TOGÜ SAĞLIK BİLİMLERİ DERGİSİ
Journal of TOGU Health Sciences

ISSN:*2791-8653*
Ay-Yıl/Cilt/Sayı: Eylül-2024/4/1

Araştırma Makalesi/Originial Article

The Relationship Between the Conflict Action Styles and Psychological Violence of Nurses: A Cross-Sectional Study

Hemşirelerin Çatışma Eylem Stilleri ile Psikolojik Şiddet Arasindaki İlişki: Kesitsel Bir Çalışma

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ÖZET

Amaç: Bu çalışmada, hemşirelere yönelik psikolojik şiddet ile çatışma eylem stilleri arasındaki ilişkinin değerlendirilmesi ve etkileyen faktörlerin belirlenmesi amaçlanmıştır.

Gereç ve Yöntem: Bu tanımlayıcı ve ilişkisel bir çalışmadır. Hastalar ve meslektaşları ile iletişim halinde olan ve hastane ortamında çalışan tüm kayıtlı hemşireler çalışmaya dahil edildi. Araştırmanın verileri, "Kişisel Veri Toplama Formu", "İş Yeri Psikolojik Şiddet Ölçeği (İPŞÖ)" ve "Çatışma Eylem Stilleri Envanteri (ÇESE)" kullanılarak toplanmıştır. Gruplar arasındaki farklılıkları belirlemek için Dunn çoklu karşılaştırma testi kullanıldı. Regresyon analizinin varsayımları için Genelleştirilmiş Doğrusal Modellerin (GDM) uzantısı kullanılmıştır.

Bulgular: Bu çalışmada hemşirelerin ÇESE ve İPŞÖ alt ölçek puanlarının çalıştıkları kliniklere, bulundukları hastane türüne, çalışma saatlerine, hemşirelerin baktıkları hasta sayısına, vardiyalı çalışan hemşirelerin ekip çalışmasına inanma durumuna, yönetici desteğine ve klinisyenle iletişim düzeyine göre istatistiksel olarak farklılaştığı saptanmıştır ($p<0.05$). İleri analizler, kaçınmacı ve kompulsif yaklaşımların WPVBI puanları üzerindeki toplam puan etkilerinin istatistiksel olarak anlamlı olduğunu göstermiştir ($p<0.05$).

Sonuç: Bu çalışma sonucunda, hemşirelerin çatışma eylem stillerinin işyerinde psikolojik şiddete uğramaları üzerinde etkisi olduğu belirlenmiştir. Hemşirelerin psikolojik şiddete maruz kalmamaları için etkili çatışma eylem stillerini kullanmaları öğretilmelidir.

Anahtar Kelimeler: Çatışma Eylem Stilleri, Sağlık Kurumları, Hemşire, Psikolojik Şiddet, Şiddet

ABSTRACT

Aims: This study aimed to evaluate correlation between psychological violence and conflict action styles against nurses and in order to identify factors affecting.

Materials and Methods: This is a descriptive and correlational study. All registered nurses who communicate with patients and colleagues and work in a hospital setting were included in the study. The data of the study were collected using the "Personal Data Collection Form", "Workplace Psychological Violence Instrument (WPVBI)" and "Conflict Activity Styles Inventory (CASI)". Dunn's multiple comparison test was used to determine the differences between groups. Extension of Generalized Linear Models (GDM) for assumptions of regression analysis were used.

Results: The current study found that the CASI and WPVBI subscale scores of the nurses statistically differ in relation to the clinics they work in, the type of hospital they are in, their working hours, the number of patients they are caring for, the number of nurses working in shifts, the belief in teamwork, manager support, and the level of communication with the clinicians (**$p<0.05$**). Further analysis demonstrated that the total score effects of avoidant and compulsive approaches on WPVBI scores were statistically significant (**$p<0.05$**).

Conclusions: As a result of this study, it was determined that nurses' conflict action styles have an effect on exposure to psychological violence in the workplace. Nurses should be taught to use effective conflict action styles in order not to be exposed to psychological violence.

Keywords: Conflict Action Styles, Health Institutions, Nurse, Psychological Violence, Violence

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Başvuru/Submitted: 25.11.2022 **Kabul/Accepted:** 21.09.2023
Cite this article as: Mızrak C, Günaydın N. The Relationship Between the Conflict Action Styles and Psychological Violence of Nurses: A Cross-Sectional Study. J TOGU Heal Sci. 2024;4(1):15-35.

INTRODUCTION

The World Health Organization defines violence as: “The actual or threatening use of physical force or force against oneself, another person, a community or group in a way that increases the likelihood of resulting in physical harm or physical harm, causing psychological harm, developmental problems, death or deprivation” (1). Although it has been mentioned recently that there are seven types of violence (physical, verbal, sexual, economic, psychological, social, and neglect) in general, there are no clear lines between the types of violence. Types of violence are intertwined, nourish and produce each other (2,3). In the past, the most common form of violence that comes to mind was physical violence. However, it was observed that the concept of violence has been addressed in a way including psychological (emotional) violence in recent years (4).

Psychological violence is verbal abuse, which often involves fear and despair. It is mostly performed to verbally control the individuality of another individual, to disregard, humiliate, to cause fear or embarrassment (5). Swedish psychologist Leymann referred to 'psychological violence in the sense of "maltreatment of one another, harassment of one another uneasily and disturbingly in the workplace". Psychological violence is applied "by one or more people, systematically hostile and immoral to another individual(s)" (6).

Conflict is “a dissention of power and status that concerns more than one person, resulting from different opinions of individuals in a particular situation” (7). The deterioration of the groups or relations is not caused by conflicts, but by the destructive action styles of conflicts (8).

Some occupational groups as health workers that serve people are more disadvantaged in terms of exposure to violence (3,9). Compared to other occupational groups, health workers are 16 times more likely to be exposed to violence (10). It was reported in a study conducted with healthcare workers that 80.1% of healthcare workers experienced workplace violence at least once or more, and the violence was in verbal form (57.4%), abuse (15.2%), and physical (7.5%) (11). Studies show that nurses are the group most exposed to violence among healthcare workers (12,13). Nurses are exposed to violence three times more than other health personnel (14). Studies indicate that nurses who spend most of their time in the hospital are exposed to psychological violence (11.1%-86.7%) and other types of violence many times due to the intense workload, difficulty of working in shifts, and the stress caused by their working environment (15-18). Verbal violence is reported to be one of the most common types of psychological violence (19,20). In a study on the subject, it was determined that 95.7% of nurses

were subjected to verbal violence, 16.1% to physical violence, and 26.8% to sexual violence (10). It was reported in another study conducted with the nurses working in the emergency department that 65.6% of the nurses were subjected to violence in the last year, 68% of the violence victims were exposed to verbal violence, and 33.6% of them were exposed to threats and psychological violence (21).

Unresolved conflicts in healthcare institutions increase costs and cause employees to change their job/professions as they waste time and money and violence (22). Consequences of workplace violence have been found on seven different levels among workers in the healthcare sector: (1) physical, (2) psychological, (3) emotional, (4) work functioning, (5) relationship with patients/quality of care, (6) social/general, and (7) financial. (23,24). The high frequency of long-term hostile behaviors, including psychological violence, leads to an exacerbation of serious mental, psychosomatic and social problems (6).

Conflicts are not situations to be avoided, but rather the catalyst for the development and change process. For this reason, it should be focused on management styles rather than the nature of the concept, so that healthier communication and interactions should be supported (25). It has been stated that more than one method can be preferred in case of conflict (26). Many different models are addressed regarding management methods in the literature, which are also referred to as "conflict action styles or behaviors". In this regard, the models put forward by Johnson, Rahim and Crawford-Bodine are the most preferred conflict management strategies (23,27). These strategies are usually confrontation, reconciliation, use of force, withdrawal, and appeasement (28,29). The main purpose of conflict management is to reduce the damage to the organization and to try to increase the benefits of the conflict to the organization (30).

For this reason, violence in health institutions should be handled carefully. For this reason, this study was conducted to determine the correlation and influencing factors between psychological violence and conflict action styles against nurses. Research questions:

- What is the level of psychological violence and conflict action styles?

- Is there a relationship between conflict action styles and psychological violence?

- What are the factors affecting nurses' exposure to psychological violence and conflict action styles?

MATERIAL and METHODS

The research was conducted in a descriptive, cross-sectional, correlational type.

This study aims to determine the exposure to psychological violence, conflict action styles and affecting factors of nurses working in public hospitals, are presented below.

Participants and Design

The population of the study the target population of the study was 1107 nurses working in 12 public hospitals operating in the city center and districts of Ordu province.

Sample Size

It is reported in the literature that the rates of psychological violence against clinical nurses vary between 5.1% and 76% (31-35). Since the differences in prevalence rates were large, power analysis was performed based on 80% confidence level. Power analysis (G*power) was performed to determine the sample of the study and the minimum sample size for $\alpha = 5\%$, $(1-\beta) = 80\%$, and 5% deviation was calculated as 285 with the relevant sample size formula. The sample size was planned to take at least 300 nurses to increase the reliability and power amount in statistical analysis. The number of nurses to be included in the sample from the population according to the hospitals, the stratified random sampling method from 12 public hospitals in the city center, and districts were determined. The number of nurses to be included in the sampling from each stratum was determined and the nurses in the strata were selected by a simple random sampling method (eg: 98 nurses from hospital A, and 55 nurses from hospital B …..sampled). Missing datas were excluded from the study.

Inclusion Criteria for the Study: Having the title of a nurse, all registered nurses who had patient and colleagues contact and were employed in the hospital setting, accepted to participate in the study.

Exclusion Criteria from Research: Nurses who were employed by the hospital on a casual basis, have taken a leave of absence for at least 6 months for any reason or to get a report.

Data Collection Tools: Data collection was performed using "Personal Data Collection Form", "Workplace Psychological Violence Behavior Instrument (WPVBI)" and "Conflict Activity Styles Inventory (CASI)".

Personal Data Collection Form*:* A "Personal Information Form" consisting of twenty-three questions was developed in line with the relevant literature information regarding the subject (35,36). In the form, the nurse's personal information and the factors affecting the

psychological violence (total years of service of the nurse in the profession, total years of service in the clinic where she is currently working, type of work, weekly working hours, average daily number of patients in the clinic, how many people work in a shift, working as a team in the clinic, Supervisor's support status, level of communication with other employees, self-identification status (introverted, extroverted), the status of nurses by colleagues (introverted, extroverted) are included.

Workplace Psychological Violence Behavior Instrument (WPVBI): The validity and reliability study of the scale, which was developed by Yıldırım ve Yıldırım (2005), was carried out by the same researchers. The scale evaluates the content of the psychological violent behaviors the participants experienced in the workplace in the last 1 year and the severity of these behaviors (37). The scale consists of 33 items. If the number obtained by dividing the total score obtained from the scale by the number of items (33) is 1 or more, it is understood that the person is a mobbing victim and is deliberately exposed to psychological violence in the workplace (38). The scale consists of three main sequences: "Encountering with psychological violence at work", "The effects of encountering psychological violence at work" and "The reactions of those who encounter psychological violence at work". The first sequence is a 6-point Likert type. Only the percentages can be evaluated in the second and third sequences. The Cronbach alpha of the scale was reported as 0.93 (38). Subscale Cronbach alpha values were between 0.17 and 0.68. In the present study, the Cronbach alpha value of the effects of psychological violence behaviors was reported as 0.93, and the Cronbach alpha value for the reactions of psychological violence behaviors encountered in the workplace was reported as 0.76.

Conflict Activity Styles Inventory (CASI): Conflict Activity Styles Inventory was developed by Johnson & Johnson (2008) to determine which course of action an individual prefers in case of conflict First published in 1981, the inventory was later revised and used many times. The Turkish adaptation studies of the inventory were based on the 2008 revision made by Karadağ and Tosun (2014). [8]. It consists of a total of 35 items, 7 items in each subscale, and 5 sub-dimensions. The scores to be obtained from the scale vary between 5 and 35, and the high scores reveal which action style the individual uses more dominantly in conflict situations. The inventory consists of 5 subscales referred to as avoidant, challenging, facilitating, mediating, and oppo, sing. The "avoidant style" subscale includes the goals and breaking the relations in the belief that the resolution of conflicts is hopeless. The "challenging, avoidant styles" subscales involve leaving the conflict environment to preserve relations in

conflict, the "mediating style" subscale aims to find a common path in harmony with goals and relationships in conflict, and the "opposing style" subscale aims to see the benefits of conflict by valuing goals and relationships during the conflict and to search for solutions that will be beneficial to themselves and the other individuals. The inventory is a 5-point Likert type. It was reported that the Cronbach alpha values of the sub-dimensions of the scale were between .72 and .79 [8]. The Cronbach alpha subscale values were found to be between .58 and .71 within the scope of the present study conducted with nurses.

Ethics statement

Written permission was obtained from Ordu Provincial Health Directorate to conduct the study in 12 public hospitals operating in the city center and districts of Ordu (dated 23.10.2018 and numbered 66501263-772.99). Approval was obtained from Ordu University Clinical Research Ethics Committee (dated 15.11.2018 and numbered 2018-236) for research applications. Participant nurses were informed about the study and relevant written consent was obtained. The number of nurses to be included in the sampling from the population under the hospitals was determined by the stratified random sampling method from 12 public hospitals in the city center and districts, and accordingly, the number of nurses to be included in the sampling from each stratum was determined and the nurses in the strata were selected by simple random sampling method.

Statistical analysis

Shapiro-Wilk normality test was applied to check whether the error terms displayed normal distribution before selecting the tests to be applied to the data obtained in the study ($p < 0.05$). Mann Whitney U test was determined by the Kruskal Wallis H test for independent groups. Dunn's multiple comparison test was used to determine the differences between groups. The reliability of scales and subscales was determined by the Cronbach alpha coefficient. The relationships between the total scores obtained from the scales and the subscales were analyzed with the Spearman correlation coefficient. Regression equations were obtained with generalized linear models to determine the effects of sub-dimensions on total scores. A generalized estimation equation (GTD) has been proposed as an extension of Generalized Linear Models (GDM). In cases where the assumptions of regression analysis based on the traditionally used Least Data Method (such as the normal distribution of error terms) cannot be achieved, one of the alternative methods is GTD. It is an extension of traditional regression models for modeling the average structure in GDM and providing transformation of non-normal dependent variables. GTD is based on the Semi-likelihood (YO) theory. YO theory does not require any assumption

about the distribution of the dependent variable. The research findings were expressed as a percentage, frequency, mean, and standard deviation values, and the findings were considered significant at the $p < 0.05$ significance level. There is no data loss in this study. All statistical analyses were performed using SPSS Version 25

RESULTS

The findings of this study, which was conducted to determine the exposure to psychological violence, conflict action styles and affecting factors of nurses working in public hospitals, are presented below.

Table 1. Distribution of Participants by Workplace Occupational Characteristics (n = 300)

Type of Hospital	**n**	**%**
Üniversity Hospital	44	14.7
State Hospital	256	85.3
Clinics		
Internal Medicine Clinics	53	17.7
Surgery Clinics	67	22.3
Emergency	103	34.3
Operating room	3	1.0
Intensive care	65	21.7
Other*	9	3.0
Total Years of Work in the Profession		
1	34	11.3
2-5	71	23.7
6-10	75	25.0
11-15	44	14.7
>16	76	25.3
Years of work in the clinic		
1	72	24.0
2-5	137	45.7
6-10	63	21.0
>11	28	9.3
Working Style		
Daytime Only	35	11.7
Night Only	2	0.7
Daytime and night	263	87.7
Weekly Working Hours		
Under 40 hours	7	2.3
40 hours	61	20.3
Over 40 hours	232	77.3
Average number of patients cared for per day		
<10	81	27.0
11-50	116	38.7
>51	103	34.3
Number of Nurses in Shift		
1	67	22.3
2-5	179	59.7
6-10	54	18.0

Table 1. Distribution of Participants by Workplace Occupational Characteristics (n = 300)-Continued

Believing in Working as a Team		
Yes	166	55.3
No	40	13.3
Partially	94	31.3
Supporting Status of the Manager		
Yes	116	38.7
No	80	26.7
Partially	104	34.7
Communication Level with Clinic Workers		
Enough	221	73.7
Partially enough	76	25.3
Insufficient	3	1.0
The way you describe yourself		
Quiet, Introverted	56	18.7
Extroverted, Assertive	193	64.3
Annoyed	16	5.3
Furious	7	2.3
Careless	3	1.0
Successful, Hardworking	19	6.3
Carefully	3	1.0
Overly Cautious, Obsessive	3	1.0
How others describe you		
Quiet, Introverted	54	18
Extroverted, Assertive	188	62.7
Annoyed	19	6.3
Furious	7	2.3
Careless	6	2.0
Successful, Hardworking	12	4.0
Carefully	9	3.0
Overly Cautious, Obsessive	5	1.7
Someone in the Clinic/Institution with you state of being busy		
Yes	48	16
No	252	84
Exposure to violence in the past year		
No, I have not experienced violence/threat	83	27.7
Yes, I lived once	59	19.7
Yes, I've had it many times	58	52.7
Type of violence experienced		
Verbal Violence	182	60.7
Physical Violence	26	8.7
Psychological Violence	97	32.3
Sexual Violence	1	0.3

** Nurses serving in Home Health Services, Sterilization, Infection Control, Polyclinic units.*

Of the nurses, 32.7% are in the 26-32 age range, 62.3% are married and 72% are a bachelor. The distribution of the nurses participating in the study by their workplace occupational characteristics. Accordingly, 85.3% of the nurses work in state hospitals, 87.7% work both day and night, 77.3% work over 40 hours in a week, 59.7% work as 2-5 people in shifts, and 34.4% care for over 51 patients on average in a day. In the study, 55.3% of the nurses believe in working as a team, 38.7% are supported by their managers, and 73.7% of them have sufficient communication levels with the clinicians is given in Table 1.

Of the participants, 16% stated that they were bothered in the clinic or the institution and 60% of them also stated that this was going on for less than a year. In the study, it was determined that 64.3% of the nurses defined themselves as extroverted and assertive, and the rate of their colleagues to describe themselves as extroverted and sociable was 62.7% (Table 1).

Table 2. Comparison of CASI Sub-Dimensions Mean Scores of Participants According to Their Workplace and Professional Features

		CASI Sub-diensions				
Variables	**n**	**Avoidant Approach x̄±SD**	**Compelling Approach x̄±SD**	**Facilitating Approach x̄±SD**	**Meadiating Approach x̄±SD**	**Counteracting Approach x̄±SD**
Education Status						
Health Profession High School	26	19.81±6.56	23.90±6.20a	26.54±4.80	25.12±4.50	26.88±4.09
Associate degree	52	19.31±4.91	21.90±4.30ab	25.12±4.23	24.83±3.60	26.65±3.99
University degree	216	17.68±4.80	20.70±4.60b	24.40±4.60	24.03±4.45	25.74±4.60
Master degree	6	18.17±9.00	20.00±8.80b	22.17± 9.60	22.17±8.50	22.83±8.20
p value*		0.093	**0.018**	0.133	0.435	0.320
Type of Hospital						
Üniversity Hospital	44	17.57±4.30	19.91±4.80	22.82±4.50	22.14±4.25	23.89±5.00
State Hospital	256	18.25±5.30	21.39±4.91	24.98±4.73	24.58±4.36	26.29±4.36
p value**		0.824	0.097	**0.012**	**0.001**	**0.002**
Clinics						
Internal Medicine Clinics 53		15.94±4.12c	19.60±3.20b	23.74±3.99bc	24.47±4.23a	26.98±4.10a
Surgery Clinics	67	20.52±7.02a	23.39±6.30a	27.69±5.18a	25.96±4.93a	26.85±4.80a
Emergency	103	17.35±3.90b	21.28±3.90ab	24.94±3.50b	24.36±3.50a	26.38±3.40a
Operating room	3	18.33±3.20ab	20.33±4.90b	21.33±2.10c	23.33±2.50ab	26.33±1.20ab
Intensive care	65	19.02±4.50ab	20.00±5.40b	22.48±4.80c	22.32±4.70b	23.63±5.30b
Other*	9	16.44±4.75bc	21.33±2.55ab	21.33±5.48c	22.33±5.00ab	25.44±5.61b
p value*		**<0.001**	**0.001**	**<0.001**	**<0.001**	**0.002**
Years of work in the clinic						
1	72	18.94±5.25	20.40±5.97b	24.03±4.74	23.56±4.95	24.08±4.91b
2-5	137	17.89±4.46	21.45±4.30ab	24.92±4.50	24.20±3.94	26.35±4.50a
6-10	63	17.38±5.30	20.38±4.40 c	24.43±4.60	24.54±4.30	26.84±3.70a
>11	28	19.14±7.20	23.54±5.30 a	25.57±6.10	25.32±5.40	26.68±4.20a
p value*		0.172	**0.007**	0.357	0.403	**0.001**
Working Style						
Daytime Only	35	18.20±5.49	21.57±4.75	24.74±4.35	23.37±5.00	25.91±3.60
Night Only	2	19.00±0.19	18.00±0.00	20.00±0.00	27.00±0.00	28.00±0.00
Daytime and night	263	18.14±5.10	21.14±5.00	24.69±4.80	24.32±4.36	25.93±4.67
p value*		0.854	0.473	0.214	0.280	0.695
Weekly Working Hours						
Under 40 hours	7	18.86±5.87	23.43±4.96	25.71 ± 2.60	24.71±2.50	28.71±2.75a
40 hours	61	18.39±4.96	20.16±5.00	24.72 ± 4.30	23.41±4.50	25.08±4.41b
Over 40 hours	232	18.07±5.20	21.37±4.90	24.62 ± 4.91	24.42±4.40	26.08±4.60ab
p value*		0.714	0.074	0.728	0.231	**0.026**

Table 2. Comparison of CASI Sub-Dimensions Mean Scores of Participants According to Their Workplace and Professional Features

Average number of patients cared for per day						
<10	81	18.60±4.45	20.30±5.11	22.88±4.70b	22.40±4.70c	24.15±5.30b
11-50	116	18.55±6.39	21.68±5.52	25.66±5.40a	25.38±4.61a	26.87±4.50a
>51	103	17.35±3.90	21.28±3.90	24.94±3.55a	24.36±3.47b	26.30±3.40a
p value*		0.223	0.374	**0.001**	**<0.001**	**<0.001**
Believing in Working as a Team						
Yes	166	18.57±5.21	20.87±4.88	25.11±4.79a	24.43±4.60	25.86±4.41
No	40	17.23±5.48	22.23±4.68	23.30±3.89b	23.73±3.00	26.80±3.72
Partially	94	17.82±4.90	21.26±5.10	24.45±4.90ab	24.07±4.58	25.71±5.10
p value*		0.151	0.357	**0.049**	0.541	0.476
Supporting Status of the Manager						
Yes	116	19.37±5.71a	20.92±5.77	25.14±5.30a	24.43±5.40	25.16±5.16b
No	80	16.65±4.24b	21.44±4.08	23.61±3.20b	24.23±2.93	27.61±2.86a
Partially	104	17.95±4.80a	21.24±4.50	24.94±5.04a	23.99±4.13	25.53±4.60b
p value*		**0.002**	0.676	**0.019**	0.660	**0.001**
Communication Level with Clinic Workers						
Enough	221	17.68±4.95b	20.73±4.66b	24.57±4.72	24.32±4.50	26.18±4.68a
Partially enough	76	19.67±5.51a	22.34±5.51a	24.80±4.86	23.88±4.35	25.16±4.06b
Insufficient	3	14.67±1.20b	24.00±1.70a	27.67±4.00	25.67±1.15	28.00±3.50a
p value*		**0.010**	**0.032**	0.450	0.333	**0.035**
Number of Nurses in Shift						
1	67	16.67±4.47b	21.60±3.54	25.48±4.50	25.34±3.80a	27.81±3.01a
2-5	179	18.89±5.51a	21.22±5.54	24.41±5.10	23.82±4.83b	25.39±5.21b
6-10	54	17.56±4.20ab	20.48±4.10	24.48±3.81	24.19±3.50b	25.46±2.80b
p value*		**0.006**	0.368	0.391	**0.012**	**<0.001**

**Kruskall Wallis H testi*

Some descriptive statistics of nurses' conflict action styles inventory (CASI) sub-dimensions were examined and the CASI avoidant approach mean score of nurses was found to be 18.15 ± 5.15, CASI compulsive approach mean score was found to be 21.17 ± 4.92, CASI facilitative approach mean score was found to be 24.66 ± 4.75, CASI mediation approach mean score was found to be 24.22 ± 4.42 and CASI opposing approach mean score was found to be 25.94 ± 4.54. The total mean score of WPVBI was found to be 15.21 ± 12.81 for the isolation of the WPVBI individual from work, 3.42 ± 4.90 for the isolation of the WPVBI individual, 6.82 ± 5.91 for attacking the occupational status of the WPVBI individual, 4.75 ± 4.05 for the attack on the WPVBI individual, and 0.23 ± 0.77 for the direct negative behaviors of the WPVBI individual.

The comparison of the mean scores of the CASI subscales in line with the demographic characteristics of the nurses who participated in the study is given in Table 2. A statistically significant difference was determined in terms of all conflict action styles of the nurses

regarding the clinics they work in (p<0.05). A statistically significant difference was reported in terms of the compulsive approach and the opposing approach of the nurses in parallel with their working hours (p <0.05). A statistically significant difference was reported in terms of the opposing approach of the nurses in parallel with their weekly working hours (p<0.05). A statistically significant difference was reported in the number of nurses working in the shift in terms of mediating and opposing approaches compared to the number of nurses working in the emergency service (p<0.05). A statistically significant difference was found regarding the nurses in terms of facilitating approach under their belief in working as a team (p <0.05). It was determined that the nurses showed a statistically significant difference in terms of avoidant, compulsive, and opposing approaches in line with the level of communication they established with the clinicians (p <0.05).

The total score and WPVBI subscale mean scores were compared, and the age status of the nurses was examined; accordingly, it was determined that there is a statistically significant difference in terms of the individual's isolation from work, attack on personality, and total WPVBI subscale score (p<0.05).

Table 3. Comparison of Participants' Total Scores of WPVBI and its Sub-Dimensions According to Occupational Characteristics

		WPVBI Sub-Dimensions and Total Score				
Variables	**n**	**Isolation from the work** x̄±SD	**Attack on Professional Status** x̄±SD	**Attack on Personality** x̄±SD	**Direct Negative Behaviors** x̄±SD	**WPVBI Total** x̄±SD
Type of Hospital						
University Hospital	44	2.00±3.60	4.34±5.20	3.59±3.50	0.20±0.70	10.14±11.20
State Hospital	256	3.66±5.06	7.24±5.92	4.95±4.11	0.23±0.79	16.08±12.89
pvalue**		**0.009**	**0.001**	**0.036**	0.533	**0.001**
Clinics						
Internal Medicine Clinics	53	3.48±3.89a	7.49±4.50a	4.89±3.65	0.11±0.47	15.77±9.95ab
Surgery Clinics	67	3.37±5.83ab	7.16±6.07ab	5.10±4.19	0.24±1.09	15.88±14.12ab
Emergency	103	4.09±4.90a	7.56±6.60a	5.11±4.30	0.21±0.50	16.97±13.80a
Operating room	3	0.67±1.20b	0.33±0.60c	2.67±2.30	0.00± 0.00	3.67±3.50c
Intensive care	65	2.54±4.70b	5.28±5.60b	4.00±3.60	0.28±0.70	12.09±11.80b
Other*	9	4.11±4.10a	5.00±3.60b	3.22±5.20	0.67±1.70	13.00±10.80b
p value*		**0.015**	**0.019**	0.218	0.246	**0.042**
Years of work in the clinic						
1	72	2.04±3.80b	4.86±5.66c	3.78±3.93b	0.32±1.10	11.00±12.07c
2-5	137	3.34±4.84a	6.55±5.83b	4.73±4.25ab	0.24±0.73	14.86±13.12b
6-10	63	4.71±5.60a	8.86±5.50a	5.79±3.40a	0.11±0.40	19.48±10.80a
>11	28	4.39±5.30a	8.57±6.10ab	4.96±4.30ab	0.18±0.60	18.11±14.10ab
p value*		**0.003**	**<0.001**	**0.004**	0.818	**<0.001**
Working Style						
Daytime Only	35	2.34±3.08	5.66±5.63	4.03±3.58	0.17±0.9	12.20±9.88
Night Only	2	0.00±0.00	6.00±0.00	1.00±0.00	0.00±0.00	7.00±0.00
Daytime and night	263	3.59±5.10	6.98±6.00	4.87±4.10	0.24±0.77	15.67±13.10
p value*		0.168**	0.464	0.252	0.400**	0.267

Table 3. Comparison of Participants' Total Scores of WPVBI and its Sub-Dimensions According to Occupational Characteristics- Continued

Weekly Working Hours						
Under 40 hours	7	1.00±2.24	7.86±3.93a	3.71±0.49	0.00±0.00	12.57±5.26ab
40 hours	61	2.38±3.10	4.44±5.07b	3.80±3.61	0.05±0.22	10.67±9.54b
Over 40 hours	232	3.76±5.30	7.41±6.00a	5.03±4.20	0.28±0.90	16.48±13.50a
p value*		0.079	**0.001**	0.101	0.065**	**0.008**
Average number of patients cared for per day						
<10	81	2.62±4.49b	4.77±5.35b	3.64±3.77b	0.30±0.86	11.32±11.52b
11-50	116	3.38±5.10a	7.59±5.32a	5.20±3.89a	0.19±0.88	16.35±12.26a
>51	103	4.09±4.90a	7.56±6.60a	5.11±4.30a	0.21±0.50	16.97±13.80a
p value*		**0.016**	**<0.001**	**0.005**	0.089	**0.002**
Believing in Working as a Team						
Yes	166	2.72±4.11	5.73±5.71c	4.19±3.99b	0.20±0.68	12.83±11.95b
No	40	4.05±5.25	9.75±5.01a	5.93±3.81a	0.20±0.46	19.93±11.66a
Partially	94	4.38±5.80	7.49±6.10b	5.23±4.10a	0.29±1.00	17.39±13.90a
p value*		0.073	**<0.001**	**0.008**	0.575	**<0.001**
Supporting Status of the Manager						
Yes	116	2.55±4.27b	4.83±5.60c	3.96±3.98b	0.30±1.04	11.64±11.88c
No	80	4.08±4.75a	9.78±4.86a	5.86±3.89a	0.29±0.70	20.00±11.28a
Partially	104	3.88±5.50a	6.76±6.10b	4.77±4.10b	0.10±0.40	15.50±13.80b
p value*		**0.013**	**<0.001**	**0.001**	0.078	**<0.001**
Communication Level with Clinic Workers						
Enough	221	3.10±4.22b	6.75±5.77b	4.60±4.06b	0.27±0.87	14.72±12.27b
Partially enough	76	3.80±5.87b	6.71±6.20b	4.96±3.93b	0.11±0.35	15.58±13.52b
Insufficient	3	17.00 ±6.90a	14.33±4.60a	10.00±3.50a	0.33±0.6	41.67±7.50a
p value*		**0.017**	**0.008**	**0.047**	0.362	**0.023**
Number of Nurses in Shift						
1	67	4.61±6.02	9.51±5.31a	4.87±3.98	0.09±0.42	19.07±13.13a
2-5	179	3.11±4.44	5.87±5.62b	4.67±4.14	0.31±0.94	13.95±12.42b
6-10	54	2.96±4.7	6.63±6.60b	4.85±3.90	0.13±0.30	14.57±13.00b
p value*		0.067	**<0.001**	0.807	0.173	**0.009**

** Kruskal Wallis H test*

The comparison of WPVBI total score and subscale score averages under the occupational characteristics of the workplace is given in Table 3. A statistical difference was determined in parallel with the type of hospital they work in terms of the isolation of nurses from work, attack on their occupational status, attack on their personality, and WPVBI total score ($p<0.05$). A statistical difference was reported in the average number of patients per day in terms of the isolation of nurses from work, attack on their occupational status, attack on their personality, and WPVBI total score ($p<0.05$).

Table 4. The Relationships Between CESS Sub-Dimensions, Total Score and Sub-Dimensions of WPVBI

	Avoidant	Compelling	Facilitating	Mediating	Counteracting	Isolation from the work	Attack on professional status	Attack on Personality	Direct Negative Behaviors
Avoidant	0.349**								
Compelling	0.326**	0.505**							
Facilitating	0.261**	0.472**	0.725**						
Counteracting	0.116*	0.476**	0.470**	0.607**					
Isolation from the work	-0.233**	0.043	-0.074	-0.043	0.027				
Attack on Professional status	-0.228**	0.115*	-0.070	0.032	0.203**	0.585**			
Attack on personality	-0.105	0.040	-0.010	-0.017	0.018	0.498**	0.602**		
Direct Negative Behaviors	-0.013	0.028	-0.078	-0.038	-0.048	0.231**	0.137*	0.302**	
WPVBI total	-0.216**	0.087	-0.077	-0.012	0.109	0.770**	0.905**	0.808**	0.293**

**p<0.01, *p<0.0

A statistically significant difference was determined in terms of the attack on occupational status of nurses, attack on their personality, and WPVBI total score, in proportion to their belief in working as a team (p<0.05). A statistically significant difference was determined in terms of the isolation of nurses from work, attack on their occupational status, attack on their personality, and WPVBI total score, in proportion to the support they receive from their manager (p<0.05). A statistically significant difference was found in terms of the isolation of nurses from work, attack on their occupational status, attack on their personality, and total WPVBI score, in parallel with the level of communication they established with clinicians (p<0.05).

The correlation between CASI subscales and WPVBI total score and subscales are given in Table 4. Correlation between subscales was examined and a statistically positive significant difference was found in all the correlations.

The generalized prediction equation for the total score of the scale of psychological violence behaviors experienced in the workplace is given in Table 5. A statistically significant difference was reported in the effects of avoidant and compulsive approaches on WPVBI total score. The relevant findings indicate that the avoidant approach has a negative effect, and the compulsive approach has a positive effect on the WPVBI total score.

Table 5. Generalized Estimation Equation for the Total Score of the Scale of WPVBI

Variables	Parameter Estimation	Standart Error	Wald Statistics	p
Constatnt	14.837	4.575	10.516	**0.001**
Avoidant	-0.698	0.168	17.195	**<0.001**
Compelling	0.469	0.202	5.376	**0.020**
Facilitating	-0.033	0.244	0.019	0.892
Mediating	0.229	0.234	0.957	0.328

DISCUSSION

This study was conducted to determine the exposure to psychological violence, conflict action styles and affecting factors of nurses working in public hospitals, are presented below.

In the study, it was determined that 72.4 % of the nurses experienced violence in the last year, and 52.7% of them were victims of violence many times in the last year. Of the nurses, 60.7% reported verbal violence, and 60.2% reported violence from a patient's relative. Based on the relevant studies, it can be found that the frequency of being exposed to all types of violence varies between 64% and 75.2%, the frequency of being exposed to verbal violence varies between 64%-77%, the frequency of being exposed to physical violence varies between 11% -12%, the frequency of being exposed to psychological violence between 29% and 91% (18,21,39-42). A study on the subject reported that nurses were exposed to verbal violence from patients/families (80%), doctors (42.2%), and other employees (31.2%). (43). According to other studies, 64.9% of Chinese nurses (44), 39% of nurses in Hong Kong, (45) and 65.2% of Chinese nurses (46) were exposed to verbal violence. Again, 15.7% (44) of the nurses, 59.64% (47) was exposed to psychological violence. Despite these high rates, WPV cases have generally been reported in emergencies (44, 46, 48). Again, it is seen that WPV is inadequately regulated in developing countries when compared to developed countries. In some countries, the prevention of workplace violence is a legal obligation, while in other countries it is punishable only if it causes injury (49). For this reason, there are differences in the rates of both general violence and specific types of violence (physical, verbal...) between countries. Obtained results indicate that the most common type of violence that nurses are subjected to is verbal violence because the perpetrators of violence are aware that they will face more legal sanctions in case of physical violence. In addition, it was observed that some nurses accept verbal/psychological violence as a part of their job and do not report any complaint regarding the situation as long as it is not a physical assault. In conclusion, the violence is normalized and the continuity of the violence is ensured. In conclusion, awareness should be increased

especially for the prevention of verbal and psychological (emotional) violence, and effective interventions should be structured.

It was reported in this study that nurses got the highest scores in the opposing (25.94 ± 4.54), facilitating (24.66 ± 4.75), mediating (24.22 ± 4.42) approaches, and the lowest scores in the avoidant approach (18.15 ± 5.15). In another study conducted on the relevant subject, nurses mostly applied adaptive (61.5%) strategy, collaborative strategy (60.3%), compromising and avoidance (57.7%) strategy, and competitive (56.4%) strategy respectively (50). In a study conducted with Jordanian executive nurses, it was determined that the most commonly used style was "integrative style" and the least used style was "dominant style" (22). In a study conducted with 423 nurses in Iran, it was found that nurses mostly used conflict control (4.1 ± 1.07), conflict avoidance (3.78 ± 0.85) and conflict resolution (2.27 ± 0.82) approaches, respectively (51). In another study, it was determined that the nurses applied to "trying to find a solution via direct conversations" (15). These results suggest that nurses adopt more constructive, democratic, and adaptive approaches rather than destructive approaches in case of conflict.

According to the demographic characteristics of the nurses who participated in the study, a statistical difference was found in terms of the mean scores of the CASI subscales and terms of the compulsive approach in proportion to the educational status of the nurses ($p<0.05$). It was determined that the difference stems from the graduates of the health vocational high school (23.90 ± 6.20). In a relevant study, it was determined that conflict management styles do not differ in proportion to education level, yet bachelor's graduates use more controlling, avoiding, and solving styles than their associate degree graduates ($p>0.05$) (51). The reason for the lack of difference in this study is thought to be due to the high number of nurses with close education levels. In another study, it was determined that the level of education significantly affected the exposure to psychological violence ($p<0.05$). (15). These findings indicate that an increase in the level of education also respectively increases the use of constructive approaches minding personal goals and interests.

It was determined that the nurses showed a statistically significant difference in terms of avoidant, compulsive, and opposing approaches in line with the level of communication they established with the clinicians ($p<0.05$). In the literature, it is stated that the negative effect and severity of the stress created by violence are determined by personal reactions; It is stated that exposure to healthcare-related stress without using protective, conflict-solving, and coping

strategies can lead to psychological morbidity and low-quality of life (52). This can be related to the frequent use of the compulsive, avoidance approach by the nurses.

In this study, the P total score average of the nurses was found to be 15.21 ± 12.81. In a study evaluating psychological violence with the “perception assessment scale”, the mean psychological violence score of nurses was found to be 162.64 ± 11.92 for females and 167.54 ± 13.97 for males (53). The level of psychological violence experienced by nurses varied between 73% and 91% in different studies albeit (15,18). These results demonstrate the high frequency of psychological violence experienced by the nurses.

In the present study, 64.3% of the nurses defined themselves as extroverted and sociable, and 16% of them stated that they were bothered by the clinic/institution (Table 1). It was determined that the ratio of psychological violence (WPVBI and subscales) experienced by nurses may differ depending on the type of hospital they work, the clinic they work, the total service year, the working year in the clinic, the weekly working hours, the number of daily patients, the number of nurses working in shifts, the belief in working as a team, the level of communication in the clinic, supportive approach by the manager. In a relevant study conducted with 272 nurses (emergency rooms and psychiatric wards), It has been reported that there is a positive correlation between extrovert personality and resilience (1012 times), and extroverted individuals tend to experience positive emotions (16). These findings indicate that nurses' exposure to psychological violence is associated with both demographic and workplace characteristics.

A significant negative correlation was reported between the “avoidant approach” which is the CASI sub-dimension, and “attack on the occupational status”, and “the individual's isolation from work”, which are the subscales of the WPVBI; and a significant positive correlation was reported between the "attack on professional status" subscale of the WPVBI, and the "opposing approach" and "compelling approach", which are the subscales of CASI. Further analysis indicates that the avoidant approach has a negative effect, and the compulsive approach has a positive effect on the WPVBI total score. Accordingly, nurses preferred the "opposing approach", which involves valuing the aims and relationships during the conflict, seeing the benefit of the conflict, and seeking solutions that will be beneficial to itself and individuals on the opposite side, instead of the "avoidant approach" against psychological attacks on their professional status, professional image, and isolation from work (being forced to change their department, being forced to resign, etc.) In a study conducted with nurses, it was determined that nurses got the lowest score from the submissive approach (2.68 ± 0.60)

(54). Similarly, in a study conducted with nurses working in private hospitals, it was determined that nurses applied a submissive approach at the least (3.36 ± 2.56) (55). These results indicate that nurses do not succumb to conflicts, exhibit a positive attitude toward their profession, and adopt styles aimed at providing more harmony during conflict.

Limitations

This research has some limitations. The first of these limitations is that it was carried out only with nurses working in Ordu city center and its districts. The second limitation is that the data obtained were based on the self-reports of the nurses participating in the study and were not evaluated using other methods. The third limitation is that the study can only be generalized to nurses working in 12 state hospitals operating in the city center and districts of Ordu In addition, since the study was descriptive, it could not be observed how nurses' exposure to psychological violence and their conflict action styles changed. The low reliability of data collection tools is another limitation.

CONCLUSIONS

In line with the findings of the study conducted to determine the relationship between psychological violence against nurses and conflict action styles. Therefore, effective coping styles should be taught to nurses and they should be supported to use them. It has been determined that the conflict action style used by the nurses differs according to the clinics they work, educational status, communication levels, belief in teamwork, working time in the clinic, number of nurses working in the clinic, weekly working time, and average number of patients per day. For this reason, increasing the education level of nurses should be supported, the work environment and working conditions should be supported in terms of both physical and mental dimensions/communication. It has been determined that the exposure of nurses to psychological violence differs according to the duration of work in the profession, the average number of patients per day, the number of nurses working in shifts, the belief in working as a team, the age, the clinic they work at, the weekly working hours, and the state of having communication problems. In addition, it was determined that avoidant (negative) and coercive (positive) conflict action styles were effective in exposure to psychological violence. For this reason, avoidant and coercive conflict action style should be avoided during conflict.

It was determined that using avoidant and coercive approach conflict styles was effective in nurses' experiences of psychological violence. Determining the physical and psychological

violence and conflict action styles that nurses with high workloads are exposed to will ensure the development of appropriate conflict action styles and a decrease in violence in the workplace. Moreover, this approach will increase awareness against all kinds of violence in healthcare institutions and increase the quality of the service provided. In-service training of healthcare professionals should include topics such as "interpersonal communication", "working as a team", "anger management", "problem-solving methods", "conflict action styles", "psychological violence" etc. and to enhance the efficiency of the training, they should be repeated frequently, and these subjects and professional people should teach these subjects with special teaching methods and administrators should also participate in these training. Practices should be made to increase awareness of psychological violence and conflicts in the workplace, improve conflict management styles, and prevent violence in general, and nurses should be supported in every way by their managers. Support groups should be established for healthcare workers who are victims of violence, counseling services should be provided, and “psychiatric nurses” who are experts in this field should take an active role in this regard. In addition, intervention studies can be conducted to reduce psychological violence and develop relevant conflict action styles.

Ethical approval: Written permission was obtained from Ordu Provincial Health Directorate to conduct the study in 12 public hospitals operating in the city center and districts of Ordu (dated 23.10.2018 and numbered 66501263-772.99). Approval was obtained from Ordu University Clinical Research Ethics Committee (dated 15.11.2018 and numbered 2018-236) for research applications. Participant nurses were informed about the study and relevant written consent was obtained.

Conflict of Interest: The author(s) declared no potential conflicts of interest concerning the research, authorship, and/or publication of this article.

Funding: The author(s) received no financial support for the research, authorship, and/or publication of this article.

Data Availaibility Statement: The data that support the findings of this study are available from the corresponding author upon reasonable request. Data collection is ongoing and available upon request.

Author Contributions: Idea/Concept: NG, CM, Design: NG, CM, Data Collection/Processing: CM, Analysis/Interpretation: NG,CM, Literature Review: NG,CM, Drafting/Writing: NG, Critical Review: NG.

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