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The link between occupational balance, emotional eating, and mindful eating: Implications for health and well-being

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Abstract

This study was conducted to examine the relationship between occupational balance and emotional eating and mindful eating behaviors in individuals aged 50–65. The study, conducted using a cross-sectional and prospective design, included 96 participants with an average age of 58 ± 2.81 . Participants' occupational balance level was assessed using the Occupational Balance Questionnaire (OBQ), emotional eating behavior using the Emotional Eater Questionnaire (EEQ), and mindful eating behavior using the Mindful Eating Questionnaire (MEQ). A food consumption frequency questionnaire was used to descriptively evaluate individuals' food group consumption frequencies. Pearson correlation analyses revealed a significant negative relationship between OBQ and EEQ ($r = -0.297$; $p = 0.004$) and a significant positive relationship between OBQ and MEQ ($r = 0.336$; $p = 0.001$). Furthermore, regression analysis revealed that emotional and mindful eating variables together explained approximately 24% of occupational balance. These findings suggest that routine screening for emotional and mindful eating patterns may help clinicians identify individuals at risk of reduced occupational balance, and integrating mindfulness-based eating strategies or nutrition counseling approaches into occupational health programs may support improved daily functioning.

Keywords: Occupational balance, emotional eating, mindful eating, eating behavior

Introduction

The ages of 50 to 65 represent a critical transitional period in the life course, during which declines in metabolic rate, shifts in hormonal regulation, and lifestyle-related factors begin to exert a pronounced influence on overall health status. [1]. Furthermore, this age range is seen as an important stepping stone to the older adulthood stage of 65 years and above and constitutes a process that requires careful management in terms of health [2]. The physiological and psychosocial changes that emerge in this context increase the risk of chronic diseases and negatively affect quality of life. In particular, dietary habits stand out as one of the most prominent determinants of these health effects [3]. Indeed, unhealthy eating behaviors increase the risk of obesity, type 2 diabetes, cardiovascular diseases, and metabolic syndrome, while maintaining healthy eating habits plays a critical role in both preserving health and supporting quality of life in later years [4].

In this context, the nature of eating behaviors is noteworthy. Mindful eating refers to an individual focusing on their senses while eating, developing awareness of the “present moment” during the eating process, and making conscious choices instead of automatic eating behaviors [5]. Developing awareness during eating in the face of distractions, emotional responses, and external cues facilitates portion control and supports the formation of healthier eating habits [6]. In contrast, emotional eating behavior is triggered by emotional states such as stress, anxiety, loneliness, or sadness and is characterized by food consumption without a real feeling of hunger [7]. This type of eating behavior increases the risk of malnutrition by leading to excessive consumption of energy-dense foods or irregular eating patterns [8].

Eating behaviors are shaped not only by biological hunger but also by psychological, social, environmental, and activity-

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related factors [9]. In particular, stress, mood, physical capacity, lifestyle patterns, and individuals' attitudes toward nutrition can determine these behaviors. At this point, the balanced organization of daily life activities plays a critical role [10]. The balance between work, personal care, social relationships, and leisure activities in daily life supports an individual's stress coping and self-regulation skills [11]. This concept is defined in the literature as “occupational balance” and can be decisive not only for individuals' satisfaction with life but also for their health behaviors [12].

The current reviews reveals that emotional eating behavior is more closely associated with variables such as obesity, body mass index, physical activity level, and stress [13,14]; mindful eating behavior is associated with psychological factors, quality of life, and healthy lifestyle indicators [15,16]; while occupational balance has been examined in relation to areas such as life satisfaction, nomophobia, activity participation, physical activity, and well-being [10,17]. However, no study has been found that directly addresses the relationship between emotional eating and mindful eating behaviors and occupational balance. Therefore, the aim of our study is to examine the relationship between occupational balance and emotional eating and mindful eating behaviors in individuals aged 50–65.

Material and Methods

Study Design

This cross-sectional study was approved by the Trakya University Non-Interventional Clinical Research Ethics Committee under protocol number and date TÜTF-GOBAEK 2025/320. Data were collected in September 2025. The study evaluated occupational balance, emotional eating, and mindful eating behaviors in individuals aged 50–65 and examined the relationships between these parameters. All stages of the research were conducted in accordance with the principles of the Declaration of Helsinki, and the reporting process was carried out according to the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines [18].

Participant

The sample size was calculated using the G*Power (Version 3.1.9.7) program with the Correlation and Bivariate Normal Model module. Based on a two-tailed hypothesis, $\alpha=0.05$, $1-\beta$ (power)=0.80, and a medium effect size ($r=0.31$), the power analysis determined that the minimum required sample size was $n=80$.

The study included individuals aged 50–65 who had the cognitive ability to respond to the questionnaires. Individuals with a previously diagnosed serious psychiatric disorder; those with an active diagnosis or undergoing treatment for an eating disorder (anorexia and bulimia); those with severe cognitive impairment (e.g., dementia, Alzheimer's disease); those with uncontrolled symptoms of neurological, psychiatric, rheumatic, or oncological diseases; and participants who answered the questionnaires

incompletely, incorrectly, or inconsistently were excluded from the study. Participants were reached using snowball sampling, and new participants were invited to the study through the initial participants [19]. A total of 100 individuals who met the inclusion criteria were included in the study. However, 8 participants were excluded from the study because they were unable to complete the assessments, and the analyses were completed with 92 individuals.

Data Collection

All assessments were conducted through face-to-face interviews, and the application time lasted an average of 20–30 minutes. The study recorded participants' age, gender, height, and weight information. Body Mass Index (BMI) was calculated by dividing body weight in kilograms (kg) by the square of height in meters (m) [kg/m^2], and the WHO classification was used [20]. Occupational balance level was assessed using the Occupational Balance Questionnaire (OBQ), eating behaviors were assessed using the Emotional Eater Questionnaire (EEQ), and eating awareness was assessed using the Mindful Eating Questionnaire (MEQ). In addition, the survey form administered to participants consisted of six sections: (i) demographic information (age, gender, education level, and related variables), (ii) the OBQ, (iii) the EEQ, (iv) the MEQ, (v) a Food Frequency Questionnaire evaluating weekly dietary intake patterns, and (vi) anthropometric measurements including height, weight, and BMI.

Occupational Balance Questionnaire (OBQ)

It was developed by Wagman and Håkansson to assess occupational balance [21]. OBQ contains 11 items, and each item is rated on a 4-point Likert scale ranging from 0 to 3, from “strongly disagree” to “strongly agree.” The total score is obtained by summing the individual items and ranges from 0 to 33; higher scores indicate higher occupational balance. The validity and reliability study of the Turkish version of the scale was conducted by Günel et al., and the scale's validity and reliability [22].

Emotional Eater Questionnaire (EEQ)

Developed by Garaulet et al., this scale was created to assess individuals' emotional eating behavior and eating tendencies [23]. The scale consists of three subscales (disinhibition, type of food, guilt) and 10 questions. It consists of a 4-point Likert scale (“0” Never, “1” Sometimes, “2” Often, and “3” Always). The total score ranges from 0 to 30, and a higher score on the scale indicates an increase in emotional eating behavior. Furthermore, a score of 0–5 on the scale indicates no emotional eating behavior, 6–10 indicates a low level of emotional eating tendency, 11–20 indicates emotional eating, and 21–30 indicates a very high level of emotional eating tendency. The adaptation study into Turkish by Arslantaş and colleagues found the alpha value to be 0.84 [24].

Mindful Eating Questionnaire (MEQ)

The MEQ was developed by Framson and colleagues to assess

individuals' levels of mindfulness during eating behaviors [25]. The scale measures levels of mindfulness in dimensions such as distraction, emotional responses, and sensitivity to external cues during eating. There are a total of 28 items, each scored on a 4-point Likert scale (1: Never, 2: Rarely, 3: Usually, 4: Always). Scale scores range from 1 to 4; higher scores indicate a higher level of mindful eating behavior. In the Turkish validity and reliability study conducted by Kömürcü-Akik and Yiğit, it was reported that the two-factor short form (Awareness and Recognition) consisting of 15 items, rather than the original five-factor structure, was better suited to the Turkish sample, and this two-factor structure was also used in this study. The total internal consistency coefficient was determined to be 0.76 [26].

Food Frequency Questionnaire

A questionnaire on food consumption frequency was used in the study to broadly describe participants' dietary habits. This form was designed to determine the frequency of consumption of specific food groups (dairy products, meat, grains, legumes, fruits and vegetables, oilseeds, and other products) and was used exclusively to obtain descriptive data. The questionnaire consists of 28 items covering major food categories: dairy products (milk, yogurt, cheese, other dairy products), meat and protein sources (red meat, poultry, other red meat/poultry, fish, eggs), cereals and grains (bread types, rice/bulgur, bagels/pastries, other grains), legumes, nuts and oilseeds, fruits and vegetables, oils (sunflower/corn oil, olive oil, butter, other oils), and other commonly consumed foods such as sugar, packaged snacks, and carbonated beverages. For each item, participants indicated their consumption frequency using one of six options ("every meal," "every day," "every other day," "2–3 times per week," "once per week," "never"). This instrument was evaluated to describe participants' consumption frequency trends for food groups and does not provide any total score or diagnostic classification.

Statistical Analysis

Data analysis was performed using the SPSS 22 (Statistical Package for the Social Sciences) program. Shapiro-Wilk and Kolmogorov-Smirnov normality tests were applied to examine the distribution characteristics of the data. The evaluation determined that the data showed a normal distribution; therefore, parametric statistical methods were preferred in the analyses. Descriptive statistics were presented as number (n) and percentage (%) for categorical variables and as mean $\pm$ standard deviation for numerical variables. Pearson correlation analysis was used to evaluate the relationships between variables. Pearson correlation analysis was used to evaluate the relationships between variables. Additionally, multiple linear regression analysis was applied to determine the predictive effect of EEQ and MEQ variables on OBQ. A $p < 0.05$ significance level was accepted for all statistical evaluations.

Result

The age, BMI, gender, and EEQ information of participants aged 50–65 is presented in Table 1. It was determined that 51% of

participants were classified as emotional and highly emotional eaters.

Table 2 shows that fruits and vegetables, legumes, dairy products, and grains were among the most frequently consumed food groups, with a large proportion of participants reporting daily or every-other-day intake. In contrast, items in the "other" category—such as sugar, packaged products, and carbonated beverages—were consumed less frequently, with higher percentages reported in the "once a week" or "never" categories. Meat products were generally consumed 2–3 times per week, indicating moderate intake across the sample. Insert here for table 2

The relationship between participants' OBQ, EEQ, and MEQ scores is presented in Table 3. The study found statistically significant relationships between OBQ and EEQ and MEQ ($p < 0.05$). It was determined that an increase in emotional eating behavior and a decrease in mindful eating behavior were associated with a decrease in occupational balance (Table 3). Table 3 indicates that occupational balance was negatively associated with emotional eating. The EEQ total score showed a weak-to-moderate negative correlation with OBQ ($r = -0.297$, $p = 0.004$), and similar negative relationships were observed for inability to control cravings and sense of guilt. The strongest negative correlation appeared in the type of food subscale ($r = -0.921$, $p < 0.001$). In contrast, mindful eating demonstrated positive correlations with occupational balance, with the recognition subscale showing the strongest association ($r = 0.427$, $p < 0.001$). Overall, these findings suggest that higher emotional eating tendencies relate to poorer occupational balance, whereas mindful eating skills correspond to better balance in daily activities.

The regression analysis results for participants' OBQ, EEQ, and MEQ are presented in Table 4. The multiple linear regression analysis revealed that the EEQ and MEQ variables together explained approximately 24% of the variation in OBQ (Adjusted $R^2 = 0.24$, $p < 0.001$). The analysis revealed that emotional eating behavior had a significant negative effect on OBQ ($\beta = -0.395$, $p < 0.001$). This finding indicates that as the tendency toward emotional eating increases, individuals' occupational balance levels decrease. MEQ showed a positive and significant effect on OBQ ($\beta = 0.422$, $p < 0.001$). This indicates that increased mindful eating awareness contributes to individuals' occupational balance.

Eating behaviors may influence occupational balance through several mechanisms. Emotional eating is often used as a maladaptive strategy to regulate stress or negative emotions, which can disrupt daily routines and reduce engagement in meaningful activities. In contrast, mindful eating supports self-regulation and enhances awareness of bodily cues, contributing to greater stability in daily routines and healthier activity planning. Thus, eating behaviors may shape how individuals manage their time, energy, and emotional resources, ultimately affecting their occupational balance.

Table 1. Descriptive characteristics of participants and scores of the EEQ and MEQ subscales

Descriptive Data	Mean±Standard deviation
Age (years)	58.06±4.94
BMI (kg/m²)	25.61±5.41
EEQ	12.29±7.04
Sense of guilt	7.11±4.49
Type of food	4.83±2.04
Inability to control the craving to eat	7.08±4.51
MEQ	2.23±0.49
MEQMindfulnesss	2.26±0.61
MEQ Recognition	2.40±0.52
n (%)	
Gender	
Women	45 (48.9)
Men	47 (51.1)
Classification of EEQ	
No emotional eating behavior	13 (14.1)
Low-level emotional eater	32 (34.8)
Emotional eater	35 (38)
Highly emotional eater	12 (13)

n: number of participant, %: percent, kg: kilogram, m²: square meter, EEQ: Emotional eater questionnaire, BMI: Body mass index

Table 2. Data on participants' food consumption frequency

Food groups	Every meal n (%)	Every day n (%)	Day in, day out n (%)	2-3 times a week n (%)	Once a week n (%)	Never n (%)
Dairy group	3 (1.8)	29 (31.5)	41 (44.6)	15(16.3)	3 (3.3)	1 (1.3)
Meat group	1 (1.1)	17 (18.5)	28 (30.4)	40 (43.5)	6 (6.5)	-
Grains	-	32 (34.8)	29 (31.5)	23 (25)	8 (8.7)	-
Legumes	1 (1.1)	35 (38)	26 (28.3)	13 (14.1)	16 (17.4)	1 (1.1)
Oilseeds	1 (1.1)	10 (5.9)	32 (18.9)	21 (12.4)	21 (12.4)	7 (4.1)
Fruits and vegetables	4 (4.3)	36 (39.1)	26 (28.3)	17 (18.5)	8 (8.7)	1 (1.1)
Oils	3 (3.3)	23 (25)	19 (20.7)	28 (30.4)	17 (18.5)	2 (2.2)
Other (sugar, packaged products, carbonated and other beverages)	8 (8.7)	22 (23.9)	21 (22.8)	16 (17.4)	15 (16.3)	10 (10.9)

n: number of participant, %: percent

Table 3. Relationship between occupational balance and emotional eating behavior and mindful eating

Total score and subscale scores	OBQ	
	p	r
EEQ Total	0.004	-0.297
EEQ -Inability to control the craving to eat	0.010	-0.268
EEQ -Type of -food	<0.001	-0.921
EEQ-Sense of guilt	0.006	-0.287
MEQ Total	0.001	0.336
MEQ Mindfulnesss	<0.001	0.366
MEQ Recognition	<0.001	0.427

OBQ: Occupational balance questionnaire, EEQ: Emotional eater questionnaire, MEQ: Mindful eating questionnaire, pearson test, p<0.05

Table 4. Regression results between OBQ and EEQ and MEQ

Variables	n=92 OBQ						
	Unstandardized Coefficients				StandardizedCoefficients		P
	B	Standard error	Beta	t	Once a week n (%)	Never n (%)	
Constant	8.860	2.962	-	2.991	0.004	-	-
EEQ	-0.383	0.091	-0.395	-4.204	<0.001	0.240	<0.001
MEQ	5.927	1.318	0.422	4.496	<0.001		

OBQ: Occupational balance questionnaire; EEQ: Emotional eater questionnaire; MEQ: Mindful eating questionnaire; B: Unstandardized coefficients, R: Regression coefficient, The p-value of the Multiple Linear Regression Test, p<0.05

Discussion

This study highlights that emotional and mindful eating behaviors are significantly associated with occupational balance in adults aged 50–65. Higher emotional eating tendencies were linked to lower occupational balance, whereas greater mindful eating was associated with improved balance in daily activities. These results align with evidence suggesting that self-regulation in eating behaviors influences functional routines and participation, positioning eating-related behaviors as an important factor to consider in occupational health and lifestyle-based interventions.

Although a BMI in the range of 18.5–24.9 kg/m² is generally accepted as an indicator of optimal weight [27], there is still debate regarding the ideal reference range for older individuals [28]. However, according to the widely accepted WHO classification, participants in the study group fall within the optimal or slightly overweight BMI range [20].

When examining the food consumption frequency results in Table 2, participants’ eating habits appear largely plant-based.. However, only consumption frequency—not portion size—was evaluated. Most participants reported daily or every-other-day consumption of grains, legumes, fruits, and vegetables, reflecting a diet rich in fiber, antioxidants, and micronutrients. In contrast, dairy intake was relatively low (31.5% daily, 44.6% every other day), although regular consumption is essential for bone health and osteoporosis prevention in this age group. Meat consumption, mostly 2–3 times per week (43.5%), may limit protein and iron intake; thus, attention to meat variety and portion adequacy is advised. The low frequency of oilseed consumption may restrict essential fatty acid intake, so moderate inclusion of walnuts, hazelnuts, almonds, and flaxseed is recommended. Frequent fruit and vegetable intake (39.1% daily, 28.3% every other day) is a positive finding, supporting phytochemical and antioxidant intake. However, frequent consumption of sugary, packaged, and carbonated beverages should be minimized or avoided (TÜBER, 2022) [29]. Overall, the participants’ diets are largely plant-based and sustainable, yet increasing dairy, meat, and oilseed consumption and reducing sugary products are recommended. Since this study assessed only consumption frequency without

portion-based data, further research should include quantity analyses to evaluate nutritional adequacy more accurately. Future research should also investigate how the consumption amount of energy-dense, nutrient-poor foods interacts with individuals’ mindfull eating and occupational balance, as these factors may influence sustainable dietary behaviors.

This study found that an increase in emotional eating behavior among individuals aged 50–65 was associated with a decrease in occupational balance, while an increase in mindful eating behavior was associated with an increase in occupational balance. Furthermore, regression analysis revealed that emotional and mindful eating variables together explained approximately 24% of occupational balance.

Emotional Eating and Occupational Balance

Recent studies have shown that emotional eating negatively affects not only eating behaviors but also mental health and social functioning [13,30]. Konttinen et al. [31] reported a strong association between emotional eating and depressive symptoms and long-term weight gain. Akkuş et al. [32] found that poor sleep quality and depression increase the tendency toward emotional eating, thereby weakening individuals’ psychological well-being. Yi et al. [33] examined the mediating role of physical activity in the relationship between body image dissatisfaction and overeating and showed that individuals with high body dissatisfaction had lower levels of physical activity, which increased their tendency to overeat. Quaresma et al. [34] noted that disrupted daily routines and increased social isolation may create a relationship between emotional eating behavior and decreased social functioning. In addition, studies conducted among university students have shown that elevated BMI and stronger emotional eating tendencies significantly increase the risk of binge eating disorder, while maladaptive eating patterns such as external and restrictive eating also contribute to disordered eating behaviors [35]. These findings further illustrate that emotional eating is associated with a broad spectrum of negative physical, emotional, and behavioral outcomes across different age groups.

Similarly, this study found that increased emotional eating behavior reduced occupational balance. Correlation analysis revealed a significant negative relationship between emotional eating (EEQ) scores and occupational balance (OBQ) ($r=-0.297$, $p=0.004$); while regression analysis revealed that emotional eating tendencies had a significant negative effect on OBQ ($\beta=-0.395$, $p<0.001$). These findings indicate that increased emotional eating tendencies may have negative effects on daily life balance, activity participation, and social roles. Controlling emotional eating behavior can be considered an important intervention area, particularly for maintaining psychosocial functioning in middle-aged and older adults.

Mindful Eating and Occupational Balance

Mindful eating behavior is defined as a protective factor associated with healthy lifestyle indicators [36]. Lazarevich et al. [37] reported that low levels of mindful eating are associated with higher body mass index, waist circumference, and fat percentage. Eaton et al. [38] demonstrated in their systematic review that mindful eating behaviors are associated with lower body mass index, better diet quality, and positive health outcomes. Studies also exist showing that daily mindful eating behaviors are positively associated with physical health and psychological well-being [15]. Furthermore, Özenoğlu et al. [39] reported that individuals with high levels of mindful eating had stronger healthy eating attitudes and physical activity participation.

Similarly, in this study, it was found that occupational balance scores increased with higher levels of mindful eating. Correlation analysis revealed a positive and significant relationship between mindful eating awareness (MEQ) and OBQ ($r=0.336$, $p=0.001$), while regression analysis showed that MEQ had a positive and significant effect on OBQ ($\beta=0.422$, $p<0.001$). Furthermore, it was determined that the EEQ and MEQ variables together explained approximately 24% of the variance in the OBQ variable (Adjusted $R^2=0.24$) across the model. These results indicate that eating behaviors are significant determinants of an individual's occupational and life balance and that mindfulness-based nutrition strategies may be an effective tool for enhancing occupational balance. The findings also show that mindful eating behavior is closely related not only to dietary patterns but also to physical health, social functioning, and the sustainability of daily life routines. In this regard, it is recommended that mindfulness-based nutrition education be considered as an intervention area that supports both psychological well-being and life balance.

Strengths and Limitations

A strength of this study is that it is one of the few studies that simultaneously examines the relationship between occupational balance, mindful eating, and emotional eating behavior. Studies that comprehensively examine these three concepts are extremely limited in the literature. In this respect, the research fills an important gap in the field, offering a new perspective on the relationship between eating awareness and life balance, particularly in older adults. Furthermore, the study's findings

reveal that individuals with high emotional eating tendencies constitute a high-risk group in terms of occupational balance, indicating that this group should be prioritized for psychosocial and nutrition-based interventions. These findings provide guidance for the development of policies and programs aimed at improving unconscious or unbalanced eating behaviors in older adults.

However, the study has some limitations. First, since the assessments were based on self-report questionnaires, participants' responses may have been influenced by subjective factors such as social desirability or recall bias. Furthermore, dietary behaviors, physical activity levels, and occupational balance were measured only through questionnaires; objective assessments such as biochemical parameters or objective activity measurements were not used. Therefore, including objective measurements alongside self-report scales in future studies would strengthen the validity of the findings. In addition, the absence of psychological covariates—such as depression, stress, or anxiety levels—limits the ability to examine their known mediating or moderating effects on emotional eating and occupational balance. Future research incorporating psychological variables may provide a more comprehensive understanding of these relationships.

Another limitation arising from the use of a self-reported questionnaire is that it restricted participants from providing detailed information about their food consumption amounts, thereby limiting the in-depth analysis of consumption frequency data. The absence of portion- or quantity-based assessment within the food frequency scale made it difficult to interpret dietary patterns in terms of energy and nutrient levels. Moreover, the study did not include an objective dietary assessment such as portion size measurement or nutrient intake analysis, which would have enabled a more accurate evaluation of eating behaviors. Additionally, the limited sample size prevented advanced statistical comparisons between subgroups (e.g., analyses of low and high groups based on cut-off values). Finally, the use of snowball sampling may have introduced selection bias and limits the generalizability of the findings to broader populations. Future studies using random or stratified sampling methods may enhance representativeness.

In future studies, increasing the sample size, providing more detailed assessments of food consumption amounts, incorporating objective measurements, and conducting subgroup analyses based on emotional eating levels will enhance the generalizability and scientific strength of the results.

Conclusion

The findings of this study revealed a significant relationship between eating behaviors and occupational balance among individuals aged 50–65 years. Participants generally exhibited a predominantly plant-based dietary pattern that was insufficient in dairy and protein sources. It was observed that as emotional eating tendencies increased, occupational balance levels

decreased, whereas higher eating awareness was associated with better life balance. These results suggest that supporting emotional regulation and adopting mindfulness-based eating approaches may strengthen not only eating behaviors but also individuals' overall life balance. Therefore, implementing mindfulness-based nutrition education as a preventive and supportive strategy is recommended to promote healthy and balanced living in older adults.

Early screening of these parameters may help identify individuals at risk and facilitate the initiation of appropriate counseling processes. Furthermore, incorporating mindfulness training into community-based rehabilitation programs may assist individuals in regulating both their eating behaviors and life balance more effectively. Future intervention studies are encouraged to develop approaches aimed at improving eating awareness and occupational balance. In this context, programs conducted through multidisciplinary collaboration among dietitians, occupational therapists, and physiotherapists are expected to yield more effective outcomes in enhancing nutritional behaviors, increasing physical activity, and promoting occupational empowerment.

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Conflict of Interests

The authors declare that there is no conflict of interest in the study.

Financial Disclosure

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Ethical Approval

The Trakya University Non-Interventional Clinical Research Ethics Committee under protocol number TÜTF-GOBAEK 2025/320, Decision date: 08.09.2025.

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