

EXAMINATION OF SOCIAL SUPPORT, BURNOUT, AND HOPELESSNESS LEVELS PERCEIVED BY MOTHERS WITH CHILDREN IN NEED OF SPECIAL EDUCATION IN TERMS OF SOCIODEMOGRAPHIC CHARACTERISTICS: A CROSS-SECTIONAL STUDY FROM A RURAL REGION OF TURKEY

ÖZEL EĞİTİM İHTİYACI OLAN ÇOCUĞA SAHİP ANNELERİN ALGILADIKLARI SOSYAL DESTEK, TÜKENMİŞLİK VE UMUTSUZLUK DÜZEYLERİNİN SOSYODEMOGRAFİK ÖZELLİKLER BAKIMINDAN İNCELENMESİ: TÜRKİYE’NİN KIRSAL BÖLGESİNDEN KESİTSEL BİR ÇALIŞMA

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ABSTRACT

This study aimed to examine the perceived social support, burnout, and hopelessness levels among mothers with children with special educational needs in terms of socio-demographic characteristics. In this descriptive study, the target population was mothers of children with special educational needs residing in rural areas of Hakkari Province, located in the Eastern Anatolia Region of Turkey. The study data was collected using the Personal Information Form, Multidimensional Perceived Social Support Scale, Maslach Burnout Scale, and Beck Hopelessness Scale. The study included 95 voluntary participants, who were generally from low socioeconomic backgrounds and had low levels of education and income. According to the results of the study; As the education level increases, the perceived family and friend support of the mother increases. It has been observed that the perceived special human support of a civil servant mother is higher than that of a mother working in the private sector. It was determined that mothers with extended family type had higher perceived social support and lower burnout levels compared to mothers with nuclear and split family types. It was determined that the burnout levels of mothers with mentally retarded children were higher than those of mothers with physically disabled children. As a result, it was determined that as the social support perceived by the mothers increased, the level of burnout decreased, and as the burnout decreased, the hopelessness decreased. In line with this result, it was determined that social support is an important parameter in the prevention of burnout and hopelessness in mothers with children in need of special education.

Keywords: Mother, Child with Special Needs, Social Support, Burnout, Hopelessness

ÖZET

Bu araştırma, özel eğitim ihtiyacı olan çocuklara sahip annelerin algıladıkları sosyal destek, tükenmişlik ve umutsuzluk düzeylerinin sosyo-demografik özellikler bakımından incelenmesini amaçlamıştır. Tanımlayıcı tipte tasarlanmış olan bu çalışmada hedef nüfus, Türkiye'nin Doğu Anadolu Bölgesinde yer alan Hakkari İli'nin kırsal kesimlerinde ikamet eden, özel eğitim ihtiyacı olan çocuğa sahip annelerdir. Araştırma verilerini toplamak amacıyla; Kişisel Bilgi Formu, Çok Boyutlu Algılanan Sosyal Destek Ölçeği, Maslach Tükenmişlik Ölçeği ve Beck Umutsuzluk Ölçeği kullanılmıştır. Araştırma, 95 annenin gönüllü katılımı ile tamamlanmıştır. Araştırma kapsamında görüşme yapılan annelerin büyük çoğunluğunun eğitim ve gelir düzeyinin düşük olduğu belirlenmiştir. Çalışma sonuçlarına göre; eğitim düzeyi arttıkça annenin algıladığı aile desteği ve arkadaş desteği artmaktadır. Memur olan bir annenin özel sektörde çalışan bir anneye oranla algıladığı özel insan desteğinin daha yüksek olduğu görülmüştür. Geniş aile tipine sahip annelerin, çekirdek ve parçalanmış aile tipine sahip annelere oranla algıladıkları sosyal desteğin daha yüksek, tükenmişlik düzeyinin daha düşük olduğu belirlenmiştir. Zihinsel engeli çocuğa sahip annelerin de fiziksel engeli çocuğa sahip annelere oranla tükenmişlik düzeyinin daha yüksek olduğu belirlenmiştir. Sonuç olarak, annelerin algıladığı sosyal destek arttıkça tükenmişlik düzeyinin azaldığı ve tükenmişlik azaldıkça umutsuzluğun da azaldığı saptanmıştır. Bu sonuç doğrultusunda özel eğitim ihtiyacı olan çocuğa sahip anneler için, sosyal desteğin tükenmişlik ve umutsuzluğu önlemede önemli bir parametre olduğu belirlenmiştir.

Anahtar Kelimeler: Anne, Özel Gereksinimli Çocuk, Sosyal Destek, Tükenmişlik, Umutsuzluk

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INTRODUCTION

When parents anticipate having a child, they typically envision a healthy and uncomplicated childbirth process. However, the arrival of a newborn also brings about additional responsibilities for the family, especially for mothers as primary caregivers who may experience various difficulties (Arıcıoğlu and Gültekin, 2017), such as postpartum depression, hormonal changes, the dependence of the baby on the mother, and the constant need for breastfeeding and care (Ersoy and Buluş, 2019).

If the child is with special needs is diagnosed, such as mental disability, learning disability, emotional behaviour disorder, hearing impairment, visual impairment, communication disorder, or physical disability, parents may experience significant changes to their hopes and expectations, leading to emotional states such as anxiety, worry, guilt, and fear of exclusion (Eripek, 1996). Previous studies have shown that parents of disabled children often experience negative emotions, including shock, denial, rejection, sadness, embarrassment (Güven, 2003), as well as anger, guilt, and depression (Akmanış, 2010; Coşkun, 2009). Additionally, mothers of children with developmental disabilities are at higher risk of experiencing depression and burnout (Ceylan and Aral 2007).

It is a common characteristic of traditional family structures to assign mothers roles related to housework and childcare, while fathers are expected to provide financial support and care for the family (Ersoy and Buluş, 2019). According to Herken et al. (2000), when children have special educational needs, the mother is more likely to bear the primary caregiving responsibilities, which can lead to increased stress and anxiety.

To clarify the issue at hand, it is important to emphasize the basic concepts of the study, namely "burnout," "hopelessness," and "perceived social support." Burnout is a state of constant physical and mental exhaustion (Kristensen et al., 2005; Burisch, 2006). Burnout is characterized as a state of constant physical and mental exhaustion (Kristensen et al., 2005; Burisch, 2006), resulting from the individual's inability to cope with the demands they face in any field. This can lead to feelings of sadness, fatigue, and exhaustion, which persist over time. Notably, mothers who lack knowledge on how to manage stressful situations are particularly vulnerable to burnout (Çınar, 2016), which can lead to feelings of loneliness and hopelessness, as the mother may feel more unsupported in their struggles. Mothers experiencing burnout and hopelessness expect support from their environment (Akandere, 2009). The mother may feel lonely over time and may need the attention of those around her. In order for the mother not to feel alone and to cope with the situation she is in, it is important that she receive support both within the family and from various institutions. A mother with a special needs child may receive social support from professional people or institutions, as well as from her spouse, family and friends (Siklos and Kerns, 2006).

Social support refers to the material and moral assistance provided by the people (including spouse, family, and friends) around an individual who is facing stress (Eker, Arkar, and Yıldız 2001). It is essential for the mother to feel supported by their social network.

Perceived social support, on the other hand, is an individual's subjective assessment of the reliability of their relationships, how valued they feel by others, and the presence of people who are willing to provide assistance when needed (Ediz and Kavak Budak, 2023; Schaefer et al., 1981). Studies examining perceived social support have mostly focused on parents who have children with developmental delays, special education needs, special learning difficulties, hearing impairments, special needs, and mostly physically or mentally handicapped children (Bora and Özkardeş, 2021).

Therefore, it is necessary to conduct research that explores the needs of mothers with children who have special educational needs in rural areas. The findings from this study can contribute to identifying measures that meet the needs of these mothers and their children.

This study aimed to investigate the levels of perceived social support, burnout, and hopelessness among mothers with children with special educational needs in terms of their socio-demographic characteristics.

MATERIAL AND METHOD

Type of Study, Population and Sample Selection

In this descriptive study, the target population is mothers with children with special educational needs residing in rural areas of Hakkari Province, located in the Eastern Anatolia Region of Turkey. The calculation (d-value) method developed by Cohen was used to calculate the effect size to be used in determining the sample size to be included in the study. In order to determine the d value, which is the

effect size index, the findings of the study reported by Karadağ G. in 2009, in which the difficulties experienced by mothers with children in need of special education and the level of social support and hopelessness perceived from the family were investigated, were used (Karadağ, 2009). Using the findings of this study, we predicted an effect size of $d=0.351$ for the minimum level of relationship between mothers' perceived social support and hopelessness levels. In this context, it was determined that the sample should be 93 participants in total with the help of the G-power (version 3.1.9) package programme with $d=0.351$, 95% confidence level ($1-\alpha$), 95% test power ($1-\beta$) for the Pearson correlation test (t-test group) in which the relationship between two measurement levels will be measured. 107 mothers participated in the study. 12 mothers who did not meet the inclusion criteria were excluded from the study. The study was completed with the participation of 95 mothers.

Data Collection Forms

The Personal Information Form, Multidimensional Scale of Perceived Social Support (MSPSS), Maslach Burnout Scale (MBS), and Beck Hopelessness Scale (BHS) were used to collect study data.

The personal information form: This form, which was prepared based on the literature, consists of 10 questions about age, educational level, occupation, type of family, income status, place of living, child's gender, child's age, child's disability status and duration of your child's stay in a rehabilitation centre to determine demographic characteristics (Tunç and Özkardaş, 2020).

Multidimensional Scale of Perceived Social Support (MSPSS): The MSPSS developed by Zimet et al. (1988) was adapted into Turkish by Eker and Arkar (1995). The MSPSS, which was later reviewed by Eker, Arkar, and Yıldız (2001), is used to evaluate the adequacy of social support from three different sources: family, a special person, and friend relationships. The scale is answered subjectively and consists of 12 items. Each item is answered with a 7-point Likert-type rating. Each item on the scale is rated between Absolutely No = 1 and Definitely Yes = 7. The high total score obtained by adding the scores from the subscales indicates high perceived social support (Eker, Arkar and Yıldız, 2001). The Cronbach Alpha value of the scale was between 0.80 and 0.95. In this study, the Cronbach Alpha value of the scale was found to be .082.

Maslach Burnout Scale (MBS): The MBS, developed by Maslach and Jackson (1981), consists of 22 items and evaluates burnout in three dimensions. There are 9 items in the dimension of emotional burnout, 8 items in the dimension of personal achievement, and 5 items in the dimension of depersonalization. The validity of the Turkish form of the Maslach Burnout Scale was determined by Ergin (1992) by examining the factor structure, and it was determined that the three factors in the original form of the scale were also valid for the Turkish form. Responses range from 1 = Strongly Disagree to 5 = Strongly Agree. Scale and sub-dimension scores are found by summing the scores of the answers. The Cronbach Alpha value for the entire test calculated for this study was found to be .85.

The Beck Hopelessness Scale (BHS): It was developed by Beck et al. in 1974 with the help of clinicians using Heimber's Fear of the Future scale. Later, Seber, Dilbaz, Kaptanoğlu, and Tekin (1993) conducted reliability studies. It is a measurement tool prepared to be applied to adolescents and adults in order to measure the negative expectations of the individual for the future. It is a scale consisting of 20 items and scored between 0-1. While scoring the scale, the "yes" option in 11 of the items and the "no" option in 9 of the items get 1 point. 1 point is given for 'no' in questions 1,3,5,6,8,10,13,15 and 19; 1 point is given for 'yes' in questions 2,4,7,9,11,11,12,14,16,17,18 and 20. The score range is 0-20. High scores indicate hopelessness and low scores indicate hope. The items that make up the scale are examined in three sub-dimensions. In the scale, feelings about the future consist of items 1, 6, 13, 15, 19, loss of motivation consists of items 2, 3, 9, 11, 12, 16, 17, 20, and expectations about the future consist of items 4, 7, 8, 14, and 18. Later, a comprehensive study of the validity, reliability, and structure of this scale was carried out by Durak (1994). Dilbaz, Kaptanoğlu, and Tekin (1993) found that the Cronbach alpha coefficient was .86, the item-total score correlations ranged between .07 and .72, and the test-retest reliability was .74 in university students. In this study, the Cronbach Alpha value of the scale was found to be 0.74.

Data collection

Ethical approval to conduct the study was obtained from the Ethics Committee for Scientific Research and Publication of a State University (dated 17.05.2022 and decision number 28678). Afterward, institutional permission was obtained from the rehabilitation institutions where the children were

educated in order to reach the mothers of the children with special education needs. Through the institution, mothers were invited to study. The study data were collected from the mothers who agreed to participate in the study by face-to-face interview method in line with the principle of voluntariness after the mothers invited for the study were informed about the purpose and method of the study in the institutional setting (The first part of the form includes information about the purpose of the study, that it will take about 20 minutes to complete, that answering the questions is optional, that they can stop completing the form at any time, that all personal information will be kept confidential, and that completing the questionnaire means that they are giving their consent to take part in the study voluntarily). Questionnaire questions for mothers, most of whom were illiterate, were read by the researcher and processed in the questionnaires in line with the answers given by the mothers. The study data were collected between 15.06.2022 and 15.08.2022.

Inclusion criteria: Mothers with children aged 0-18 years with special educational needs (such as mental disability, learning disability, emotional behavior disorder, hearing impairment, visual impairment, communication disorder, or physical disability) and those who agreed to participate in the study.

Exclusion criteria: Those who fill in the data collection tools incompletely and those who were not willing to participate in this study were excluded.

Analysis of Study Data

The study data were analyzed using SPSS (Statistical Package for the Social Sciences) 22.0 package program. Shapiro-Wilk and Kolmogorov-Smirnov tests, skewness, and kurtosis values were used to determine whether the study data conformed to the normal distribution. Then, descriptive analysis was performed, and the number of units (n), percent (%), arithmetic mean (\pm) and standard deviation (ss) values were calculated within the scope of descriptive statistics. Comparisons between groups were made using an independent sample t-test for comparison of two groups, and an ANOVA test for comparison of more than two groups. One-way correlation analysis was applied to determine the relationship between the Multidimensional Scale of Perceived Social Support, the Maslach Burnout Scale, and the Beck Hopelessness Scale. The p value of <0.05 was considered statistically significant in the study.

Ethical Aspect of the study:

Ethics committee approval was obtained from Hakkari University Scientific Research and Publication Ethics Committee (dated 17.05.2022 and decision number 28678) to carry out the study. Participants were informed about the study by the researchers, and verbal and written consent was obtained from the participants according to the principle of voluntary participation. The principles of the Declaration of Helsinki were followed during the research.

RESULT

42.1% of the mothers participating in the study are aged 31-40 years, 46.2% are illiterate, 89.5% are housewives, 66.3% have a nuclear family, 50.1% have an income below their expenses, 65.2% live in villages, 53.2% have boys, 49.5% have children aged 6-10 years, 42.2% have physically handicapped children and 30.5% have children who have been in a rehabilitation centre for 2-3 years (Table 1).

Table 1. Demographic Characteristics of the Mothers Participating in the Study

Features	N (95)	(%)
Age		
20-30 years old	23	24.2
31-40 years old	40	42.1
41-55 years old	32	33.7
Education level		
Illiterate	44	46.2
Literate	11	11.6
Primary school	19	20.2
Middle school	8	8.3
High school	10	10.5
University	3	3.2
Occupation		
Housewife	85	89.5
Civil servant	5	5.2
Self-employed	2	2.1
Other	3	3.2
Family Type		
Nuclear family	63	66.3
Extended family	29	30.5
broken family	3	3.2
Income status		
Income less than expenses	48	50.5
Income and expense balanced	40	42.1
Income more than expenses	7	7.4
Place of living		
City center	13	13.7
Province	20	21.1
Village	62	65.2
Child's gender		
Girl	44	46.8
Boy	50	53.2
Child's age		
1-5 years old	26	27.4
6-10 years old	47	49.5
11 years old and over	22	23.1
Child's disability status		
Mental	39	41.1
Physically	42	42.2
Both mental and physical	14	14.7
Duration of your child's stay in a rehabilitation centre		
less than 1 year		
2-3 years	17	17.9
4-5 years	29	30.5
5 years and more	26	27.4
	23	24.2

When the relationship between some of the demographic characteristics of the mothers participating in the study and the MSPSS was examined, no significant correlation was found between the MSPSS sub-dimensions and the total score means in terms of age group, place of living, and disability status of the child ($p>.05$).

In terms of educational level, a significant relationship was found between the family support and friend support sub-dimensions of the MSPSS and the mean total score ($p<.05$). The mean MSPSS scores of mothers with a university education level are higher than those of mothers with other education levels.

In terms of occupation, a significant relationship was found between the special human support sub-dimension of the MSPSS and total score means ($p<.05$). Self-employed mothers' special human support sub-dimension mean score is lower than mothers in other occupational groups. The mean MSPSS scores of mothers who are civil servants are higher than those of self-employed mothers.

In terms of family type, a significant relationship was found between the mean scores of family support and special human support sub-dimensions of MSPSS ($p<.05$). The mean score for the sub-dimension of family support for mothers with a nuclear family structure is higher than for mothers with a broken family type. On the other hand, mothers in the extended family type have higher mean scores for the family support sub-dimension than mothers in the nuclear and broken family types (Table 2).

Table 2. The Relationship between Some Demographic Characteristics of Mothers and MSPSS

Features	N (95)	Multidimensional Scale of Perceived Social Support scale			
		Family Support ($\bar{X}\pm SS$)	Special Person Support ($\bar{X}\pm SS$)	Friend Support ($\bar{X}\pm SS$)	Scale Total ($\bar{X}\pm SS$)
$\bar{X} \pm SS$		16.39 \pm 5.78	19.99 \pm 4.00	18.35 \pm 5.00	54.73 \pm 14.28
Age					
20-30 years old	23	18.26 \pm 5.73	18.69 \pm 5.66	19.04 \pm 4.54	56.00 \pm 14.53
31-40 years old	40	15.20 \pm 6.10	19.42 \pm 5.86	17.32 \pm 5.39	51.95 \pm 14.99
41-55 years old	32	15.53 \pm 5.16	21.62 \pm 7.49	19.12 \pm 5.48	57.28 \pm 12.94
F/p		2.109/0.127	2.279/0.108	1.318/0.273	1.370/0.259
Education level					
Illiterate ^a	44	14.81 \pm 5.61	19.20 \pm 5.27	16.54 \pm 5.24	50.56 \pm 13.53
Literate ^b	11	16.18 \pm 4.75	19.45 \pm 6.36	17.27 \pm 4.38	52.90 \pm 12.91
Primary school ^c	19	18.00 \pm 6.14	21.26 \pm 6.72	21.31 \pm 4.84	60.57 \pm 15.71
Middle school ^d	8	15.00 \pm 5.47	19.75 \pm 5.03	18.50 \pm 5.37	53.25 \pm 13.15
High school ^e	10	20.30 \pm 5.43	21.20 \pm 4.82	20.90 \pm 4.55	62.40 \pm 13.42
University ^f	3	20.66 \pm 3.51	22.00 \pm 2.00	21.00 \pm 1.00	63.66 \pm 5.13
F/p*		2.460/0.039	0.559/0.731	3.334/0.008	2.420/0.042
Difference; f>a,b,c,d,e					
Occupation					
Housewife ^a	85	16.36 \pm 5.84	20.12 \pm 5.33	18.36 \pm 5.42	54.85 \pm 14.22
Civil servant ^b	5	20.40 \pm 2.19	22.80 \pm 5.35	20.20 \pm 1.09	63.40 \pm 6.46
Self-employed ^c	2	8.50 \pm 6.36	7.00 \pm 4.24	14.00 \pm 5.65	29.50 \pm 16.26
Other ^d	3	15.66 \pm 2.30	20.00 \pm 0.00	17.66 \pm 4.16	53.33 \pm 6.42
F/p*		2.134/0.101	4.557/0.005	0.673/0.570	2.869/0.041
Difference; b>c					
Family Type					
Nuclear family ^a	63	15.74 \pm 5.31	20.96 \pm 5.07	18.33 \pm 5.07	55.04 \pm 12.84
Extended family ^b	29	18.31 \pm 6.25	18.41 \pm 5.70	18.82 \pm 5.65	55.55 \pm 16.34
Broken family ^c	3	11.33 \pm 6.65	14.66 \pm 9.23	14.00 \pm 4.58	40.00 \pm 19.69
F/p*		3.290/0.042	3.728/0.028	1.151/0.321	1.684/0.191
Difference; a>c, b>a,c					
Place of living					
City center	13	18.23 \pm 4.18	21.15 \pm 5.94	20.07 \pm 2.59	59.46 \pm 8.70
Province	20	14.60 \pm 6.93	19.20 \pm 6.42	17.65 \pm 6.66	51.45 \pm 18.06
Village	62	16.58 \pm 5.59	20.00 \pm 5.21	18.20 \pm 5.15	54.79 \pm 13.75
F/p		1.675/0.193	0.483/0.619	0.900/0.410	1.248/0.292
Child's disability status					
Mental	39	15.23 \pm 5.35	19.64 \pm 5.68	17.76 \pm 5.27	52.64 \pm 13.52
Physically	42	17.57 \pm 5.71	20.73 \pm 5.27	19.00 \pm 5.33	57.30 \pm 13.89
Both mental and physical	14	16.07 \pm 6.78/	18.71 \pm 6.08	18.00 \pm 5.11	52.78 \pm 16.84
F/p		1.107/0.187	0.824/0.442	0.585/0.559	1.239/0.295

a,b,c,d,e,f According to the results of the multiple comparison test (post-hoc test: Tukey), different letters with alphabetical superscripts indicate that there is a significant difference between the scale scores.

When the relationship between some demographic characteristics of the mothers participating in the study and the MBS was examined, no significant relationship was found between the age group of the mothers and the MBS sub-dimensions and the total score means ($p>.05$). A significant relationship was found between the level of education and the total score means of the Depersonalisation and Decrease in Personal Accomplishment sub-dimensions of the MBS ($p<.05$). While the depersonalization sub-dimension mean score of the mothers with a university education level was higher than the mothers with a secondary school education, the decrease in personal accomplishment sub-dimension mean score of the mothers with a secondary education level was higher than the mothers with a university education level.

In terms of occupation, a significant relationship was found between the Depersonalisation sub-dimension of the MBS and the total score means ($p<.05$). The Depersonalization sub-dimension and the MBS total score means of the mothers who are self-employed are higher than those of the mothers who work in other occupational groups.

In terms of family type, a significant relationship was found between the Depersonalisation and Emotional Exhaustion sub-dimensions of the MBS and the total score means ($p<.05$). The mean scores of the depersonalisation sub-dimension and the total score of the MBS of mothers with a broken family structure were higher than those of mothers with a nuclear or extended family type. On the other hand, mothers in the extended family type have higher mean scores for the depersonalisation sub-dimension and the total score than mothers in the nuclear family type.

A significant relationship was found between the mean scores of the Depersonalization sub-dimension of the MBS in terms of income status ($p<.05$). The mean scores for the depersonalisation sub-dimension are higher for mothers whose income exceeds their expenses than for those whose income is balanced and those whose income is less than their expenses.

A significant relationship was found between the mean MBS total score in terms of the disability status of the child ($p<.05$). The mean MBS total scores of mothers with a child with an intellectual disability were higher than those of mothers with a child with a physical disability or both. On the other hand, mothers with children with both disabilities had a higher mean MBS score than those with children with only physical disabilities. (Table 3).

When examining the relationship between some demographic characteristics of the mothers participating in the research and the BHS, no significant relationship was found between the mother's age group, education level, occupation, duration of their child's attendance at the rehabilitation centre, BHS sub-dimensions and total score means ($p>.05$).

In terms of family type, a significant relationship was found between the BHS total score means ($p<.05$). The mean total score of the BHS of mothers with a broken family structure is higher than that of mothers with nuclear and extended family types.

A significant correlation was found between mothers' total mean scores on the BHS Expectations for the Future sub-dimension and their children's age group ($p<.05$). It was determined that the total score averages of the Expectation for the Future sub-dimension of the mothers with children aged 11 and over were higher than the mothers with children in the 1-5 age group and 6-10 age group. (Table 4).

Table 3. The Relationship Between Some Demographic Characteristics of Mothers and the MBS

Features	N (95)	Maslach Burnout Scale			
		Depersonalization ($\bar{X}\pm SS$)	Emotional burnout ($\bar{X}\pm SS$)	Decrease in personal achievement ($\bar{X}\pm SS$)	Scale Total ($\bar{X}\pm SS$)
$\bar{X} \pm SS$		7.40±4.56	17.18± 6.93	11.67±6.78	36.26±11.52
Age					
20-30 years old	23	8.86±5.47	16.95±6.41	12.39±5.58	38.21±11.20
31-40 years old	40	6.77±4.44	16.37±7.12	11.15±6.81	34.30±11.52
41-55 years old	32	7.12±3.88	18.37±7.08	11.81±7.62	37.31±11.72
F/p		1.644/0.199	0.753/0.474	0.251/0.779	1.045/0.356
Education level					
Illiterate ^a	44	6.34±4.35	17.52±7.40	13.22±6.93	37.09±12.86
Literate ^b	11	7.27±4.31	15.45±5.66	10.18±6.14	32.90±11.39
Primary school ^c	19	9.36±4.39	19.05±7.78	9.05±6.26	37.47±11.03
Middle school ^d	8	4.12±3.13	13.87±6.53	17.00±5.07	35.00±11.73
High school ^e	10	10.20±4.49	16.70±5.20	8.60±6.04	35.50±8.27
University ^f	3	10.33±2.88	17.33±2.30	7.00±3.00	34.66±6.42
F/p*		3.379/0.008	0.801/0.552	3.138/0.012	0.302/0.911
		Difference;f>d		Difference; d>f	
Occupation					
Housewife ^a	85	6.96±4.32	17.24±7.13	11.85±6.74	36.07±11.03
Civil servant ^b	5	8.20±4.02	16.20±7.15	5.40±5.36	29.80±15.41
Self-employed ^c	2	18.00±2.82	19.50±0.70	20.00±1.41	57.50±3.53
Other ^d	3	11.33±3.78	15.66±2.51	11.33±5.13	38.33±9.07
F/p*		5.268/0.002	0.154/0.927	2.577/0.059	3.010/0.034
		Difference;c>a,b,d			Difference; c>a,b,d
Family Type					
Nuclear family ^a	63	6.46±4.14	15.76±7.10	11.85±6.83	34.07±11.35
Extended family ^b	29	8.58±4.50	20.34±5.82	10.82±6.77	39.75±10.56
Broken family ^c	3	15.66±3.78	16.66±3.21	16.00±5.56	48.33±11.50
F/p*		8.347/0.001	4.693/0.011	0.856/0.428	4.409/0.015
		Difference;c>a, b b>a			Difference;c>a, b b>a
Income status					
Income less than expenses ^a	48	7.64±4.42	17.91±6.37	11.50±6.70	37.06±11.24
	40	6.22±4.22	15.87±7.67	11.80±7.12	33.90±11.28
Income and expense balanced ^b	7	12.42±4.31	19.71±5.31	12.14±6.12	44.28±12.03
		6.260/0.003	1.463/0.237	0.039/0.962	2.752/0.069
Income more than expenses ^c		Difference;c>a,b			
F/p*					
Child's disability status					
Mental ^a	39	7.64±4.11	18.61±6.82	13.20±7.09	39.46±9.13
Physically ^b	42	6.80±4.64	15.54±6.65	10.19±6.37	32.54±12.11
Both mental and physical ^c	14	8.50±5.54	18.14±7.47	11.85±6.57	38.50±13.13
F/p*		0.807/0.449	2.191/0.118	2.048/0.135	4.220/0.018
					Difference;a>b,c c>b

a,b,c,d,e,f According to the results of the multiple comparison test (post-hoc test: Tukey), different letters with alphabetical superscripts indicate that there is a significant difference between the scale scores.

Table 4. The Relationship Between Some Demographic Characteristics of Mothers and the BHS

Features	N (95)	Beck Hopelessness Scale			Scale Total (\bar{X} ±SS)
		Feelings about the future (\bar{X} ±SS)	Loss of motivation (\bar{X} ±SS)	Expectations about the future (\bar{X} ±SS)	
$\bar{X} \pm SS$		6.07±1.65	13.33±1.76	8.43±1.10	27.73±1.34
Age					
20-30 years old	23	6.39±1.82	13.08±2.15	8.17±1.02	27.65±1.49
31-40 years old	40	5.77±1.44	13.67±1.45	8.32±0.94	27.77±1.25
41-55 years old	32	6.21±1.75	13.09±1.78	8.43±1.10	27.75±1.39
F/p		1.208/0.304	1.283/0.282	0.446/0.642	0.062/0.940
Education level					
Illiterate	44	6.18±1.78	13.29±1.92	8.31±1.05	27.79±1.45
Literate	11	5.45±0.68	14.00±1.09	8.45±0.68	27.90±1.22
Primary school	19	6.21±1.81	13.10±1.69	8.10±1.04	27.42±1.21
Middle school	8	6.12±1.80	13.12±1.88	8.62±0.51	27.87±1.35
High school	10	6.30±1.63	13.10±1.91	8.20±1.39	27.60±1.50
University	3	5.00±0.00	14.33±0.57	9.00±1.00	28.33±0.57
F/p		0.653/0.660	0.662/0.683	0.637/0.672	0.404/0.845
Occupation					
Housewife	85	6.04±1.61	13.41±1.77	8.29±1.02	27.75±1.37
Civil servant	5	5.40±0.89	13.00±1.41	8.80±0.83	27.70±1.30
Self-employed	2	8.00±2.82	12.00±1.41	7.50±0.70	27.50±0.70
Other	3	6.66±2.88	12.66±2.30	9.00±1.00	28.33±0.57
F/p		1.334/0.368	0.634/0.595	1.284/0.284	0.478/0.699
Family Type					
Nuclear family ^a	63	5.98±1.65	13.58±1.78	8.38±0.95	27.95±1.28
Extended family ^b	29	6.03±1.40	12.96±1.56	8.20±1.11	27.20±1.39
Broken family ^c	3	8.33±2.88	11.66±2.08	8.33±1.52	28.33±0.57
F/p*		0.034/0.053	2.731/0.070	0.288/0.751	3.528/0.033
					Difference;c>a, b
Child's age					
1-5 years old ^a	26	5.57±1.34	13.84±1.54	8.53±0.85	28.11±1.03
6-10 years old ^b	47	6.38±1.78	13.08±1.67	8.02±1.05	27.48±1.38
11 years old and over ^c	22	5.81±1.62	13.27±2.09	8.72±0.93	27.81±1.53
F/p*		1.671/0.194	1.604/0.207	4.757/0.011	1.897/0.156
				Difference;c>b,a	
Duration of your child's stay in a rehabilitation centre					
less than 1 year	17	5.82±1.23	13.64±1.65	8.52±0.94	28.00±1.22
2-3 years	29	6.00±1.43	13.13±1.45	8.34±0.89	27.48±1.27
4-5 years	26	5.80±1.62	13.53±1.70	8.26±1.11	27.61±1.44
5 years and more	23	6.65±2.10	13.13±2.24	8.21±1.12	28.00±1.41
F/p		1.328/0.270	0.511/0.676	0.338/0.798	0.922/0.434

a,b,c,d,e,f According to the results of the multiple comparison test (post-hoc test: Tukey), different letters with alphabetical superscripts indicate that there is a significant difference between the scale scores.

When the relationship between MSPSS, MBS and BHS was examined, a significant negative correlation was found between MSPSS and MBS ($p<.05$). In addition, a significant positive correlation was found between BHS and MBS ($p<.05$) (Table 5).

Table 5. The Relationship Between MSPSS, MBS, and BHS

Scales	MSPSS		MBS	
	r	p	r	p
MSPSS	-	-	-0.252	0.014
MBS	-0.252	0.014	-	-
BHS	0.151	0.148	-0.327	0.001

DISCUSSION

While there are many studies in the literature on mothers with children with special educational needs, few studies examine mothers living in rural areas. Given the crucial role that mothers play in supporting children with special educational needs, we believe that it is crucial to investigate their psychosocial well-being. This study was carried out to identify the perceived social support, burnout, and hopelessness levels among mothers with children with special educational needs in terms of socio-demographic characteristics. The main findings of this study are discussed below.

In this study, the perceived social support levels of mothers with a university education level were found to be higher than those of mothers with other education levels. According to Karadağ (2009), social support increases as education levels increase. According to the results of the study conducted by Akmaniş (2010) with mothers of mentally retarded children, the perceived social support of university graduate mothers was found to be higher than that of literate mothers. Coşkun and Akkaş (2009) found that as the education level of mothers with disabled children increases, their perception of social support also increases. Mothers' education level draws attention as a socio-demographic feature that makes a significant difference on the variable measured in many studies. This finding is similar to other study results.

The perceived social support levels of mothers who are civil servants are higher than those of mothers who are self-employed. According to Traustadottir (1991), mothers in families with disabled children give up their other roles because they take care of their children too much, and their participation in social activities and social life decreases. While working mothers with disabled children are seen to prevent the mother from experiencing more emotional burnout, mothers who do not work and care for their disabled children full time are seen to experience more emotional burnout and loss of motivation. Working has a positive effect by helping the mother to create her own time outside the home (Çengelci, 2009). Considering the profession in parallel with social security, Durat et al. (2017) also discussed social security by associating it with hopelessness. According to Durat et al., the hopelessness level of those who do not have social security is higher than that of those who do. When we look at the studies on the working status of the mother, there are studies showing that non-working mothers are more anxious than working mothers (Türkoğlu, 2001).

In this study, mothers' economic status, education level, and child's disability were determined as predictors of burnout. The mean scores for the depersonalisation sub-dimension are higher for mothers whose income exceeds their expenses than for those whose income and expenses are balanced and for those whose income is less than their expenses. The mean scores of the depersonalization sub-dimension of the mothers with a university education level were also higher than those of the mothers with a middle school education level. The burnout levels of mothers with a child with a mental disability were found to be higher than those of mothers with a child with a physical disability or both disabilities. On the other hand, mothers with both disabilities had higher levels of burnout than those with only physical disabilities.

Yıldırım et al. (2012) state that economic status is an effective factor in determining the mental state of mothers of disabled children, while Coşkun and Akkaş (2009) state that as mothers' education and income levels increase, their social support levels increase. Mothers with higher income levels and lower levels of disability in their children are found to be less burnt out, have less anxiety about the future, and generally perceive more social support from their environment. Studies on the subject have shown that mothers of disabled children generally do not receive social support from their environment and they experience anxiety about the future (Çiğerli et al., 2014; Karadağ, 2009; Kurt et al., 2013), which means that their hopelessness and burnout levels (Coşkun and Akkaş, 2009; Montenegro, 2009) have a negative impact.

In this study, the perceived family support of mothers with a nuclear family is higher than mothers with a broken family. However, the perceived family support of mothers with an extended family is higher than mothers with a nuclear or broken family. The burnout and hopelessness levels of mothers with a broken family are higher than mothers with a nuclear or an extended family. On the other hand, burnout levels of mothers with an extended family were higher than mothers with a nuclear family.

Socially supportive environments mediate the sharing of values and feelings and facilitate the fulfillment of social roles. Good social support strengthens the family's competencies and acts in a preventive and educational way. It has been found that parents who share their responsibilities with others and are supported by those around them believe that they are not alone and can cope with problems more easily (Girgin and Baysal, 2005; Dönmez, 1998). Donmez et al. (1998) found that mothers who received good social support from their relatives stated that they were stronger in coping with problems. The fact that mothers bear the burden of care alone also causes them to experience burnout. Studies support this (Bumin et al., 2008; Duygun and Sezgin, 2003; Karadağ, 2009). In cases where the level of disability is high and there are no people to share the care burden, mothers are found to express both more burnout and more anxiety about the future. According to the results of the study conducted by Akmaniş (2010) on mothers with mentally retarded children, the level of hopelessness of divorced mothers was found to be higher than that of married mothers. It can be concluded that while mothers are raising a mentally handicapped child, the presence of their spouses helps them to look more positively and hopefully into the future. Mothers with mentally retarded children feel less hopeful about the future in the absence of spousal support in their lives.

It was found that as the perceived level of social support of the mothers in this study increased, their levels of burnout decreased, and as their levels of hopelessness increased, their levels of burnout increased. Tunç et al. (2020) found in their study that as the perceived social support level of mothers of children with autism increased, the level of burnout also decreased. Cin et al. (2017) stated that the presence of social support would reduce the burnout levels of mothers with children with mental disabilities. In their qualitative study, Ersoy and Buluş (2019) suggested that mothers who take on the primary care of children with disabilities experience burnout, and this situation can be reduced with social support. According to Coşkun and Akkaş (2009), as the social support levels of mothers with disabled children increase, their anxiety and burnout levels decrease. The findings of this study support these views.

CONCLUSION

The mothers interviewed within the scope of the study are generally low socio-economic level individuals with low education and income levels. Examination of perceived social support, burnout, and hopelessness levels of mothers with children with special educational needs in terms of sociodemographic characteristics: In a cross-sectional study from a rural area of Turkey, the following results were obtained:

- As the education level of the mother increases, family and friend support for the mother also increases.
- While a decrease in the sense of personal achievement is not observed in mothers with high education levels, a decrease in the sense of personal achievement is observed in mothers with low education levels.
- It is seen that a mother who is a civil servant receives more special human support than a mother working in the private sector.
- It has been observed that the social support level of mothers with a nuclear family is higher than that of mothers with a broken family.
- Mothers with an extended family have a higher level of social support than mothers with nuclear and broken families.
- It has been observed that mothers with children with mental disabilities experience higher levels of burnout than mothers with children with physical disabilities.

- It was determined that the mothers' age, education level, occupation, the duration of the child's visit to the rehabilitation center were not related to their hopelessness levels.
- It was determined that as the social support perceived by the mothers increased, the level of burnout decreased and as the burnout increased, the hopelessness increased.
- Mothers need social support.

As a result, mothers need social support from both family members and the environment in order to be better, to be in a healthier mood both physically and psychologically, not to despair about their own lives and the future of their family members, and finally, not to experience burnout.

Conflict of interest

The authors report no actual or potential conflicts of interest.

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Authors Contributions

Plan, design: ÇE; **Material methods and data collection:** ÇE, SK; **Data analysis and comments:** ÇE, SK; **Writing and corrections:** ÇE, SK.

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