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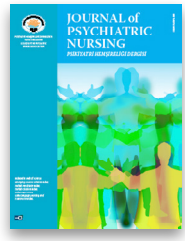

Original Article

Validity and reliability of the Turkish Version of the Healthy Family Parenting Inventory*

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Abstract

Objectives: The aim of this study was to investigate the validity and reliability of the Turkish version of the Healthy Families Parenting Inventory (HFPI) developed by Krysik and LeCroy.

Methods: This methodological study was carried out over the period April–May 2018 with 370 parents in Istanbul. The back-translation technique was employed in creating the Turkish language version of the inventory. In testing the validity of the scale, content and construct validity were examined. Content validity was assessed with the content validity index (CVI) after consultation with ten experts. Construct validity was assessed using confirmatory factor analysis (CFA). The scale's reliability was assessed by examining internal consistency and item-total correlations.

Results: The CVI of the scale based on the items was 0.80–1; this was found to be 95% on the basis of the overall scale. In the assessment of construct validity, the t-values of all items tested in the CFA displayed a value of 0.01, which was significant. The fit indices were found to be well matched and the scale had a nine-factor structure. The inventory's internal consistency was assessed with Cronbach's alpha coefficient and found to be 0.93. Cronbach's alpha values of the subscales ranged from 0.66 to 0.85.

Conclusion: The healthy families parenting inventory was found to be valid and reliable.

Keywords: Family health parenting inventory; reliability; validity.

What is known on this subject?

- In the relevant Turkish literature, there is no scale that evaluates parental characteristics and outcomes of home visitation programs for child abuse.

What is the contribution of this paper?

- The validity and reliability of the Healthy Families Parenting Inventory, developed by Judy Krysik and Craig LeCroy and originally in English, were found to be good.

What is its contribution to the practice?

- This inventory can be used in evaluating parental characteristics and the results of home visitation programs for child abuse.

Family is an important social unit in all societies. It is necessary for the family, the smallest social unit of all societies, to be healthy to raise healthy children.[1] In healthy families, family members complete their personality development; support each other; maintain their relationships within a framework of mutual trust, love, and honesty; respect each other's personal lives; and fulfill their roles.[1] However, in unhealthy families, deterioration occurs in all these dynamics. Problems in family structure most affect children and adolescents. It has been reported that illicit behaviors (aggression, carrying arms, alcohol, smoking and substance use, forming or joining a gang(s), committing physical violence, lying, theft, disregarding rules, etc.) are higher in adolescents from unhealthy families than those from healthy families.[2]

An unhealthy family structure is one of the most significant factors that increase the risk of child neglect and abuse.[3] It is known that 95% of abused children are abused by their parents.[4] In a study that examined news stories of child abuse reflected in the written media, 72% of the abusers were shown

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to be familiar persons in the immediate vicinity of the children.[5]

Child maltreatment, also referred to as child abuse and neglect by the World Health Organization (WHO), includes types of physical and emotional abuse, sexual harassment, neglect, and exploitation that actually or potentially harm the child's health, development, and/or dignity.[6]

According to a report by the WHO, one in four adults worldwide today was abused as a child. Child maltreatment has serious consequences. Every year, approximately 41,000 children under the age of 15 are murdered. The neglect and abuse of children leads to many physical, psychological, and social problems in the children of future generations. Studies have found that those who were neglected and abused as a child are more likely to be victims or perpetrators of violence, to be depressed and obese, to engage in high-risk sexual behaviors and unwanted pregnancies, and in harmful use of tobacco, drugs, and alcohol than those who were not.[6]

Studies examining the effects of physical abuse report that the rates of acceptance of violence and applying violence to others are significantly higher among those who have witnessed and experienced violence in the family than those who did not.[7,8] A study investigating the effects of witnessing violence in the family found that frequent nightmares, bed wetting, introversion, aggression towards mothers and other children, and becoming ill-tempered and crying were significantly more common among children aged 6–14 whose mothers were exposed to physical and sexual abuse.[9]

A multidisciplinary approach is needed to prevent child neglect and abuse. Nurses should raise sectoral and social awareness about the consequences of child neglect and abuse in terms of health and social life. Nurses are key to the protection and promotion of health, providing appropriate care, reaching individuals, families, and communities, counseling, and guidance. Nurses should evaluate the data on the frequency of child neglect and abuse, risk factors and health outcomes, the healthy and unhealthy parental characteristics of families, take precautions for at-risk groups, and develop evidence-based practices to prevent child maltreatment. The most important thing is prevention. The best way to prevent neglect and abuse is to conduct risk assessments and take the necessary measures. Nurses should conduct risk assessments using valid and reliable measurement tools in whatever environment (school, clinic, house, etc.) they encounter an at-risk family. The Healthy Family Parenting Inventory (HFPI), developed by Krysik and LeCroy (2012), can be used for this purpose. This inventory is used to assess parental characteristics and the results of home visitation programs for child abuse.

This study aims to adapt the HFPI for the Turkish context.

Materials and Method

The Type of Study

This is a methodological study.

Population and Sample of the Study

The population of the study consisted of the parents of students enrolled in a primary and a secondary school in Üsküdar, Istanbul. The study was conducted in April and May 2018. Eight hundred fifty parents of children in the two schools were invited to participate, 428 agreed and completed the data collection tools (participation rate=50.3%). Fifty-eight participants were excluded from the study because they did not fully complete the data collection tools. The data of 370 participants were analyzed. It is recommended that there should be at least five people per item for factor analysis.[10]

Data Collection Procedure and Tools

The data were collected using a sociodemographic characteristics form and the Turkish version of the HFPI. These tools were taken to their parents by the students.

Healthy Family Parenting Inventory (HFPI)

Developed by Krysik and LeCroy[11] (2012), this measure is composed of nine subscales with 63 items. The validity and reliability study of the original scale was conducted with 337 parents in the USA. The inventory, developed to measure the effectiveness of home visitation programs, provides an understanding of the risks of child neglect and abuse. It includes the subscales of social support, problem-solving, depression, personal care, mobilizing resources, role satisfaction, parent-child interaction, home environment, and parenting efficacy, and it approaches child abuse systematically and individual, familial and societal levels. The subscales can also be used independently of each other, and any problematic responses may be the subject of the next home visitation. The items are responded to on a 5-point Likert scale: 5="always or most of the time", 4="good part of the time – frequently", 3="some of the time – sometimes", 2="a little of the time – rarely", and 1="rarely or never." Items 12, 15, 16, 17, 18, 19, 31, 32, 33, 34, 35, 36, 37, 38, and 42 are reverse-scored. Questions 12, 15, 16, 18, 33, 34, and 37 are called "red flag questions" (see Table 1). These statements reveal alarming cases. Individuals who score 4 or 5 points on red flag questions must especially (urgently) be helped. Individuals and families who received lower scores than the total

Table 1. Red flag questions

Question 12	I feel sad.
Question 15	I feel unhappy about everything.
Question 16	I feel hopeless about the future.
Question 18	I have so many problems I feel overwhelmed by them.
Question 33	I feel trapped by all the things I have to do for my child.
Question 34	I feel drained dealing with my child.
Question 37	I feel frustrated because my whole life seems to revolve around my child.

score of the subscale should be evaluated in terms of the relevant subscale (Table 2). The whole-scale Cronbach's alpha value of the original HFPI is 0.86, and those of the subscales are: social support=0.84, problem-solving=0.92, depression=0.79, personal care=0.76, mobilizing resources=0.86, and the role satisfaction subscale=0.76. The parent-child interaction=0.87, home environment=0.84, and parenting efficacy=0.87.

Ethical Considerations

To conduct the adaptation of the HFPI into Turkish, permission was obtained through email from LeCroy, who developed the original scale. Approval was obtained from the Ethics Committee of a university (06.11.2017-219). Informed consent was obtained from the participants. After obtaining the approval of the administration of the schools where the study would be conducted, written permission was obtained from the Provincial Directorate of National Education.

Statistical Analysis

The content validity of the inventory was evaluated using the Content Validity Index (CVI); its internal consistency was assessed using Cronbach's alpha coefficients and split-half reliability. Item analyses were measured using Pearson Correlation Analysis, and construct validity was evaluated using confirmatory factor analysis (CFA). CFA was assessed using Lisrel 9.2.

Adaptation Process of the Inventory

Translation of the Inventory: The back-translation technique was used to translate the inventory from English to Turkish.

Validity: After the inventory was translated into Turkish, ten experts' opinions were obtained for the scope validity. The experts are all academics in the field of psychiatric nursing and public health nursing. They were asked whether each scale item measured healthy parental characteristics. They were asked to rate item answers between 1 and 4 (1=not appropriate, 2=needs to be improved, 3=appropriate but needs minor changes, and

Table 2. Scoring of the Healthy Family Parenting Inventory (HFPI)

SOCIAL SUPPORT	PROBLEM-SOLVING	DEPRESSION	PERSONAL CARE	MOBILIZING RESOURCES
1	6	**12 R.S.**	21	26
2	7	13	22	27
3	8	14	23	28
4	9	**15 R.S.**	24	29
5	10	**16 R.S.**	25	30
	11	17 R.S.		31 T.P.
		18 R.S.		
		19 R.S.		
		20		
If the total score is 17 or lower, it is concerning.	If the total score is 19 or lower, it is concerning.	If the total score is 33 or lower, it is concerning.	If the total score is 16 or lower, it is concerning.	If the total score is 18 or lower, it is concerning.
ROLE SATISFACTION	**PARENT-CHILD INTERACTION**	**HOME ENVIRONMENT**	**PARENTING EFFICACY**	R.S.: Items to be reverse scored.
32 R.S.	38 R.S.	48	58	If the scores given for the items in bold are 4 or 5, it is concerning.
33 R.S.	39	49	59	
34 R.S.	40	50	60	
35 R.S.	41	51	61	
36 R.S.	42 R.S.	52	62	
37 R.S.	43	53	63	
	44	54		If the total score of the subscale is lower than the one indicated below, it is a sign of risk for the individual and their family for that subscale area, and studies should proceed accordingly.
	45	55		
	46	56		
	47	57		
If the total score is 21 or lower, it is concerning.	If the total score is 40 or lower, it is concerning.	If the total score is 33 or lower, it is concerning.	If the total score is 22 or lower, it is concerning.	

Table 3. Sociodemographic characteristics of parents

	n	%
Participating parent		
Mother	239	64.6
Father	131	35.4
Marital status		
Married	360	97.3
Single	10	2.7
Educational status of the parents		
Primary school	158	42.7
High school	121	32.7
University graduate and higher	91	24.6
Perceived economic status		
Bad	28	7.6
Moderate	298	80.5
Good	44	11.9
Employment status of the parents		
Working	177	47.8
Not working (unemployed)	18	4.9
Not working (retired)	8	2.2
Housewife	167	45.1

4=very appropriate). The scope validity index was calculated at item level and scale level. Scope validity is calculated by dividing the number of experts who gave 3 or 4 points to any item by the total number of experts. The CVI for the entire inventory is the arithmetical mean of the CVI at the item level. Lynn (1986) recommends that ten experts be consulted.[12]

After the content validity analysis was performed, the factor structure of the inventory was evaluated using CVA for construct validity.

Reliability: The reliability of the inventory was evaluated using item analysis and internal consistency.

Results

Sociodemographic Characteristics of the Participants

The participants were 64.6% mothers and 97.3% married; 42.7% had completed primary school and their mean age was 38.6±5.6 years; 80.5% perceived their economic situation as moderate and 47.8% of them worked. The mean number of children was 2.4±0.8 (Table 3).

Language Adaptation of the Inventory

The back-translation technique was used for the language adaptation of the inventory. An instructor of English who is expert in the English and Turkish languages and cultures translated the inventory from English to Turkish. Later, the Turkish translation was translated back into English by another linguist who is also expert in both Turkish and English and in their cul-

Table 4. Confirmatory factor analysis indices

Fit indices	Significance*	Result
χ^2/Degree of Freedom	<5=Acceptable fit	
	<3=Perfect fit	4148.42/1854=2.23
p-value	p<0.05=no fit	
	p>0.05=perfect fit	0.00
Goodness of Fit Index (GFI)	>0.90 good fit	
	>0.95 perfect fit	0.73
Adjusted Goodness of Fit Index (AGFI)	>0.90 good fit	
	>0.95 perfect fit	0.71
Comparative Fit Index (CFI)	>0.90 good fit	
	>0.95 perfect fit	0.94
Non-Normed Fit Index (NNFI)	>0.90 good fit	
	>0.95 perfect fit	0.93
Root Mean Square Residual (RMR)	<0.10 poor fit	
	<0.08 good fit	
	<0.05 perfect fit	0.077
Standardized Root Mean Square Residual (SRMR)	<0.10 poor fit	
	<0.08 good fit	
	<0.05 perfect fit	0.068
Root Mean Square Error of Approximation (RMSA)	<0.10 poor fit	
	<0.08 good fit	
	<0.05 perfect fit	0.060

Source: Çoklu Ö, Şekercioğlu G, Büyüköztürk Ş (2012). Sosyal Bilimler İçin Çok Değişkenli İstatistik: SPSS ve Lisrel Uygulamaları, 2 Baskı, Pegem yayınları, Ankara.

tures. The back-translated version of the inventory was sent to Craig LeCroy to evaluate and approve for its compliance.

Results on the Validity of the Scale

Content Validity

After the first expert opinion was obtained, the CVI of the inventory's items was found to range between .70 and 1. Items 3 and 24, which were scored below 0.80, were rearranged in accordance with the experts' recommendations and the experts were asked to rescore them. Following the second evaluation, the CVI of the items was found to range from 0.80 to 1. The CVI of the entire inventory was found to be 95%.

Construct Validity

As a result of CFA, the t-values of all items were found to be significant at the 0.01 level. The error variance of the items ranged between 0.41 and 0.97. The fit indices showed good fit and confirmed the inventory's nine-factor structure (Table 4).

Results on the Reliability of the Inventory

Item-Total Correlation

The total-item correlations of the inventory were over 0.20, with the exception of item 42, whose item-total correlation was 0.12. The item subscale correlations were 0.42–0.60 for the social support subfactor, 0.34–0.64 for the problem-solving subfactor, 0.32–0.68 for the depression subfactor, 0.44–0.62 for the personal care subfactor, 0.24–0.67 for the mobilizing resources subfactor, 0.44–0.72 for the role satisfaction subfactor, 0.16–0.46 for the parent-child interaction subfactor, 0.38–0.57 for the home environment subfactor, and 0.42–0.66 for the parenting efficacy subfactor (Table 5).

Internal Consistency

The Cronbach's alpha coefficient of the inventory was found to be 0.93. The Cronbach's alpha values of the subscales were 0.73 for the social support subscale, 0.77 for the problem-solving subscale, 0.85 for the depression subscale, 0.77 for the personal care subscale, 0.76 for the mobilizing resources subscale, 0.81 for the role satisfaction subscale, 0.66 for the parent-child interaction subscale, 0.78 for the home environment subscale, and 0.79 in the parenting efficacy subscale (Table 5). Split-half testing showed that the Cronbach's alpha value of the first half was 0.91 and that of the second half was 0.87. In addition, the correlation between the two halves was found to be 0.71.

Table 5. Results of reliability analysis of Health Family Parenting Inventory

Subscales	Inventory items	X	SD	r	rI
Social support	1. I feel supported by others.	3.01	1.22	0.23	0.42
α=0.73	2. I feel that others care about me.	3.81	1.03	0.41	0.54
	3. I share my feelings with someone.	3.53	1.15	0.37	0.46
	4. If I have trouble, I feel there is always someone I can turn to for help.	4.17	1.15	0.49	0.60
	5. I have family or friends who I can turn to for help.	4.46	0.99	0.45	0.48
Problem-solving	6. I learn new ways of doing things from solving problems.	3.90	0.99	0.44	0.50
α=0.77	7. I deal with setbacks without getting discouraged.	4.19	0.91	0.38	0.55
	8. When I have a problem, I take steps to solve it.	4.31	0.89	0.37	0.52
	9. When I am faced with a problem, I can think of several solutions.	4.15	0.94	0.48	0.64
	10. I am good at dealing with unexpected problems.	3.84	1.02	0.41	0.57
	11. I remain calm when new problems come up.	3.36	1.17	0.33	0.34
Depression	12. I feel sad.	3.37	0.96	0.41	0.50
α=0.85	13. I feel positive about myself.	4.02	1.09	0.43	0.32
	14. The future looks positive for me.	3.77	1.15	0.56	0.58
	15. I feel unhappy about everything.	4.03	1.01	0.46	0.64
	16. I feel hopeless about the future.	4.25	1.05	0.50	0.68
	17. There isn't much happiness in my life.	4.13	1.13	0.44	0.65
	18. I have so many problems I feel overwhelmed by them.	4.05	1.11	0.53	0.68
	19. It is hard for me to get in a good mood.	3.98	10.3	0.47	0.59
	20. My life is fulfilling and meaningful.	3.80	1.08	0.63	0.56
Personal care	21. I find ways to care for myself.	3.75	1.09	0.63	0.57
α=0.77	22. I take care of my appearance.	4.07	0.94	0.47	0.54
	23. I get enough sleep.	3.65	1.12	0.40	0.44
	24. I am a good parent because I take care of myself.	4.07	0.91	0.56	0.62
	25. I take time for myself.	3.40	1.10	0.55	0.59

Table 5. Results of reliability analysis of Health Family Parenting Inventory *(continuation)*

Subscales	Inventory items	X	SD	r	r1
Mobilizing resources	26. I know where to find resources for my family.	4.15	1.01	0.54	0.53
α=0.76	27. I know where to find important medical information.	4.27	0.96	0.51	0.50
	28. I can get help from my community if I need it.	3.89	1.22	0.52	0.63
	29. I am comfortable finding the help I need.	4.04	1.09	0.60	0.67
	30. I know community agencies I can go to for help.	3.87	1.26	0.46	0.53
	31. It is hard for me to ask for help from others.	3.05	1.34	0.26	0.24
Role satisfaction	32. Because I'm a parent, I've had to give up much of my life.	3.04	1.23	0.29	0.43
α=0.81	33. I feel trapped by all the things I have to do for my child.	4.06	1.15	0.46	0.69
	34. I feel drained dealing with my child.	4.01	1.15	0.43	0.72
	35. There are times my child gets on my nerves.	3.04	0.93	0.29	0.44
	36. I feel controlled by all the things I have to do as a parent.	4.09	1.12	0.46	0.67
	37. I feel frustrated because my whole life seems to revolve around my child.	4.44	0.88	0.36	0.48
Parent-child	38. I have a hard time managing my child.	4.13	0.94	0.46	0.36
interaction	39. I can be patient with my child.	3.91	1.01	0.37	0.34
α=0.66	40. I respond quickly to my child's needs.	4.15	0.91	0.47	0.42
	41. I do activities that help my child grow and develop.	3.69	0.99	0.57	0.40
	42. When my child is upset, I'm not sure what to do.	3.47	1.23	0.12	0.16
	43. I use positive words to encourage my child.	4.42	0.74	0.36	0.42
	44. I can tell what my child wants.	4.37	0.76	0.35	0.37
	45. I am able to increase my child's good behavior.	2.28	0.82	0.44	0.46
	46. I remain calm when my child is upset.	3.65	1.17	0.26	0.26
	47. I praise my child every day.	3.21	1.10	0.21	0.19
Home environment	48. My child has favorite things to comfort him/her.	3.78	1.08	0.38	0.40
α=0.78	49. I read to my child.	2.64	1.14	0.25	0.38
	50. I plan and do a variety of activities with my child every day.	2.92	0.99	0.46	0.46
	51. I have made my home exciting and fun for my child.	2.94	1.20	0.43	0.56
	52. I have organized my home for raising a child.	3.66	1.32	0.50	0.57
	53. I check my home for safety.	4.61	0.68	0.42	0.39
	54. My child has a schedule for eating and sleeping in my home.	4.38	0.95	0.37	0.41
	55. I set limits for my child consistently.	4.10	0.95	0.37	0.38
	56. I make plans for our family to do things together.	4.05	0.94	0.45	0.46
	57. I set rules for behavior in my home.	3.82	0.97	0.37	0.44
Parenting efficacy	58. I feel I'm doing an excellent job as a parent.	3.74	0.95	0.43	0.59
α=0.79	59. I am proud of myself as a parent.	3.77	1.07	0.47	0.54
	60. I am more effective than most parents.	3.69	1.01	0.47	0.61
	61. I have set goals about how I want to raise my child.	3.98	1.02	0.42	0.49
	62. I am a good example to other parents.	3.73	1.03	0.47	0.66
	63. I learn new parenting skills and use them with my child.	3.50	1.15	0.38	0.42

r = item total scale score correlation. r1 = item subscale score correlation.

Discussion

To use scales that were developed in a different language and culture as a data collection tool, they should be adapted to the Turkish language and culture. After the language adaptation of a scale, its reliability and validity for the relevant society should be evaluated. In this study, the validity of the HFPI was evaluated using content validity and CFS, and its reliability was evaluated with item-total correlation and internal consistency.

Validity: Validity is defined as the ability of a measuring instrument to measure the desired property. In other words, validity means the appropriateness, relevance, and usefulness of test/scale scores.[10] In this study, the content validity and construct validity were used to evaluate the validity of the inventory.

The content validity of the scale was assessed with the scope validity index based on the opinions of ten experts. When item 3 of the scale was sent to the experts for evaluation, it was in the form "I discuss my feelings with someone." Based

on the experts' opinions, this item was changed to "I share my feelings with someone." Item 24 of the scale was "I am a better parent because I take care of myself." This item was amended to "I'm a good parent because I take care of myself" based on the experts' opinions. As a result of the content validity assessment, it was concluded that the inventory items were suitable for Turkish culture and reflected healthy/unhealthy parental characteristics.

Factor analysis results confirmed the nine-factor structure of original form of the inventory and the fit indices showed good fit. There is more than one index of fit in the literature. The first of these is χ^2/degree of freedom. A value below 3 indicates a perfect fit. The value obtained in this study is 2.23, which shows perfect fit.[13] Apart from this value, many goodness of fit statistics have been developed. The most commonly used of these are Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Comparative Fit Index (CFI), Mean Square Root Mean Error (Root Mean) Square Error of Approximation (RMSA) is the Root Mean Square Residual (RMR), and the Standardized Root Mean Square Residual (SRMR). A value over than 0.90 in GFI, AGFI, and CFI indicates acceptable fit. A value below 0.05 in RMSA, RMR, and SRMR shows a good fit value, and a value below 0.08 indicates acceptable fit value. There is no consensus in the literature on which of these indices should be used.[14] GFI and AGFI have been developed as an alternative to χ^2 to evaluate model fit independently of sample size. In this study, the fact that GFI and AGFI were below 0.90 does not indicate that the scale does not confirm the nine-factor structure as χ^2/degree of freedom shows perfect fit. CFI, another fit index, was 0.94, confirming the nine-factor structure of the scale. In this study, RMSA, RMR, and SRMR compliance indices were found to be 0.080, which indicates good fit. Considering all this, these results confirm the original nine-factor structure of the inventory.[13]

Reliability: The concept of reliability is defined as the ability of the items of a measurement tool to accurately measure the conceptual structure, obtaining the same results when the measurement tool is used at different times. It is shown by the consistency of the results of a measurement tool with those of other tools that measure the same conceptual structure, and the fact that the results of a measurement tool obtained by different researchers are similar.[10] In this study, the reliability of the HFPI was evaluated using item-total correlation and internal consistency.

Item-total correlation is used to determine the relationships and consistency between items.[10] It is recommended that items lower than 0.20 be removed from the scale.[15] In this study, the item-total correlation of all items was found to be higher than 0.20, with the exception of item 42. The item-total correlation of item 42 ("When my child is upset, I'm not sure what to do") was found to be 0.12. Item subscale correlation analysis results ranged from 0.16 to 0.72. The item subscale correlation of parent-child interaction, which includes item 42, was 0.16, and it was not excluded from the inventory in order not to damage the original construct of the scale.

Another criterion that assesses the reliability of a scale is its internal consistency. Consistency refers to general agreement between multiple items of a conceptual structure and the degree to which respondents give consistent and meaningful answers to scale items.[10] A Cronbach's alpha value of 0.70 and over is considered acceptable in the literature.[16] The Cronbach's alpha of the HFPI is 0.93, which indicates that it is highly reliable, and the values for the subscales ranged from 0.66 to 0.85. The Cronbach's alpha values of the original scale ranged from 0.76 to 0.92.

The results of validity and reliability assessment of the HFPI, developed by Judy Krysik Craig LeCroy and originally written in English, were found to be good. Therefore, it can be used in evaluating parental characteristics and the results of home visitation programs for child abuse.

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Authorship contributions: Concept – Ö.Ç., H.K.; Design – Ö.Ç., H.K.; Supervision – Ö.Ç., H.K.; Fundings - Ö.Ç., H.K.; Materials – Ö.Ç., H.K.; Data collection &/or processing – Ö.Ç., H.K.; Analysis and/or interpretation – Ö.Ç., H.K.; Literature search – Ö.Ç., H.K.; Writing – Ö.Ç., H.K.; Critical review – Ö.Ç., H.K.

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