. I am very sad, but when my patient is upset about something, I try to give him morale. I can't tell my children either because they will be upset." (FC3)

One caregiver reported always having some emotions and thoughts in his mind, becoming tired of them, and coping with these emotions and thoughts by smoking and taking alcohol more. He stated that caregivers also need psychological support.

"Honestly, I do my best to overcome it. I drink alcohol. I put alcohol in a plastic bottle and drink it somewhere away from people. I can sleep by drinking alcohol. You are the first to talk to us about our psychology. No one gave us information about our psychology. Not only patients but also caregivers need psychological help. As a caregiver, I do not know what to do." (FC4)

Theme 4: Shared information needs

Concerning the theme of shared information needs, the patients and FCs reported their information needs during the hospitalization process and after discharge.

The patients and FCs said they did not receive any education about treatment processes from healthcare professionals but were offered counseling for specific conditions by them. They reported that they tried obtaining information from the Internet and television or people experiencing the disease when they could not receive information from healthcare professionals. They mostly searched information about the type of cancer, its prognosis, laboratory findings for the patients on the Internet.

"We sometimes learn from people around. My children talk about it. Their friends' mothers or granddad have the same disease. We say they have done that, so we can do it." (P5)

"We surf the Internet. Sometimes the information there could be wrong. People tell me not to read things on the Internet much. I used to read till the morning-about the disease and its laboratory signs. Sometimes it helped me relieve, but it made me sad from time to time." (FC5)

The patients and their FCs wanted information about nutrition, infection control, traveling, management of side-effects of medications, what to do in emergency conditions and how to maintain treatment after discharge.

"What should I eat? What should I pay attention to in the diet? What should I do in an emergency? I want to learn about these issues when I am discharged. For example, sometimes blood values go down, how can I go up my blood values?" (P12)

"It would be nice if they tell us what we should do at home. For example, what is a nutrition regime? Her blood pressure dropped recently, for example, what should I do? What awaits us in the long run?" (FC12)

DISCUSSION

This study is important in terms of making visible the common psychosocial care needs and coping strategies of the hospitalized hematological cancer patient and their FC dyads.

During their hospital stay, the patients and FCs experience uncertainty and common emotions difficult to cope with. The dyads suffered the most from uncertainty. The biggest reason for the uncertainty was the lack of knowledge about the home care process. In a study with cancer patients receiving active treatment, high levels of uncertainty were related to unmet needs and the highest level of uncertainty was reported to appear before discharge.[23]

The patients and their caregivers noted that they had needs concerning social support and staying in the hospital. Social ties are important especially in Turkish culture. Families are crowded and family members are always in close contact. Therefore, being socially isolated and not receiving family support due to the disease negatively affect both patients and FCs. Social support is important for caregivers as well. In a study examining social effects of offering care to cancer patients, the caregivers reported that they had difficulty in maintaining their social network despite making effort to do so and experienced social isolation.[24] FCs expect their families to provide support for care. In a study conducted with FCs of patients with advanced stages of cancer receiving treatment in a hospital in Türkiye, caregiving burden and insufficient social support were found to be predictive of depression in caregivers.[25]

Apart from social support needs, inability to provide suitable facilities for FCs is a stressor for both patients and their FCs. However, none of the studies have revealed findings concerning this issue in the literature. In Türkiye, patients are commonly accompanied by their family members in the hospital.[9] Due to the long treatment process in the hospital, especially for hematological cancers, caregivers should have suitable environmental conditions so that they can offer high-quality care for patients. Nurses may support these rights of the dyads.

In this study, dyads were found to hide emotions and psychosocial effects of the disease instead of sharing or letting go of them. In collectivistic cultures, such as Eastern societies, it has been determined that there are fewer expressions of positive and negative emotions to maintain relationships.[26] Study conducted in Türkiye, showed that patients and their caregivers could not overcome their suffering emotions and had less communication with each other.[9] Emotions-focused strategies can be helpful to cope with suffering emotions, especially when problems cannot be eliminated.[27] Teaching dyads healthy emotion regulation strategies can be useful in the improvement of psychosocial well-being and acceptance of the disease.

The patients and caregivers mentioned their expectations about psychosocial support. In a study conducted with patients with hematological cancers were found to feel the need to receive psychosocial support and experience the barriers including inability to ask for help, placing less importance on their psychological status than their physical status and not considering psychological problems as worth reporting.[20] Patients and FCs affect each other, which plays an important role in their quality of life and psychological health.[28] Psychosocial interventions directed toward dyads are needed.

Dyads do not contact nurses about their information needs and cannot request help from them. When they cannot receive information from healthcare professionals, they try to cope with it by seeking information on the Internet. In a study, patients with non-Hodgkin's lymphoma were found to search for information on the Internet, which increased their stress.[29] When dyads cannot receive information from healthcare professionals, they obtain it from unreliable sources on the Internet, which makes them feel stressed. In this study, the patients and caregivers reported several subjects about which they needed information to get prepared for discharge. In a review about information needs of patients with hematological cancers, the patients were found to demand information about what treatments they received and their effects and side-effects.[30] After discharge, they need information about treatment-related problems in the long-term and their solutions, secondary cancers, follow-up and signs of recurrences, which is consistent with the results of this study. Nurses may organize psychoeducational interventions that meet the information needs before discharge to dyads and encourage them to use reliable sources of information on the Internet.

LIMITATIONS

This study has a limitation. The limitation is that this study was conducted in a hematology hospital in the west of Türkiye is relatively better care.

CONCLUSION

Cancer patients and FCs are affected by the cancer diagnosis and treatment process as a unit. It is important that psychosocial interventions that address individual with hematological cancer patient and their FC dyads are based on common needs. According to the results of the study, the patients and FCs shared difficult emotions. They expected social support from family members. The lack of suitable conditions for FCs in the hospital settings negatively affected dyads. They were dealing with unmet psychosocial needs by suppressing their emotions. They needed information in both hospital and discharge processes.

Nurses may perform distress screenings regularly and encourage the patients and FCs to express their feelings during treatment periods. This study revealed that psychoeducational interventions such as emotion regulation strategies may be beneficial for the patients and their FCs. Additionally, patients and FCs may be offered accurate and appropriate information in accordance with their needs in case they seek information from unreliable sources. Furthermore, they may be provided information about what they may experience after discharge. Their information needs may be fulfilled gradually during their hospital stay. Aware that patients and FCs affect each other, it is recommended that patient-caregiver centered interventions be implemented by identifying common needs.

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: *Özgü Serçe Yüksel, Neslihan Günüşen;* ***Design:*** *Özgü Serçe Yüksel, Neslihan Günüşen;* ***Control/Supervision:*** *Neslihan Günüşen;* ***Data Collection and/or Processing:*** *Özgü Serçe Yüksel;* ***Analysis and/or Interpretation:*** *Özgü Serçe Yüksel, Neslihan Günüşen;* ***Literature Review:*** *Özgü Serçe Yüksel, Neslihan Günüşen;* ***Writing the Article:*** *Özgü Serçe Yüksel, Neslihan Günüşen;* ***Critical Review:*** *Özgü Serçe Yüksel, Neslihan Günüşen;* ***References and Fundings:*** *Özgü Serçe Yüksel, Neslihan Günüşen.*

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