

ORIGINAL ARTICLE / ORJİNAL MAKALE

Senior Baccalaureate Nursing Students' Experiences of Self-Compassion: A Qualitative Descriptive Study

Lisans Son Sınıf Hemşirelik Öğrencilerinin Öz Şefkat Deneyimleri: Tanımlayıcı Kalitatif Çalışma

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Received: 20.09.2022, **Accepted:** 29.10.2022

Abstract

Background: Self-compassion has been discussed in recent years as a concept that can facilitate compassionate care. However, little is known about the meaning of self-compassion and its place within nursing care for nursing students.

Objectives: The aim of the study was to explore the self-compassion experiences, perceptions of the importance of self-compassion in patient care, and barriers to self-compassion of senior baccalaureate nursing students.

Methods: This research constitutes a qualitative descriptive study. The data were analyzed using qualitative content analysis.

Results: Three themes emerged: (1) am I able to show compassion for myself as I show it for others?, (2) barriers to self-compassion, and (3) Improving self-compassion.

Conclusion: It was concluded that self-compassion is important for providing compassionate care from the perspective of senior baccalaureate nursing students. The findings suggest the necessity of integrating the concept of self-compassion into undergraduate education by being aware of any barriers to self-compassion.

Keywords: Care, Compassion, Nursing Students, Self-Compassion, Qualitative Research

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Cite This Article: Yüksel ÖS, Günüşen NP, İnce SÇ. Senior Baccalaureate Nursing Students' Experiences of Self-Compassion: A Qualitative Descriptive Study. *Journal of Nursing Effect*. 2023;16(4): 435-446

Journal of Nursing Effect published by Cetus Publishing.



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Öz

Giriş: Son yıllarda öz şefkat, şefkatli bakımı kolaylaştırabilecek bir kavram olarak tartışılmaktadır. Bununla birlikte, hemşirelik öğrencileri için öz şefkatin anlamı ve hemşirelik bakımındaki yeri hakkında çok az şey bilinmektedir.

Amaç: Araştırmanın amacı, hemşirelik son sınıf öğrencilerinin öz-şefkat deneyimlerini, hasta bakımında öz-şefkatin önemine ilişkin algularını ve öz şefkatin önündeki engelleri keşfetmektir.

Yöntem: Bu araştırma tanımlayıcı kalitatif bir çalışmadır. Veriler kalitatif içerik analizi kullanılarak analiz edilmiştir.

Bulgular: Analiz sonucunda üç tema ortaya çıkmıştır: (1) başkalarına gösterdiğim gibi kendime şefkat gösterebiliyor muyum?, (2) öz şefkatin önündeki engeller ve (3) öz şefkati geliştirmek.

Sonuç: Hemşirelik son sınıf öğrencilerinin bakış açısıyla öz-şefkatin şefkatli bakım sağlamada önemli olduğu sonucuna varılmıştır. Bulgular, öz şefkatin önündeki engellerin farkında olarak öz şefkat kavramının lisans eğitimine entegre edilmesinin gerekliliğini ortaya koymaktadır.

Anahtar Kelimeler: Bakım, Şefkat, Hemşirelik Öğrencileri, Öz Şefkat, Kalitatif Araştırma

INTRODUCTION

Newly qualified nurses encounter multiple work-related stressors over their first 12 months post qualifying. According to the results of the current study, nurses cannot rest effectively or meet their physical and emotional needs; thus, they suffer from fatigue, depression, and burnout (Halpin et al., 2017; Woo et al., 2020). Due to insufficient rest, nurses' health deteriorates, and thus the health system has to work with too few personnel. In such an environment, it seems unlikely that effective professional improvement can be achieved. Although self-care is a professional expectation in nursing in most countries, few have related strategies or policies (Docherty-Skippen et al., 2019; Mills et al., 2015). Like nurses, nursing students have difficulties

in regard to self-care and self-compassion (Slemon et al., 2021). The concept of compassion includes not only compassion for others, but also compassion for oneself (Neff & Germer, 2019). Self-compassion is defined as a person's being open to their emotions that cause pain and distress, displaying a caring and loving attitude towards themselves, being understanding of their inadequacies and failures, and accepting their negative experiences as a natural part of human life (Neff, 2003). In this context, self-compassion consists of the following three basic elements: (a) mindfulness, (b) common humanity, and (c) self-kindness (Neff, 2003; Neff & Germer, 2019). The concept of self-compassion can be perceived as putting the oxygen mask on ourselves first in order to save others (Durkin et al., 2016;

Egan et al., 2019). In the nursing literature, the concern is whether nurses can provide care as part of their intensely demanding roles without harming their own physical and mental health due to the intense emphasis on the provision of compassionate care to others (Egan et al., 2019).

According to the literature, there is a positive relationship between nursing students' mental health and their self-compassion (Kotera et al., 2021a, 2021b). In a study conducted with nursing and psychology students, it was determined that mindfulness, self-compassion, and psychological resilience are variables protecting people from burnout syndrome (Martínez-Rubio et al., 2021). A systematic review determined a correlation between high levels of self-compassion and low levels of anxiety and depression in young people aged 14–24 (Egan et al., 2021). Self-compassion has been shown to affect not only students' individual health, but also their caring behaviors and compassion competence positively (Alquwez et al., 2021). Nursing students should be self-compassionate if they are to provide compassionate care. Nurses' having self-compassion can also positively affect their relationship with the patient, the patient's family, and society (Kristoffersen & Friberg, 2015). Therefore, this concept should be concretized. Since nursing is a stressful profession, it is important for future nurses to be aware of their physical and psychological needs and for such needs to be met before they graduate (Mills et al., 2015; Mills & Chapman, 2016).

Although there is a growing interest in the literature in students' perceptions and practices of the concept of compassionate care, self-compassion is less investigated. Although self-compassion is adequately defined in the literature, the meaning of and barriers to self-compassion for nursing students and nursing

education are not known. Senior (final-year) baccalaureate students are the closest of all nursing students to becoming nurses. In the last year of their education, nursing students spend a long time in clinical nursing practice. Revealing senior baccalaureate nursing students' perceptions of and barriers to self-compassion can offer an in-depth insight into how self-compassion can be integrated into undergraduate nursing education. In addition, the results of the present study are expected to provide guidance for those establishing education policies or carrying out research related to education.

Aim

The aim of the study was to explore the self-compassion experiences, perceptions of the importance of self-compassion in patient care, and barriers to self-compassion of senior baccalaureate nursing students.

METHOD

Type of the Research

The study has a qualitative descriptive design. Qualitative descriptive research was considered appropriate to understand self-compassion, the importance of self-compassion in patient care, and barriers to self-compassion from the perspectives of senior baccalaureate nursing students.

The reporting of this study was based on the Consolidated Criteria for Reporting Qualitative Research Guidelines (COREQ), a guide to writing qualitative studies (Tong et al., 2007).

Place of the Research

The study was conducted at a nursing faculty of a university located in the west of Turkey between May 2021 and September 2021. Nursing students in the university receive four years of undergraduate nursing education. The nursing faculty where this study was carried out has an eight-semester (four-year) teaching

plan. The internship program is implemented in the last year of the course. The faculty has 1595 students, of whom 274 are senior baccalaureate students. The curriculum includes no strategies regarding students' self-compassion or self-care.

Universe/Sample of the Research

The purposive sampling method was used to determine the sample size of the study. The inclusion criteria for the study were as follows: volunteering to participate in the study, being a senior baccalaureate nursing student, and being able to speak and understand Turkish. The study had no exclusion criteria.

In qualitative studies, a sampling approach is used. In this method, data collection continues until the saturation point is reached or, in other words, when the concepts and processes that may be the answer to the research question begin to repeat (Bradshaw et al., 2017). The sample size of this study was determined by reaching the saturation point.

The sample of the study consisted of 20 senior baccalaureate nursing students. Their mean age was 23.70 ± 1.65 years. Twelve were women, and 10 perceived their income as medium. None was married or had children. The descriptive characteristics of the participants are given in Table 1.

Table 1. Sociodemographic Characteristics of Senior Nursing Students

Student No	Age	Gender	Income Status
S1	22	Male	Adequate
S2	27	Female	Middle
S3	22	Male	Adequate
S4	23	Female	Middle
S5	23	Female	Middle
S6	23	Female	Middle
S7	24	Female	Middle
S8	22	Female	Adequate
S9	25	Male	Adequate
S10	23	Male	Middle
S11	23	Female	Middle
S12	24	Female	Adequate
S13	24	Female	Adequate

Table 1. Sociodemographic Characteristics of Senior Nursing Students

S14	22	Female	Adequate
S15	23	Female	Adequate
S16	23	Male	Inadequate
S17	28	Male	Middle
S18	24	Male	Middle
S19	23	Female	Inadequate
S20	26	Male	Middle

*S: Student

Data Collection Instrument-Validity and Reliability Information

A "Personal Information Form", "Semi-structured Interview Form," and voice recorder were used to collect the study data.

The Personal Information Form prepared by the researchers was, based on the pertinent literature, designed to elicit participating nursing students' sociodemographic characteristics, such as age, sex, and marital status (Alquwez et al., 2021). The Semi-Structured Interview Form includes questions designed to better understand the students' perceptions of self-compassion, experiences of self-compassion, perceptions of the importance of self-compassion in patient care, and feelings and thoughts about barriers to self-compassion (Egan et al., 2021; Tierney et al., 2018). The questions included in the Semi-Structured Interview Form are given in Table 2.

Table 2. Semi-structured Interview Questions

- What does self-compassion mean to you?
- What do you think about your self-compassion?
- How do you treat yourself in clinical practice?
- What is the importance of self-compassion for nursing students?
- What role does self-compassion play in patient care?
- What are the things that prevent self-compassion?
- What are your suggestions for developing self-compassion?

After ethical approval, an announcement about the study was sent to the social media groups used by senior baccalaureate students. Details of the study were given to 274 students. Of the

students who agreed to participate in the study, those who met the inclusion criteria were listed in order of application date, and the interviews were conducted in that order. Since the sample size was determined by saturation point, it was decided that this was reached in the 20th interview. Interviews were conducted by a researcher who has no role in the education and training of the senior baccalaureate students. Due to the COVID-19 pandemic, interviews were conducted face-to-face with those who agreed to be interviewed in this way and online (distance education platform of the university, Google Meetings, Skype, etc.) with those who did not. Online interviews were conducted via the interview link sent to the students by the interviewer from the platform. Face-to-face interviews were conducted in a well-lit and well-ventilated, empty, closed interview room in the faculty building. The students were informed about the study. They were then told that a voice recorder would be used to record the interviews. The interviews were conducted by the first researcher using the in-depth interview method. The interviews took an average of 38 minutes and 33 seconds.

Data Analysis

In this study, the transcripts of interviews were analyzed using qualitative content analysis. It was thought that qualitative content analysis was appropriate to explore the phenomenon of self-compassion in nursing students from multiple perspectives. In order to develop descriptive knowledge and understanding of the phenomenon of self-compassion in nursing students, codes, categories, and themes were created by highlighting the relevant concepts. Content analysis takes place in three phases, namely preparation, organization, and reporting (Assarroudi et al., 2018), during each of which it follows certain steps. After the researchers, who

are experienced in and knowledgeable about qualitative research, collected the data from the sample chosen using the appropriate sampling method, the data were analyzed. All the recordings of the interviews were transcribed verbatim. In the first step, it was decided which parts of the explicit content (transcribed, visible data) and hidden content (the participant's gestures and reactions and the researcher's comments on the text) should be included in the analysis. The researchers read the transcripts of the interviews, which they transcribed independently of each other, several times in the light of the questions asked by the researcher (Who told?, What happened?, When did it happen?, Why did it happen?, etc.). After this phase, a formative categorization matrix consisting of new main categories or themes and subcategories or subthemes was developed by coding through an inductive approach. For the main themes, temporary codes were constructed. In the next step, the researchers met to discuss the codes and themes. These phases were repeated several times until consensus on the codes and themes was reached. Finally, the themes and sub-themes on which the researchers reached consensus in line with the purpose of the study were summarized and reported (Assarroudi et al., 2018).

Rigor and Reflectivity

In order to increase the rigor of the study, we utilized the principles of credibility and transferability, which ensure validity in qualitative studies, as well as the principles of dependability and confirmability, which ensure its reliability (Morse, 2015).

As soon as the data were collected, the interviewer summarized them and asked the participants for feedback as to whether the summaries were accurate. In order to ensure long-term interaction with the participants and better understand their

views, in-depth interviews were conducted. The researchers used the purposive sampling method. The environment and participants are presented in detail in the method section, while the adequacy of the data obtained to answer the research question is discussed in the results section. The researchers used the same voice recorder and interview form in all the interviews. After the researchers had created the codes independently of each other, they created a code list, compared the codes with those of the other researchers, and made revisions if deemed necessary. All the data collection tools, raw data, and data generated during analysis are kept confidential. Throughout the study, feedback was received from a person who is expert in qualitative research. All three researchers are female, psychiatric nurses, academicians in the same field, and experienced in qualitative methods. The first two researchers received training on self-compassion and believed in the importance of self-compassion practices in nursing. In order to prevent possible power relations and prejudices, a lecturer acquainted with the students but not responsible for their evaluation conducted the interviews.

Ethical Considerations

Before the study was conducted, ethics committee approval was obtained from the Non-Invasive Ethics Committee of the related university (decision number: 2021/14-21, decision date: May 06, 2021). Institutional permission was obtained from the institution where the study was to be conducted. Written and verbal consent was obtained from the participants. Participants were given numbers to preserve anonymity at every stage of the study. Nursing students' participation in the study was voluntary. The students were informed that their answers would be completely confidential and that what they

shared during the interview would not affect their educational processes in any way. In this study, Declaration of Helsinki Principles are followed, the nursing students were informed about this study. Study and publication ethics were complied with in this study.

RESULTS

Three themes emerged from the results of the analysis: (1) am I able to show compassion for myself as I show for others?, (2) barriers to self-compassion, and (3) improving self-compassion.

Theme 1. Am I able to show compassion for myself as I show it for others?

All the participants stated that they were compassionate when they approached a relative who was under stress or suffering from a difficult situation or emotional pain.

They stated that by empathizing with the distressed relatives, using a soft, sincere, calm, and warm tone of voice, they made them feel that they were near them and allowed them to feel their emotions. They also defined the compassionate approach as trying to understand the cause of the pain suffered by the patient's relative, trying to guide them, finding solutions, and helping them.

"First of all, I try to help... I ask them what kind of incident they confronted. I try to find out what's stressing them out. Then we look for solutions together, we try to solve it. If it is something that we cannot solve, I try to refer them to someone more competent... I speak in a softer tone of voice. I touch them, I get closer." (S2)

The participants stated that they showed compassion to relatives who suffered emotional pain, but that they did not show compassion for themselves when they suffered from a similar difficult situation or pain. They stated that they treated, criticized, judged, and blamed themselves more harshly. The students used a

loud, determined, hard, belligerent, and angry tone when they talked to themselves. They stated that they were not aware of or did not care about their own physical, emotional, and spiritual needs.

"... I always think it is all my fault. Sometimes I can't even imagine that the other party might be wrong. I speak to myself in an angry tone. When I make a mistake, I ask myself "how come you did that?" I shouldn't have done it. I insult myself like this." (S18)

In clinical practice, the participants stated that they most criticized themselves and failed to treat themselves self-compassionately when they felt inexperienced and inadequate while giving care to a patient suffering from pain or carrying out a task under the supervision of an instructor.

"I felt more inadequate in practice. Especially when patients react negatively, I think that I did something wrong, I can't do it, maybe this profession is not for me. At that time, I thought a lot that I could not do it. The things I said to myself affected me even more negatively. It made me feel inadequate." (S5)

Although the participants tried to show more compassion to others than to themselves in their clinical practice, they stated that they suffered from mental and physical fatigue when they tried to give compassionate care without being self-compassionate.

"After all, we always approach our patients with compassion, but when you treat all patients with compassion, you may begin to not be compassionate towards yourself. Maybe I can't even take time to eat for myself, or sometimes I can give water to the patient, but sometimes I don't even have time to drink water." (S4)

Theme 2. Barriers to self-compassion

The participants mentioned the barriers related to individual and nurse identity that make it

difficult to be self-compassionate. Two sub-themes were discussed under this theme.

Sub-theme 1. Individual barriers

Under this theme, the participants talked about individual barriers that prevented them from showing self-compassion. Among the barriers to self-compassion expressed by the participants were their personality traits and the existence of negative feelings and thoughts about themselves. Some stated that they had a perfectionist and ambitious personality, which prevented them from showing self-compassion.

"...in any event, the feeling that I should not do wrong can cause us to blame ourselves when we do wrong. I'm a perfectionist. The feeling that I shouldn't be disgraced by something, that I shouldn't be a bad person, makes me sad. It makes me worry too much and blame myself." (S8)

Some of the participants stated that their feelings of inadequacy, worthlessness, lack of self-confidence, unawareness of their own worth, and giving importance to the needs of others rather than to their own made it difficult for them to show self-compassion.

"When something goes wrong, I think hard about it, if I hadn't done that here, this event wouldn't have happened. So, if I weren't here, I blame myself, saying that nothing would have happened. That's why I don't have any self-respect. They always try to blame you when something goes wrong. I blame myself too. This creates a feeling of worthlessness." (S3)

Sub-theme 2. Barriers to nurse identity

The participants stated that while performing their profession in practice areas, undertaking a nurse's workload and prioritizing the needs of the patients prevent them from showing self-compassion. They also stated that replacing compassion with self-sacrifice to show that

nursing is a compassionate profession was a barrier for them to treat themselves with compassion.

"Because we, nurses, always think that it is other people, not us, who are in need, our self-compassion decreases. Always we help, we have to help, and we don't think we need any help." (S5)

"Nursing is a profession whose members always treat patients compassionately and are with the patient 24/7. It is a profession whose members display self-sacrifice and therefore give priority to the patient. So, this may be preventing us from showing compassion for ourselves." (S4)

Theme 3. Improving self-compassion

Students made suggestions to enhance self-compassion. The majority of the students emphasized that it is important to include training on self-compassion and to use training methods such as reflection.

"For example, we engage in reflection in classes right now. There are issues such as the analysis of the situation, how you feel, what happened, which made me think that this would be appropriate for self-compassion. Maybe questioning self-compassion here can raise awareness." (S13)

"I think teaching students collectively in a place like a conference hall will produce positive results. We should also perceive it as education. I think it should be added to the curriculum." (S1)

The participants stated that reducing the workload in their professional lives and establishing appropriate policies for self-compassion might enhance nursing students' self-compassion practices while performing their profession in the future.

"I think this can be achieved in unity and solidarity. If nurses are in unity and have institutional policies about self-compassion, their motivation will increase. They will have an environment where they can take care of themselves comfortably."

I think it could be achieved this way." (S3)

DISCUSSION

The results of the present study revealed nursing students' perceptions of self-compassion, their barriers to self-compassion, and their perceptions of the importance of self-compassion in patient care. These results are expected to provide guidance for nursing students to have self-compassion and self-care during their clinical practice and education and for the establishment of nursing policies on self-compassion and self-care.

In the present study, the students set expectations for themselves by creating an ideal nursing model (solving all kinds of problems, relieving aches and pains) and criticized themselves when they could not achieve their goals. In a study conducted with medical students, students stated that self-compassion entails remembering that they are human and thus accepting that they cannot solve problems that are difficult for everyone (Tierney et al., 2018). It seems especially important to address this view when considering self-compassion in nursing education. Self-compassionate educators' being a role model for students and developing self-kindness by reducing self-criticism not only contribute to students' learning experiences, but also make them more willing to spend time with patients compassionately.

Another result was that the participants felt that it was difficult for them to give compassionate care when they were not self-compassionate. Increasing self-compassion can be considered a key point in promoting compassionate care. Similarly, a study conducted in England stated that if nursing students are to provide compassionate care, they should be aware of their emotional needs and supported individually and institutionally (Curtis, 2014). Another study conducted with nurses concluded that self-compassion and self-care were necessary

if compassion was to be shown to others (Mills et al., 2018). In the literature, the effects of self-compassion on individual health have been investigated, but its relational aspect has been little examined. Although there is discussion in the literature of whether self-compassion facilitates compassion for others, the importance of the relationship between self-compassion and showing compassion to others in nursing cannot be overemphasized (Barratt, 2017; Sinclair et al., 2017). Future studies may focus on how nursing students can use self-compassion as a tool in providing compassionate care and how it can be integrated into education. The participants stated that the fact nursing was a compassionate profession created a barrier to self-compassion. This result may be due to the fact that they perceived compassion as self-sacrifice. Compassion in the care relationship enables the patient to open themselves up and the nurse to devote themselves and is thus a therapeutic tool for the establishment of a successful nurse–patient relationship (Ledoux, 2015). However, demonstrating compassion in practice is rather challenging. In clinics, students witness, during clinical routines, that nurses sacrifice themselves for their patients rather than display a healthy approach towards them. Nursing education, on the other hand, prioritizes the needs of patients and emphasizes the importance of unconditional love and compassion (Andrews et al., 2020). Kristoffersen and Friberg (2015) oppose a nursing profession motivated by values that express altruism, unconditional love, and compassion only for others. Instead, they emphasize that nurses should not only respect the sensitivity of patients with love and compassion, but also be sensitive to themselves and meet their own needs as doing so is an important part of creating a nursing identity. Self-compassion can be an important

element in maintaining compassionate care and strengthening the quality of patient care (Barratt, 2017; Hagerman et al., 2020). Nurse theorist Watson defines element of self-compassion as developing sensitivity to oneself and others (Watson, 2007). Based on these definitions, it can be concluded that there is no conflict between the concepts of compassion, self-compassion, and self-care. Nursing can prevent its members from suffering burnout by establishing a balance between their needs and the needs of others. It is recommended to develop self-compassion and self-care strategies in education curricula by adopting the values of self-compassion and self-care to improve students' self-sensitivity.

In the present study, the participants made suggestions on how to improve self-compassion. They stated that self-compassion could be improved through self-compassion training programs and reflection exercises. In a study conducted with medical students, the students stated that their education should include such topics as compassion and self-compassion (Tierney et al., 2018). Psychoeducational programs to improve self-compassion are available in the literature (Hagerman et al., 2020). Although students may not receive self-compassion as a course in their intensive nursing education, educators should take action to include self-compassion and self-care strategies in their educational curricula so that the students can apply them in practice. On the other hand, according to Mills (2019), it is essential to increase nursing students' self-care behaviors (healthy eating, increasing physical activity, etc.) to improve their health. The participants also stated that self-compassion should take its place in clinical applications via not only individual training but also institutional policies. This is an important point. Improving the working conditions of nurses is possible by establishing

policies at an institutional and a country level.

IMPLICATION FOR NURSING PRACTICE

Nursing students stated that their self-compassion was insufficient, and they criticized themselves in terms of performing clinical practice. They pointed out that they had difficulty in being compassionate to others without being compassionate towards themselves. They listed barriers related to both individual and nursing identity. The results of this study reveal that students should be aware of their self-compassion while providing compassionate care and should be supported by nursing educators to develop their self-compassion. In particular, the obstacles related to nursing identity in relation to students' self-compassion are remarkable. The students perceive compassionate care only as the care given to the patient. This study shows the necessity of considering compassionate care in undergraduate education as a concept that the students can apply to themselves as well as to the patient. It seems important for educators to emphasize the distinctions between self-sacrifice and compassion while they help students gain a professional identity during undergraduate education. Perhaps nurse educators should act as guides to nursing students so they gain awareness of self-compassion. It is considered that reflective learning methods would be useful to help students to handle their clinical difficulties with self-compassion. It is important to make self-compassion a part of an institutional culture in nursing education and health care institutions so that self-compassion can be embedded in future understanding of nursing.

Limitations

When the results of the present study are interpreted, its limitations should be taken into account. This study was carried out at an accredited nursing faculty located in the West

of Turkey, where nursing education is of high quality. Students studying in different universities may have different self-compassion experiences and perceptions. Due to the COVID-19 pandemic, some students were interviewed online. This may have affected the depth of the interviews. Moreover, it was difficult to follow the facial expressions of the participants in the face-to-face interviews as masks were worn. Although the lecturer who carried out the interviews was not responsible for education, her working as an educator at the institution may have affected the degree to which the students shared their thoughts in the interviews.

Acknowledgement

No conflict of interest has been declared by the author(s). This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. Study design: ÖSY, NPG, SÇİ; Data collection: ÖSY; Data analysis: NPG, SÇİ; Study supervision: ÖSY, NPG, SÇİ; Manuscript writing: ÖSY, SÇİ; Critical revisions for important intellectual content: NPG. Ethical approval to conduct the study was obtained from the Noninvasive Research Ethics Board of the related university (decision number: 2021/14-21, Decision date: May 06, 2021).

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