

Examining the Relationship Between Social Skills and Social Competence Levels of Generation Y Students of Health Sciences: Descriptive and Correlational Type

Sağlık Bilimleri Y Kuşağı Öğrencilerinin Sosyal Beceri ve Sosyal Yeterlik Düzeyleri Arasındaki İlişkinin İncelenmesi: Tanımlayıcı ve İlişki Arayıcı Türde

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ABSTRACT Objective: This research was conducted to determine examining the relationship between social skills and social competence levels of Y generation students in health sciences. **Material and Methods:** The sampling of the research consisted of 453 students in the departments of nursing, audiology, health management, nutrition and dietetics and ergotherapy in the 2016-2017 academic year in a faculty of health sciences in İstanbul. The data were collected via the “Student Information Form”, “Social Skill Inventory”, “Social Self Efficacy”, and “Social Outcome Expectations Scale.” **Results:** It was found out that the mean age of the students was 20.49±1.69, 88.7% of them were female, 27.8% were first year students, and 40.2% were studying in the department of nursing. The mean total scores of the Social Skill Inventory and Social Self Efficacy and Social Outcome Expectations Scale were 270.15±35.56 and 70.87±12.24, respectively. It has been revealed that the social skills of generation Y students studying in the field of healthcare are at a moderate level, and their social competence and social outcome expectations are at a high level. A positive weak correlation was observed between generation Y students’ social skill inventory affective expressivity subdimension scores and the scale scores of social self-efficacy and social outcome expectations ($p<0.05$) ($r=0.133$ and $r=0.094$). **Conclusion:** It was determined that the social skills of the Y generation students studying in the field of health were at a moderate level, and their social competence and social outcome expectations were at a high level.

ÖZET Amaç: Bu araştırma, sağlık bilimleri Y kuşağı öğrencilerinin sosyal beceri ve sosyal yeterlik düzeyleri ve arasındaki ilişkinin incelenmesi amacıyla gerçekleştirildi. **Gereç ve Yöntemler:** Araştırmanın evrenini, İstanbul’da bir sağlık bilimleri fakültesinde 2016-2017 eğitim-öğretim yılında hemşirelik, odyoloji, sağlık yönetimi, beslenme ve diyetetik ve ergoterapi bölümlerinde öğrenim gören 602 öğrenci, araştırmanın örneklemini ise 453 öğrenci oluşturmuştur. Veriler, “Öğrenci Bilgi Formu”, “Sosyal Beceri Envanteri”, “Sosyal Öz Yeterlik” ve “Sosyal Sonuç Beklentileri Ölçeği” aracılığıyla toplanmıştır. **Bulgular:** Öğrencilerin yaş ortalamasının 20,49±1,69 yıl olduğu, %88,7’sinin kadın, %27,8’inin 1. sınıf öğrencisi olduğu, %40,2’sinin hemşirelik bölümünde öğrenim gördüğü belirlendi. Sosyal Beceri Envanteri ve Sosyal Yeterlik ve Sosyal Sonuç Beklentileri Ölçeği toplam puan ortalaması sırasıyla 270,15±35,56 ve 70,87±12,24 idi. Sağlık alanında eğitim gören Y kuşağı öğrencilerinin sosyal becerilerinin orta düzeyde, sosyal yeterlilik ve sosyal sonuç beklentilerinin yüksek düzeyde olduğu ortaya çıkmıştır. Y kuşağı öğrencilerinin sosyal beceri envanteri duyuşsal anlatımcılık alt boyut puanları ile sosyal öz yeterlik ve sosyal sonuç beklentileri ölçek puanları arasında pozitif yönde zayıf bir ilişki olduğu görülmüştür ($p<0,05$) ($r=0,133$ ve $r=0,094$). **Sonuç:** Sağlık alanında öğrenim gören Y kuşağı öğrencilerinin sosyal becerilerinin orta düzeyde, sosyal yeterlik ve sosyal sonuç beklentilerinin ise yüksek düzeyde olduğu saptandı.

Keywords: Generation Y; students of health sciences; social skill; social competence

Anahtar Kelimeler: Y kuşağı; sağlık bilimleri öğrencileri; sosyal beceri; sosyal yeterlik

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Social skills, which have significance in establishing positive relationships with other individuals, fulfilling their needs and achieving their goals, are defined as the skills to adapt to the social environment and to cope with the conflicts that may occur by using the forms of communication appropriately.^{1,2} Social skills have a significant role in an individual's life, as these skills are an important aspect that facilitates communication with other people.³ Social skills include behaviours such as using body language effectively, initiating, maintaining and improving the interpersonal relationships, self-expression, resolving interpersonal conflicts, solving problems, reflecting emotions and thoughts openly and concretely to other individuals. These skills forms the basis of successful interpersonal relationships.⁴

In the literature, it is observed that the concept of social competence is used instead of the concept of social skill.^{5,6} However, as these 2 concepts are multidimensional, interrelated and independent from each other, it is not always easy to separated to them. Social skills are the behaviours that enable the individual to interact positively with others in society, and social competence is the exhibition of these behaviours and their positive evaluation by others. Social competence shows a multidimensional structure which includes the concept of social skill.^{5,6} Social competence is a significant factor in the social and emotional development of the individual, and it is considered as one of the basic characteristics of human skills.⁶ Social competence is positively associated with behaviours such as helping, caring for others, empathetic thinking, competence related to sorting and managing positive and negative emotions, university students' perception of having a life goal and life satisfaction.^{6,7}

Generation Y students are known for communicating and interacting through social networking sites. For generation Y, technology is part of their lives and lifestyles. Therefore, today, university students, who are called generation Y, are expected to have social competence including both verbal and non-verbal behaviours such as using gestures and facial expressions, interpreting the body language, speaking and participating in the discussion about instantaneous situations in the classroom.⁸ However,

generation Y, which is the common name given to those born between 1980 and 1999, is generally defined as an independent, self-confident, collaborative, selfish and diverse generation.⁹ This generation, which is accepted as the most crowded generation in the world in respect of population density today, observes the global values at a higher level. This generation grew up with technology, computers, mobile phones and the internet, and unlike other generations, it is the first generation that grew up with the appeal of digital media.⁹⁻¹² They represent an ambitious, impatient and unfaithful generation which is dependent on technology, open to change, difficult to satisfy, highly self-confident, disliking receiving orders and hierarchical order. Generation Y gives great importance to social relationships. They want to allocate time for improving these relationships and socialize.¹⁰

University students studying in the field of healthcare are expected to have high social skill and social competence levels. As professional members of the future, they must have social skills and social competence in order to be able to notice the responses of the healthy/sick individual, their families and other team members, to accurately receive the messages given and to assess them, that is, to communicate with them effectively. Within this scope, it is important for them to be trained as individuals who can express themselves effectively, communicate effectively, be venturous, solve problems, briefly, individuals and health professionals with social skills.^{12,13} When the literature was reviewed, there were no encountered for determining the social competence and social skill levels of the students studying in the field of health sciences. In this context, the research was planned in the cross-sectional type with an aim to determine the social skills and social competence levels of generation Y students of the faculty of health sciences.

The main research questions are as follows:

1. What are the social skill levels of generation Y students?
2. What are the social competence levels of generation Y students?
3. Is there a relationship between the social skills and social competence levels of generation Y students?

4. What are the individual characteristics affecting the social skill and social competence levels of generation Y students?

MATERIAL AND METHODS

STUDY DESIGN

This research was carried out in the descriptive and correlational type in order to define the social skill and social competence levels of generation Y students of the faculty of health sciences.

SAMPLING

The population of the research consisted of the students (n=602 students) studying at the department of physiotherapy and rehabilitation, nursing, audiology, health management, nutrition and dietetics and ergotherapy in the faculty of health sciences of a foundation university in İstanbul in the 2016-2017 academic year. No sample selection was made. A total of 453 (75.25%) students were willing to participate in the research and participated in the research voluntarily.

DATA COLLECTION TOOLS

The data were collected via the “Student Information Form”, “Social Skill Inventory” and “Social Competence” and “Social Outcome Expectations Scale.”

STUDENT INFORMATION FORM

In this form, which was prepared by the researchers in line with the relevant literature, there are questions related to the students’ age, gender, department, class, marital status, place of residence, income status, education status of the mother/father, membership in any club and social activity actively attended.^{1,7,9}

SOCIAL SKILL INVENTORY

This inventory was developed by Riggio (1986) to measure the basic social skills and was revised in 1989. Social Skill Inventory (SSI) was adapted to Turkish by Yüksel (1998).^{13,14} The 90-item SSI measures the social skills with 6 separate subscales. These subscales are named as follows: 1-Emotional expressivity, 2-Emotional sensitivity, 3-Emotional control, 4-Social expressivity, 5-Social sensitivity and 6-Social control. Each subscale consists of 15 items. Besides, the social competence or the global social skill

level covering all the social skills are calculated in total. A 5-point Likert-type answer key is used to answer the items in the inventory. In the answer key, the lowest score is 1 and the highest score is 5. The lowest score to obtain from the inventory is 90, and the highest score is 450. It was determined that the social skill levels of the individuals who got a score of 90-210 from the inventory were low, the levels of those who got a score of 211-330 were moderate, and the levels of those who had a score of 331-450 were high. In the subscales, the lowest score to obtain is 15 and the highest score is 75. In terms of the subscales, a score between 15-35 pointed at a low level, 36-55 at a moderate level and 56-75 at a high level. In Turkish adaptation studies, the reliability coefficient of SSI regarding the total score calculated via the test-retest method was found as $r=0.92$. The reliability coefficients obtained from the subscales varied between 0.80 and 0.89. The total Cronbach’s alpha value of the inventory was found to be 0.92.¹⁵ In this study, Cronbach’s alpha value was found as 0.78.

SOCIAL EFFICACY AND SOCIAL OUTCOME EXPECTATIONS SCALE

It was developed by Wright et al. (2013) in order to evaluate the self-competence beliefs of the individuals related to their ability of initiating and maintaining social relationships and their outcome expectations about the results of the social relationships. Social Efficacy and Social Outcome Expectations Scale (SEOES) was adapted to Turkish upon the execution of its validity and reliability study by Akin and Akkaya (2015). The SEOES is scored over 18 items and 2 subscales in 5-point grading (“1” I strongly disagree - “5” I strongly agree). The Social Self-Efficacy sub dimension of the scale consists of 12 items, and the Social Outcome Expectations sub-dimension is comprised of 6 items. Exploratory and confirmatory factor analyses were used to examine the construct validity of the scale. In the exploratory factor analysis, a measurement tool with 18 items and 2 sub dimension (Social Efficacy Expectations=1-12, Social Outcome Expectations=13-18) was obtained, and it was seen that the items in the subdimensions tallied with the items in the original form. The highest score that can be obtained from the scale is 90,

and the lowest score is 18. There are no reversely coded items in the scale. High scores indicate a high level of social self-competence and social outcome expectations. Cronbach's alpha internal consistency reliability coefficients of the scale were found as 0.93 for the social competence expectations subscale, 0.88 for the social outcome expectations subscale, 0.94 for the whole scale. Additionally, the item total correlation coefficients range between 0.57 and 0.74. In this study, Cronbach's alpha value was found as 0.76.

DATA COLLECTION

The forms were given to the students by the researchers, and they were collected by the researchers after the students filled these forms. Before the data were collected, the purpose, content, scope, duration of the research and the expectation from the students were explained by the researcher. After the explanation, the data were collected from the students who agreed to participate in the research outside the class hours in the areas (canteen, reading room, etc.), where they spent their free time in the university.

ETHICAL APPROACH

This study was approved by the Bezmiâlem Vakıf University Non-Invasive Clinical Research Ethics Committee (date: March 21, 2017, no: 6/60). The Helsinki Declaration principles were followed. Before the study, permission to use the scale was obtained from the authors who adapted the scales to Turkish society. Before the data were collected, information was given by the researcher about the purpose, scope, duration of the research and what was expected from the students. Verbal permission was obtained from the students who agreed to participate in the research after the information provided, in accordance with the principle of volunteering. The research data were collected in the areas such as canteens and waiting rooms, where students spent their free time in the university, outside the class hours.

STATISTICAL ANALYSIS

The data which were collected were entered into the SPSS 25.0 Statistic 21 (IBM, USA) program and all the statistical analysis were done on the same program. The continuous variables were stated as arithmetic

mean and standard deviation. The categorical variables were expressed as frequency and percentage. Independent samples t-test was used to identify the difference between the means of 2 groups, and one-way analysis of variance (ANOVA) tests were used for comparing more than 2 group means. The Spearman correlation analysis was used for correlation analysis. The significance value was accepted as $p < 0.05$.

RESULTS

FINDINGS RELATED TO THE INDIVIDUAL CHARACTERISTICS OF GENERATION Y STUDENTS

When the individual characteristics of the students included in the study were reviewed, it was observed that the majority were women (88.7%), the mean age was 20.49 ± 1.69 years, 60.27% were between 20-22 years of age, 98.9% were single, 45.28% were 2st-class students, 40.2% were studying in nursing, 24.3% in audiology, 17.4% in nutrition and dietetics, 16.1% in health management and 2% in ergotherapy. It was found out that 7.1% of the students had a job, the income of 77.5% met their expenses, and 19.8% of them were members of a sports/music/dance club (Table 1).

FINDINGS RELATED TO THE SOCIAL SKILL AND SOCIAL COMPETENCE LEVELS OF GENERATION Y STUDENTS

It was observed that the students' total mean score of SSI was 270.15 ± 35.56 , the mean scores of SSI subscales were 48.51 ± 7.51 in "emotional expressivity", 48.12 ± 7.34 in "emotional sensitivity", 43.98 ± 7.77 in "emotional control", 43.39 ± 7.22 in "social expressivity", 43.17 ± 7.97 in "social sensitivity" and 42.97 ± 8.06 in "social control." It was detected that the total mean score of SCSOES was 70.87 ± 12.24 , the mean scores of SEOES subscales were 45.93 ± 8.67 in "social self efficacy expectations" and 24.93 ± 4.67 in "social outcome expectations" (Table 2).

FINDINGS RELATED TO THE RELATIONSHIP BETWEEN THE SOCIAL SKILLS AND SOCIAL COMPETENCE LEVELS OF GENERATION Y STUDENTS

When the relationship between students' social skill levels and social self-efficacy and social outcome ex-

TABLE 1: Distribution of individual characteristics of generation Y students (n=453).

		n	%
Age (Avg.±SD: 20.49±1.69)	17-19	130	28.7
	20-22	273	60.27
	23↑	50	11.03
Gender	Woman	402	88.7
	Male	51	11.3
Department	Nursing	182	40.2
	Audiology	110	24.3
	Health management	73	16.1
	Nutrition and dietetics	79	17.4
	Ergotherapy	9	2
Class	1 st -class	126	27.8
	2 nd -class	204	45.2
	3 rd -class	80	17.6
	4 th -class	43	9.4
Marital status	Married	5	1.1
	Single	448	98.9
Economical status	Income meets expense	351	77.5
	Income does not meet expense	102	22.5
Working status in a job	Yes	32	7.1
	No	421	92.9
Membership status of any sports/music/dance club	Var	90	19.9
	No	363	80.1

Avg: Average; SD: Standard deviation.

pectations was evaluated, it was revealed that there was a positive relationship only between the Social Skill Inventory Emotional Expressivity subscale

scores and Social Self-Efficacy and Social Outcome Expectations Scale scores ($p<0.05$) (Table 3).

No statistically significant relationship was found between the other sub-dimensions of the Social Skills Inventory Scale and the other sub-dimensions of the Social Efficacy and Social Outcome Expectations Scale ($p>0.05$).

FINDINGS RELATED TO THE INDIVIDUAL CHARACTERISTICS AFFECTING THE SOCIAL SKILLS AND SOCIAL COMPETENCE LEVELS OF GENERATION Y STUDENTS

Statistically significant differences were determined between the Social Skill Scale mean scores according to the variables of the department the students were studying at, class and economic status ($p<0.05$). Statistically significant differences were detected between the Social Self-Efficacy and Social Outcome Expectations Scale mean scores according to students' membership in any sport/music/dance club ($p<0.05$) (Table 4).

DISCUSSION

The member of a profession, which focuses on humans, needs to have different skills in addition to information, skills, values and attitudes regarding his profession. These include social skills and social competence expectation. In this context, according to the data obtained from this study, which was planned to determine the social skills and social competence levels of generation Y students in the faculty of health

TABLE 2: Distribution of Y generation students' social skills and social competency scores.

Social skill inventory and subscales	Minimum-maximum	Mean	Mean±SD
Emotional expressivity	16-68	49	48.51±7.51
Emotional sensitivity	15-82	48	48.12±7.34
Emotional control	21-75	44	43.98±7.77
Social expressivity	20-75	43	43.39±7.22
Social sensitivity	17-69	42	43.17±7.97
Social control	15-67	43	42.97±8.06
Total score	104-408	271	270.15±35.56
SEOES ve sub dimensions			
Social self-efficacy expectations	12-60	47	45.93±8.67
Social outcome expectations	6-30	25	24.93±4.67
Total score	18-90	72	70.87±12.24

SD: Standard deviation.

TABLE 3: The relationship between Y generation students' social skill levels and their self-efficacy and social outcome expectations.

		Social self efficacy expectations	Social outcome expectations
Emotional expressivity	r	0.133*	0.094*
	p	0.004	0.046
Emotional sensitivity	r	0.011	0.078
	p	0.821	0.097
Emotional control	r	0.111	0.038
	p	0.018	0.42
Social expressivity	r	-0.063	-0.089
	p	0.18	0.06
Social sensitivity	r	-0.002	0.019
	p	0.96	0.69
Social control	r	0.033	0.013
	p	0.49	0.78

Correlation analysis. * $p < 0.05$.

sciences, it was observed that the students had a moderate level of social skills. Individuals in the age group include people born between 1980 and 1996 and make up about 16% of the current population. By 2050, millennials will constitute 50% of the total working population.¹⁵ Individuals in the Y generation, who find it valuable to do what they love, are entrepreneurial and social, as well as creative in relationships. When the subscales of the scale were checked, it was discovered that the mean scores of the students varied between 42.97 and 48.51. Accordingly, their “emotional expressivity”, “emotional sensitivity”, “emotional control”, “social expressivity”, “social sensitivity” and “social control” skills were at a moderate level. Emotional expressivity subscale includes individuals’ non-verbal communication skills, especially their ability to send affective messages. Emotional sensitivity subscale measures the ability to receive and interpret other people’s non-verbal communications. Emotional control subscale measures individuals’ ability to regulate and control their affective and nonverbal responses. Social expressivity subscale measures verbal expressiveness and the ability of individuals to communicate and participate in social communication with each other. Social sensitivity subscale measures their ability to interpret verbal communications. Social control subscale measures the social role playing and social self-disclosure skills of the individual.¹⁵

Social skills have a significant role in establishing positive relationships with the individual the professional member serves, recognizing the individual’s responses and fulfilling his needs.¹⁶ This finding of the research is similar to the results of the study in which Karayurt and Akyol, Çetin and Kuru, Şenol and Türkçapar, Altıok and Üstün examined the social skill levels, and the social skills of generation Y students, who were studying in health-related faculties, had to be developed during their education.¹⁶⁻¹⁹

It was determined that the students had a high level of social competence. When the subdimensions of the scale were reviewed, it was detected that the students’ “social self efficacy expectations” and “social outcome expectations” were also at a good level. Social competence is a very important concept for reflecting the belief of the professional member in initiating and maintaining a relationship in any social environment. Individuals who provide this service professionally are expected to have a high level of social skills and social competencies in understanding and reaching people, and therefore, in more qualities of the healthcare services.¹⁶ Today’s generation Y university students, who are fond of freedom, challenge authority and admire technology, give great importance to social relationships with increasing intercultural interaction.^{10,11} In the study in which Yam and İşeri examined the social competence levels of the education faculty students, the social com-

TABLE 4: Distribution of individual characteristics affecting the social skills and social competency levels of Y generation students.

Individual characteristics			SSI mean±SS	SEOES mean±SS
Class	1 st class	126	272.26±36.67	71.40±13.03
	2 st class	204	273.28±33.61	70.04±12.51
	3 st class	80	264.87±38.71	71.40±10.42
	4 st class	43	258.88±32.90	72.21±11.82
	F; p		2.733; 0.04*	0.607; 0.61
Department	Nursing	182	268.58±41.06	69.30±13.64
	Audiology	110	262.33±30.78	71.01±10.18
	Health management	73	286.67±31.55	72.85±12.69
	Nutrition and dietetics	79	268.82±27.57	72.23±11.15
	Ergotherapy	9	275.11±24.18	72.78±8.39
	F; p		5.655; 0.0001*	1.537; 0.19
Economical situation	Income meets expense	351	267.05±34.90	70.89±12.56
	Income does not meet expense	102	280.81±35.92	70.79±11.14
	F; p		0.044; 0.001*	1.219; 0.95
Membership status of any sports/ music/dance club	Yes	90	273.31±31.90	74.38±11.09
	No	363	279.36±36.41	69.99±12.37
	F; p		1.780; 0.35	0.001; 0.002*

SSI: Social Skill Inventory; SEOES: Social Efficacy and Social Outcome Expectations Scale.

petence levels of the students were found higher.⁶ This finding of the research showed that students studying in the faculty of health sciences are self-confident about “social self efficacy” and “social outcome expectations.” Meanwhile, we thought that the courses that support the development of social skills such as communication skills and human behaviour taught in the departments (requisite and optional) in the faculty of health sciences support the social skills and social competences of the students.

A positive correlation was observed between generation Y students’ social skill inventory affective expressivity subdimension scores and the scale scores of social self-efficacy and social outcome expectations ($p<0.05$). However, this correlation is weak ($r=0.133$ and $r=0.094$). Accordingly, this finding, it can be said that the social self-efficacy and social outcome expectation levels of generation Y students, who were studying in the faculty of health sciences, increased as their social skill inventory affective expressivity levels increased. This finding of the research suggests that the students, who are successful in interpersonal interaction, can use non-verbal communication techniques, and have high emotional ex-

pressivity, can affect other people with these skills, and interrelatedly, have high self-confidence in social self-efficacy and social outcome expectations.

A statistically significant difference was observed between the social skill inventory mean scores of the students according to the class they were studying in ($p<0.05$). In the study conducted by Karayurt and Akyol with nursing students, it was seen that the social skill levels increased as the grade increased. It is expressed in the literature that social skill levels can be improved with education.^{16,18,20,21} This finding of the research results from the lessons given to students within the scope of the courses they were studying, and as a result, having certain knowledge.

In the study, statistically significant differences were found between the social self-efficacy and social outcome expectations of the students who were members of any sports/music/dance club ($p<0.05$). Social skills are the skills that should be supported as of the first years of life. Starting from this period, individuals participate in activities, make their own decisions and shape their behaviours, via both family and school lives. As a result, social skill tendencies

continue to develop.^{22,23} Student clubs make contributions to university students in many positive aspects. In particular, they offer proper opportunities for experiences such as making new friends, participating in social communication, orientation to sharing feelings and thoughts, belonging to a group and taking responsibility together with the group. The experiences provided by the student clubs allow students, especially in Group Y, to develop a more extroverted lifestyle. In Soykan and Mirzeoğlu's study with university students, students who participated in folk dance studies and students who participated in folk dance activities had higher social skills total score and subscale score averages.²⁴ This finding of the research is consistent with the literature and the study, which is an expected result.

LIMITATIONS

The research was conducted on the students studying health sciences in only one university, which constituted the limitation of this study.

CONCLUSION

It has been revealed that the social skills of generation Y students studying in the field of healthcare are at a moderate level, and their social competence and social outcome expectations are at a high level. As students' social skills and emotional expressiveness increase, their social competence increases. In addition, it was observed that the students' participation in social environments, such as membership in any sports/music/dance club, had a positive effect on social competence and social outcome expectations.

Within this scope, awareness should be raised on students' social skill and social competences, and opportunities should be created and supported for their participation in the activities in both inside and outside the university. Student clubs that offer students experiences such as making new friends, participating in social communication, belonging to a group and taking responsibility with the group should be established and their participation should be ensured.

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: Nuray Turan, Türkinaz Aştı; **Design:** Nuray Turan, Yeliz Çulha, Nur Güven Özdemir; **Control/Supervision:** Nuray Turan, Türkinaz Aştı; **Data Collection and/or Processing:** Yeliz Çulha, Nur Güven Özdemir, Gonca Ertaş, Dilek Kuvan, Gizem Gündüz, Yaren Yılmaz; **Analysis and/or Interpretation:** Nuray Turan, Yeliz Çulha, Türkinaz Aştı; **Literature Review:** Yeliz Çulha, Nur Güven Özdemir; **Writing the Article:** Nuray Turan, Yeliz Çulha, Nur Güven Özdemir; **Critical Review:** Nuray Turan, Türkinaz Aştı, Yeliz Çulha; **References and Findings:** Nuray Turan, Türkinaz Aştı, Yeliz Çulha, Nur Güven Özdemir.

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