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## Investigation of the Relationship between Empathic Anger and Violence Tendency in Nurses<sup>1</sup>

### Hemşirelerde Empatik Öfke ve Şiddet Eğilimi Arasındaki İlişkinin İncelenmesi

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**ABSTRACT**

**Introduction:** While empathy is generally regarded as a positive trait, the emergence of empathic anger among nurses can have adverse effects on their mental well-being and, more importantly, on their tendency for violence.

**Aim:** The aim of the study was to determine the relationship between empathic anger and violence tendencies in nurses.

**Method:** This cross-sectional study was conducted on 348 nurses who agreed to participate in the research working in a hospital in Erzurum. The study data were collected with a personal information form, empathic anger scale, and violence tendency scale. The data analyzed using One-Way ANOVA and independent samples t-tests, and Hierarchical regression analyses.

**Results:** It was found that the mean Empathic Anger Scale score of the nurses included in the study was 23.20 ± 5.66, and the Violence Tendencies Scale score was 44.35 ± 11.01. It was found that there was a positive, statistically significant relationship between the Empathic Anger Scale scores and Violence Tendencies Scale mean scores of the nurses ( $p < 0.001$ ). In the regression model, Empathic Anger Scale scores were entered as the sole predictor, explaining 9.6% of the variance in violence tendency ( $R^2 = 0.096$ , Adj.  $R^2 = 0.093$ ,  $p < 0.05$ ).

**Conclusion:** As a result, it shows that empathic anger in nurses has a significant and positive effect on violent tendencies. In addition, it was determined that as the empathic anger levels of the nurses increased, their level of violence tendencies also increased.

**Keywords:** Anger; empathic; nurse; tendencies; violence.

**Öz**

**Giriş:** Empati genellikle olumlu bir özellik olarak kabul edilse de hemşireler arasında empatik öfkenin ortaya çıkması, zihinsel iyilik halleri üzerinde olumsuz etkilere ve daha da önemlisi, şiddet eğilimlerine sahip olmalarına neden olabilir.

**Amaç:** Bu çalışmada hemşirelerde empatik öfkenin şiddet eğilimleri üzerindeki etkisini belirlemek amaçlandı. Yöntem: Bu kesitsel bir araştırma Erzurum ilindeki bir hastanede çalışan ve araştırmaya katılmayı kabul eden 348 hemşire ile yürütüldü. Araştırma verileri Kişisel Bilgi Formu, Empatik Öfke Ölçeği ve Şiddet Eğilimleri Ölçeği ile toplanmıştır. Veriler Tek Yönlü Varyans Analizi ve bağımsız örneklem t-testi, Hiyerarşik regresyon analizleri kullanıldı.

**Bulgular:** Araştırmaya dahil edilen hemşirelerin Empatik Öfke Ölçeği puan ortalamasının 23,20 ± 5,66 ve Şiddet Eğilimleri Ölçeği puanlarının ortalamasının 44,35 ± 11,01 olduğu bulunmuştur. Hemşirelerin Empatik Öfke Ölçeği puanları ile Şiddet Eğilimleri Ölçeği puanları arasında pozitif, istatistiksel olarak anlamlı bir ilişki bulunmuştur ( $p < 0,001$ ). Regresyon modelinde, yalnızca Empatik Öfke Ölçeği puanları yordayıcı olarak dahil edilmiş ve şiddet eğilimindeki varyansın %9,6'sını açıklamıştır ( $R^2 = 0,096$ , Düzeltilmiş  $R^2 = 0,093$ ,  $p < 0,05$ ).

**Sonuç:** Hemşirelerin empatik öfke ve şiddet eğilimleri seviyelerinin ortalamamın üzerinde olduğu belirlenmiştir. Sonuç olarak, hemşireler arasında empatik öfkenin şiddet eğilimleri üzerinde anlamlı ve pozitif bir etkisi olduğu görülmüştür. Ayrıca, hemşirelerin empatik öfke seviyeleri arttıkça, şiddet eğilimleri seviyelerinin de arttığı belirlenmiştir.

**Anahtar Kelimeler:** Eğilim; empati; hemşirelik; öfke; şiddet.



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## Introduction

Nursing is a vital profession that closely concerns individuals, families, communities, and the environment in terms of preserving, enhancing, improving, and rehabilitating the health of individuals, families, and the community (Bölüktaş, Zülfünaz & Yıldırım, 2018). The foundation of the nursing profession is based on patient care and the quality of care provided (Şahin, Özgen, Özdemir & Ünsal, 2018). In the nursing profession, and particularly in nursing care, the importance of empathy towards the patient is significant. It facilitates the accurate understanding of the patient's needs by the nurse and contributes to achieving positive outcomes from the nursing services provided (Şahin et al., 2018). Nurses exhibit an empathic approach due to their ability to understand the challenges patients face when making medical decisions and accessing healthcare services (Şahin & Özdemir, 2015). Empathy, as defined by Rogers and explored by various researchers, means putting oneself in someone else's place, seeing things from their perspective, understanding and sharing their emotions and thoughts, and communicating this understanding to them (Uysal, 2016). Empathy is the ability to understand and simultaneously feel the emotions and thoughts of other individuals in their current situation (Gustini, 2017). In other words, empathy is the process of understanding another person's experience (Barnett & Mann, 2013). Empathy, typically examined through cognitive and sensory dimensions, also needs to be evaluated from a behavioral standpoint. In this context, the behavioral aspect of empathy, also known as reactive empathy, goes beyond understanding the other person and includes providing feedback for them (Hoffman, 1990; Shima & Suzuki, 2024). One of these feedback mechanisms is empathic anger (Shima & Suzuki, 2024).

Empathic anger is a concept that emerges when a person feels the emotion accompanying the distress experienced by others as they observe it and arises during the process of addressing and alleviating this distress (Bringle, Hedgepath & Wall, 2018; Shima & Suzuki, 2024). Caring about the well-being of others and witnessing unfair treatment towards these individuals can lead to experiencing empathic anger towards the person being treated unjustly (Hoffman, 1990; Shima & Suzuki, 2024). Empathic anger is similar to the anger felt in response to personal injustice but directed towards injustice committed against others (Batson et al., 2007). Empathic anger is a reaction felt towards those who unjustly or unfairly treat patients (İnci & Bourse, 2014). However, this feeling of anger should be managed in a healthy manner (Tutkun, Demirtaş, Açıkgöz & Tekşal, 2017). Nurses can direct their empathic anger towards patient advocacy activities and positively act to protect patients' rights (Terkeş, Değirmenci & Bedir, 2021). In summary, empathy is a powerful tool for creating positive changes in healthcare (İnci & Bourse, 2014). By embracing this concept of empathy, nurses should ethically and constructively fulfill their roles and responsibilities in protecting patients' rights and promoting social justice (Tutkun, Demirtaş, Açıkgöz & Tekşal, 2017). Violence, a multifaceted phenomenon that has rapidly increased in recent years and encompassed all aspects of societal life, is also a significant issue in the nursing profession (Terkeş, Değirmenci & Bedir, 2021). Violence is a preventable and mitigatable occurrence. Due to the involvement of numerous factors in its formation, a biopsychosocial evaluation is required to find solutions (Ayan, 2006; Özgür, Yörükoğlu & Baysan Arabacı, 2011; Butchart, Mikton, Dahlberg & Krug, 2015).

Nursing is one of the professions that comprehensively addresses the holistic nature of the human being, considering the biopsychosocial aspects. In this context, individuals may develop empathic anger in the face of patients' grievances to uphold their well-being and stand against injustices, leading to a tendency towards violence. This perceived tendency towards violence can impact on the quality of care in nurses, leading to disruptions in healthcare services, decreases in quality, and negative physical and psychological effects on healthcare workers (İnci & Bourse, 2014).

The tendency towards violence accompanied by empathic anger raises concerns about its potential impact on mental and physical dimensions, affecting both professional and personal life (Hoffman, 1990; Shima & Suzuki, 2024). In this regard, upon reviewing the literature, no study has been found examining the relationship between nurses' empathic anger and their tendencies toward violence. This study is believed to significantly contribute to literature by determining the correlation between nurses' levels of empathic anger and their tendencies toward violence.

## Aim

This study was conducted to determine the effect of empathetic anger on violence tendencies in nurses.

## Research Questions

1. What were nurses' empathic anger levels?
2. What were the violence tendency levels of nurses?
3. What was the relationship between empathic anger and violence tendencies of nurses?

## Method

### Study Design

This study was conducted as a cross-sectional research design between January and April 2023.

### Study Setting

This research was conducted with nurses working at Erzurum Atatürk University Faculty of Medicine Research Hospital.

### Study Population and Sample

The population of the research consists of nurses working at Atatürk University Faculty of Medicine Research Hospital (n = 1384). In this study, G\*Power software was used to determine the minimum sample size. In the calculations, the statistical test selected was "Correlation: Point biserial model," with an effect size (r) of 0.2, a error probability of 0.01, power (1 -  $\beta$  error probability) of 0.95, and the required sample size for a two-tailed test design was determined to be 301. The sample of the study consisted of 348 nurses who agreed to participate during the specified dates and met the inclusion criteria. The inclusion criteria were: (1) being a nurse, (2) agreeing to participate in the study, and (3) being over 18 years old. The participants were selected using the snowball sampling method.

### Data Collection Tools

Descriptive Characteristics Form, Empathic Anger Scale (EAS) and Violence Tendency Scale (VTS) were used as data collection tools in the study.

**Descriptive Characteristics Form:** This form consisted of 19 questions including sociodemographic information of the nurses.

**Empathic Anger Scale:** Developed by Vitaglione and Barnett (2003), this scale aims to determine the levels of empathic anger in individuals. Prepared for this purpose, the 7 stated between "1 = Does not describe me well" and "5 = Describes me very well". One item (7<sup>th</sup> item) on the scale is reverse scored. A minimum of 7 and a maximum of 35 points are obtained from the scale. Higher scores indicate increased levels of empathic anger. Cronbach's  $\alpha$  reliability coefficient for the original scale is 0.86. The validity and reliability study for the Turkish society was conducted by Okutan in 2019. The Cronbach's  $\alpha$  reliability coefficient for the Turkish scale is 0.71. Cronbach's  $\alpha$  coefficient was calculated as 0.80 for this study.

**Violence Tendency Scale:** Göka, Bayat, and Türkçapar (1995) developed this scale for a Ministry of National Education project to measure violent tendencies in secondary students. After establishing its content validity, the scale was used in the 1998 study "Domestic and Societal Violence" by the Family Research Institute under the Turkish Prime Ministry. Within the scope of the content validity study, to test the scale's reliability, the internal consistency reliability coefficients were found to be 0.78 and 0.87 at two distinct intervals. In this study, Cronbach's  $\alpha$  coefficient was determined to be 0.87. The 20 - item scale employs a four-point Likert scale ranging from "1 = not at all appropriate", "2 = somewhat appropriate", "3 = appropriate", "4 = highly appropriate". A higher score indicates an individual's heightened aggression and violent tendency. In the research by the Family Research Institute, scores from the scale were interpreted as follows: 1 - 20 as "very low" violent tendency, 21 - 40 as "low", 41 - 60 as "high", and 61 - 80 as "very high" violent tendency.

#### Ethical Considerations

The approval for conducting the research was obtained from the Scientific Research and Publication Ethics Committee of Erzurum

Technical University (Date: 30.05.2022 and No: 9). A study permit dated 03.03.2023 and numbered E-62300138-200-2300007905 was obtained from the institution where the research was conducted. Nurses included in the study were provided with a text explaining the purpose and process of the study, fulfilling the principle of informed consent. The Declaration of Helsinki was adhered to in the research.

#### Data Collection

The data of the study were collected face to face with nurses who agreed to participate in the research. The purpose of the study was explained to the nurses participating in the study and their written consent was obtained.

#### Data Analysis

Data was analyzed using the Statistical Package for the Social Sciences Version 22.0 (IBM Corp., Armonk, NY, USA) software package. In the analysis of data numbers, percentages, mean and standard deviation analysis were used. When examining the normality distribution of the data, it was determined that the Skewness and Kurtosis values were between +2 and -2 and showed a normal distribution. Additionally, One-Way ANOVA and independent samples t-tests were employed. The reliability of the measurements was tested with Cronbach's  $\alpha$  values. Pearson correlation analysis was used to examine the relationship between measurements. Hierarchical regression analyses was performed to measure the relationship between quantitative variables. A statistical significance level of  $p < 0.05$  was adopted.

#### Results

The predominant gender was female, constituting 74.4% of the nursing populace. The most prevalent age range was 26 - 30 years, making up 47.5% of the sample. Furthermore, those with bachelor-level education constituted 69% of the study population, and single individuals comprised 63.5% (Table 1).

**Table 1: Distribution of Nurses' Descriptive Characteristics and Comparison of Violence Tendency Scale and Empathic Anger Scale Scores (n = 348)**

Descriptive characteristics	n	%	Violence Tendency Scale		Empathic Anger Scale		p	
			Mean $\pm$ SD	Test Statistic	Mean $\pm$ SD	Test Statistic		
<b>Gender</b>								
Female	259	74.4	43.8 $\pm$ 11.2	1.710†	0.083	23.4 $\pm$ 5.4	1.279†	0.202
Male	89	25.6	46.1 $\pm$ 10.2			22.5 $\pm$ 6.4		
<b>Age</b>								
Between 20 and 25 years <sup>1</sup>	100	28.7	46.5 $\pm$ 9.3	2.691‡	0.046*	24.1 $\pm$ 5.3	1.639‡	0.180
Between 26 and 30 years <sup>2</sup>	165	47.5	43.3 $\pm$ 11.1			22.8 $\pm$ 5.6		
Between 31 and 35 years <sup>3</sup>	52	14.9	45.4 $\pm$ 13.8			23.5 $\pm$ 5.9		
36 years and above <sup>4</sup>	31	8.9	41.3 $\pm$ 9.8			22.0 $\pm$ 6.3		
<b>Education level</b>								
Vocational school of health	85	24.4	47.4 $\pm$ 12.4	4.912‡	0.008*	23.2 $\pm$ 5.6	1.340‡	0.263
Bachelor's degree	240	69.0	43.6 $\pm$ 10.6			23.0 $\pm$ 5.7		
Master's degree	23	6.6	40.9 $\pm$ 7.1			25.0 $\pm$ 5.6		
<b>Marital status</b>								
Married	127	36.5	42.4 $\pm$ 10.5	2.577†	0.010*	23.1 $\pm$ 5.9	0.384†	0.701
Single	221	63.5	45.5 $\pm$ 11.1			23.3 $\pm$ 5.5		

n: Number; %: Percentages; SD: Standard deviation; ‡ One way ANOVA Test; †: Independent samples t test; \* = p value < 0.05.

**Table 2: Distribution of Nurses' Professional Characteristics and Comparison of Violence Tendency Scale and Empathic Anger Scale (n = 348)**

Descriptive characteristics	n	%	Violence Tendency Scale		Empathic Anger Scale		Test Statistics	p
			Mean ± SD	Test Statistic	Mean ± SD	Test Statistics		
<b>Working unit</b>								
Clinic <sup>1</sup>	239	68.7	42.5 ± 9.5		22.6 ± 5.6			
Intensive care <sup>2</sup>	28	8.0	49.4 ± 16.3		25.4 ± 5.7			
Emergency <sup>3</sup>	43	12.4	48.7 ± 11.6	5.888‡	23.9 ± 5.7	2.244‡	0.001*	0.064
Management <sup>4</sup>	11	3.2	49.5 ± 14.6		23.8 ± 5.6			
Outpatient clinic <sup>5</sup>	27	7.8	46.2 ± 10.4		24.5 ± 6.1			
<b>Working position</b>								
Service nurse <sup>1</sup>	269	77.3	43.9 ± 10.9		23.2 ± 5.6			
Authorized nurse <sup>2</sup>	26	7.5	42.3 ± 9.2		22.5 ± 5.6			
Outpatient clinic <sup>3</sup>	15	4.3	44.3 ± 11.5	2.671‡	24.2 ± 6.3	0.328‡	0.047*	0.805
Other <sup>4</sup>	38	10.9	48.9 ± 11.9		23.0 ± 6.3			
<b>Type of working</b>								
Usually during the day <sup>1</sup>	133	38.2	43.9 ± 10.5		23.2 ± 5.6			
Usually at night <sup>2</sup>	23	6.6	47.4 ± 14.2	2.982‡	22.4 ± 7.5	2.276‡	0.376	0.759
Day-night rotation <sup>3</sup>	192	55.2	44.3 ± 11.0		23.3 ± 5.5			
<b>Self-assessment</b>								
Authoritarian <sup>1</sup>	145	41.7	45.2 ± 12.1		23.74 ± 5.0			
Angry <sup>2</sup>	36	10.3	49.1 ± 10.1		23.5 ± 6.4			
Over protective <sup>3</sup>	30	8.6	43.6 ± 9.2	3.655‡	23.9 ± 4.6	1.329‡	0.006*	0.259
Relaxed <sup>4</sup>	128	36.8	42.8 ± 10.1		22.5 ± 5.9			
Other <sup>5</sup>	9	2.6	36.8 ± 6.4		21.0 ± 5.5			

n: Number; %: Percentages; SD: Standard Deviation; ‡: One way ANOVA Test; †: Independent Samples t Test; \* p value < 0.05.

A significant statistical difference was found among mean VTS scores of nurses, with factors such as age, educational level, and marital status exerting significant influence ( $p < 0.05$ ). Likewise, a significant difference was observed in the average VTS scores according to the working unit, professional rank, and self-assessment variables ( $p < 0.05$ ) (Table 2). A moderate yet statistically significant positive correlation was identified between the VTS and EAS scores of the nurses participating in the study ( $r = 0.309$ ;  $p = 0.001$ ). Hierarchical regression analyses were conducted to determine the effects of independent variables on predicting violence tendency among nurses. The analyses were performed incrementally, introducing independent variables in different models to evaluate their individual contributions to the explained variance in violence tendency. In the first model, EAS scores were entered as the sole predictor, explaining 9.6% of the variance in violence tendency [ $R^2 = 0.096$ , Adj.  $R^2 = 0.093$ ,  $p < 0.05$ ,  $VTS = 30.398 + (0.601 \times EAS)$ ]. In the second model, education level was added as an additional predictor alongside EAS scores. This model explained 12.7% of the variance ( $R^2 = 0.127$ , Adj.  $R^2 = 0.122$ ,  $p < 0.05$ ), indicating a modest improvement in explanatory power ( $VTS = 36.835 + (0.615 \times EAS) - (3.709 \times Education)$ ). When the average scores of the nurses from both scales are examined, the mean score for the "Empathic Anger Scale" is  $23.20 \pm 5.665$ , and the mean score for the "Violence Tendency Scale" is  $44.35 \pm 11.016$  (Table 3).

## Discussion

Empathy, the fundamental component of a helping relationship, lies at the core of nursing care (Şahin & Özdemir, 2015). With the

anticipation that this study, which examines the transformation of empathy, a fundamental element in nursing, into empathic anger and its effects on violent tendencies, will contribute significantly to the literature, it's noteworthy that the empathic anger scale scores of the nurses within the scope of the study are above average. While the concept of empathic anger garners broad interest, especially in the field of social psychology, it's evident that evaluation methods for the concept differ. Accordingly, some researchers examine empathic anger through qualitative methods (Gunther, 2011; Forsberg, Thornberg & Samuelsson, 2014), some investigate its malleability through experimental methods (Batson et al., 2007; Nelissen & Zeelenberg, 2009; Gummerum, Van Dillen, Van Dijk & López Pérez, 2016; Dimitroff et al., 2020) and in other studies, empathic anger situations have been observed with emotional expressions (Fernando, Kashima & Laham, 2019; Trach & Hymel, 2020). When reviewing studies conducted in Turkey, it is observed that empathy is discussed in different

**Table 3: Empathic Anger Scale Scores and Violence Tendency Scale Total Scores (n = 348)**

Scale	Min	Max	Mean ± SD
EAS	9	35	23,20 ± 5,67
VTS	20	99	44,35 ± 11,02

EAS: Empathic Anger Scale; VTS: Violence Tendency Scale; Min: Minimum value; Max: Maximum value.

fields of work (such as education, health, psychology, and work-life) along with its numerous emotional and behavioral effects (Kışlak ve Çabukça, 2002; Tutuk, Al & Doğan, 2002; Doğan, Üngüren & Algür, 2010). Nursing is a profession that entails professional care. In nursing care, exhibiting an empathic attitude is inevitable (Özdelikara & Babur, 2020). Care devoid of empathy and compassion is bound to be insufficient, unlikely to positively contribute to the patient's recovery process or increase patient satisfaction (Şirin & Yurttaş, 2015). In addition, while there's no study directly examining empathic anger and tendencies toward violence in nurses, there are notable studies in the literature suggesting that nurses with advanced empathic abilities exhibit higher burnout levels, supporting the findings of this study (Topçu, 2020; Demirci, 2023).

Nurses with high empathic inclinations play a crucial role in providing quality care by establishing more accessible and healthier communication with patients. Furthermore, resonating emotionally with the feelings of a patient or individual can lead to empathic anger, potentially compromising a nurse's professional behavior and impartiality principles. Such empathic anger may influence tendencies toward violence. In this context, as the study findings are further scrutinized, it's striking to note that the scores of nurses participating in the study on the violence tendency scale are above average, which reinforces the aforementioned observations. Violence, while being a concept with mitigatable adverse effects, is a significant issue that needs to be addressed within a biopsychosociocultural context. This is due to its preventable nature and the multiple factors influencing its emergence (Ayan, 2006; Özgür et al., 2011; Butchart et al., 2015). A review of the literature emphasizes the multifaceted and multi-variable nature of violence's emergence, noting the influence of individual factors (e.g., low / high self-esteem, inadequate coping abilities), familial aspects (e.g., economic conditions, stress), and social traits (e.g., culture, education level) (Weir, 2005; Ayan, 2006; Özerkmen & Gölbaşı, 2012). Nursing is one of the crucial professions that holistically address humans, biopsychosocioculturally complex entities, and the issues related to them. The determination of underlying causes of violent tendencies in nurses and discussions on possible interventions hold significant importance in the nursing profession, with its core focus on humans (Yüksel, Engin & Öztürk Turgut, 2015).

In line with the analysis conducted, a moderate but statistically significant positive correlation was identified between empathic anger and violent tendencies scores in nurses ( $r = 0.309$ ,  $p < 0.05$ ). The determination coefficient ( $R^2$ ) indicates that approximately 9.6% of the variance in violence tendencies can be explained by empathic anger levels. This finding highlights the role of empathic anger in predicting violent tendencies. The derived model is statistically significant and further confirms the relationship ( $p < 0.05$ ).

Nurses, playing pivotal roles within the health team, should first be aware of their own empathic anger and violent tendencies. Their ability to recognize and cope with these tendencies is thought to be paramount in preventing societal empathic anger and violence. This study, unveiling a significant relationship between empathic anger and violent tendencies in nurses, represents a unique contribution to literature. It's anticipated to shed light on further scientific studies in this direction.

## Limitations

The study has some limitations as follows: it is based on correlations from situational analysis, was done in just one hospital in the eastern region, and the scales used can't provide definite diagnoses.

## Conclusion

In this study, it was determined that the scores of nurses on the empathic anger scale were above average. Similarly, the nurses' scores on the violent tendencies scale were also above average. Accompanied by the analyses conducted, a moderate statistically significant positive relationship was found between empathic anger and violent tendencies scores in nurses. Further analyses revealed a positive effect of empathic anger levels on violent tendencies among nurses. Interventions tailored based on reasons affecting nurses' levels of empathic anger can influence these levels and have a positive impact on their violent tendencies. In this context, there is a need for interventionist studies, and it would be beneficial to replicate this study with different sample groups.

**Ethical Considerations:** Ethical approval was obtained from the Scientific Research and Publication Ethics Committee of Erzurum Technical University for this study (Date: 30.05.2022 and No: 9).

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