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## The effect of emphatic tendency levels of nurses on their conflict resolution skills

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### Abstract

The aim is to determine the effect of nurses' emphatic tendency levels on their conflict resolution skills. The research was carried out with the participation of 228 nurses. The data were collected using a questionnaire consisting of 25 questions, Emphatic Tendency Scale and Rahim Organizational Conflict Inventory-II. Percentage calculation, one-way analysis of variance, Kruskal–Wallis test and Mann–Whitney U test are used for evaluating the data. A statistical relationship has been found between some of the sociodemographic and occupational characteristics of the nurses and their average score in quality of working life scale and Rahim Organizational Conflict Inventory ( $p < 0.05$ ). In this study, a positive, moderate relationship has been found between Emphatic Tendency Scale and Rahim Organizational Conflict Inventory, dimension of Integration ( $p < 0.001$ ). It is determined that Emphatic Tendency Scale score has a direct proportion to Rahim Organizational Conflict Inventory-II, dimension of Integration.

**Keywords:** Nurse, quality of working life, professional attitudes in nursing.

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## 1. Introduction

Conflict can be defined as a dispute between two or more people or groups that has moderating, constructive or destructive characteristics depending on various factors (Kocel, 2005). Although conflict often arises due to the problems of nonconformity, disagreement, obstruction and preference (Seval, 2006), the main underlying cause of each conflict is usually the sense of personality and sense of self (Dursun, 2008). Conflict is a situation that can be seen in all sectors. Within the health system, conflict may arise depending on many factors among individuals.

Nurses are the professionals spending the most time with patients and relatives in the healthcare system. Nurses actively involved in healthcare may have conflicts with managers, subordinates and other employees depending on various factors such as individual characteristics, interpersonal factors, organisational commitment, limited resources sharing, different management styles, high levels of stress, intergroup differences regarding the purpose, competition and communication deficiencies (Dursun, 2008), uncertainties regarding duties, powers and responsibilities, status differences (Aslan, 2004), incompatibility between team members (Akgun Citak, 2006; Coombs, 2004; Hendel, Fish, & Berger, 2007; Vivar, 2006), lack of materials and personnel (Sportsman, 2005). In order to ensure that the quality of care provided and patient satisfaction are not affected negatively from the conflicts experienced, it is very important that these conflicts that nurses face are managed effectively (Akgun Citak, 2006; Kantek & Kavla, 2007; Sportsman, 2005; Vivar, 2006).

The most effective method of conflict management is communication. Correct use of communication skills such as listening, giving feedback, nonverbal communication, use of body language and empathy help manage conflicts effectively while preventing conflicts from arising (Cuceloglu, 2008). Empathy is one of the most important components of communication. Empathy is explained in such a way as to perceive the inner state of another person correctly in accordance with the emotional elements, meanings and contents of that person (Rogers, 1975). Dokmen (1995) defines empathy as putting oneself in someone's shoes and conveying the feelings and thoughts of the other person across correctly (Dokmen, 1995).

Empathy has three basic elements. These are to try seeing the events taking place from the other person's point of view, to understand one's feelings and thoughts, to be able to show the fact that we understand that person. While looking at the events from someone's point of view; It is important to note that each individual has a different perspective depending on their past experience and personal characteristics. Because understanding the individual's feelings and thoughts and how he feels first requires the individual to understand what he thinks (Baltas & Baltas, 2006).

The importance of having empathic skills during vocational training is emphasised in the nursing profession where interaction with people is indispensable. Empathy is regarded as a prerequisite for effective and healthy communication in interpersonal relationships. The ability of nurses to empathise depends on their ability to resolve conflicts related to the working environment, to maintain interpersonal communication in a healthy manner, to increase the quality of patient and family care and to understand the feelings and thoughts of individuals, other than the professional knowledge and skills of nurses (Bilge & Bilge, 2017).

In order to prevent possible conflicts in the healthcare environment and to safely provide health care services, it is assumed that determining the effect of nurses' empathic tendency levels in conflict resolution skills is extremely important. The results from this research are thought to be useful in planning training programmes for the development of nurses' empathic tendency skills and in developing appropriate strategies for resolving conflicts. In addition, determining the empathic tendency levels of nurses and the factors associated with conflict resolution skills may increase job satisfaction and motivation of nurses, improve communication between team members and increase patient satisfaction.

### **1.1. Objective of the study**

In order to determine the impact of nurses' empathic tendencies on conflict resolution skills, this study aimed to answer the following questions:

- What are the socio-demographic and professional characteristics of the nurses?
- At what level are the empathic tendency levels of nurses and conflict resolution skills?
- What are the factors that influence conflict resolution skills and the empathic tendencies of nurses?
- Is there a relationship between socio-demographic and occupational characteristics of nurses, empathic tendency levels and conflict resolution skills?

## **2. Material and methods**

### **2.1. Place and time of the research**

This study was conducted as a descriptive and cross-sectional study to determine the effect of nurses' empathic tendency levels on their conflict resolution skills. The study was conducted with the participation of nurses working in a hospital between 20 August 2017 and 20 October 2017.

### **2.2. Population and sample of the research**

In this study, nurses were selected using the Simple Random Sampling Method from Probabilistic Sampling Methods, which is a sampling method in which individuals can be equally probabilistically selected from the environment. The number of samples to represent the study universe was calculated as 220 with a 5% error at the 95% confidence limit for a total of 550 nurses working at the hospital where the study was conducted. Data collection process was completed when 228 nurses were reached considering that there might be data loss. Nurses, 18 years of age and above, male and female, volunteering to participate in the research were included in the research. On the days when the questionnaire was applied, nurses who were on leave or reported were not included in the sampling. The response rate of the questionnaire form is 75%.

### **2.3. Tools of data collection**

In this study, the nurses were collected using the introductory information form 'Empathic Tendency Scale' and 'Rahim Organizational Conflict Inventory-II'. The introductory information form for the nurses consists of a total of 25 questions aimed at determining the sociodemographic and occupational characteristics of the nurses.

#### **2.3.1. Empathic Tendency Scale**

Empathic Tendency Scale is a scale evaluating the tendency of people to empathise in daily life developed by Dokmen (1988). The Empathic Tendency Scale is a Likert type scale consisting of 20 items. Individuals are asked to indicate how much they agree with each item, by marking one of the numbers from 1 to 5. The numbers that individuals mark after reading the items form the scores for that item. Negative items are scored reversely. The scores are given as follows: Strongly agree = 1, Strongly disagree = 5. The higher the score, the higher the empathic tendency and the lower the score, the lower the empathic tendency. Dokmen found the Cronbach Alfa reliability coefficient of the scale to be 0.92 (Dokmen, 1988). In this study, the Cronbach's alpha reliability coefficient of the Empathic Tendency Scale was 0.69.

#### **2.3.2. Rahim Organizational Conflict Inventory-II (ROCI-II)**

Rahim Organizational Conflict Inventory-II, developed by Rahim (1983), is a scale which the Turkish validity and reliability made by Gumuseli (1994). Rahim Organizational Conflict Inventory-II was developed to identify the methods that individuals use to solve conflicts in organisations with

managers, subordinates and other employees. It is a five-point Likert scale consisting of 28 items and five sub-dimensions. These dimensions consist of the following items respectively: Integration sub-dimension 1, 5, 12, 22, 23 and 28; Compromise sub-dimension 2, 11, 13, 19 and 24; Domination sub-dimension 8, 9, 18, 21 and 25; Reconciliation sub-dimension 4, 7, 10, 14, 15 and 20 and Avoidance sub-dimension includes items 3, 6, 16, 17, 26 and 27. The answers given to the items in the scale are scored as 1 = Rarely and 5 = Always. The evaluation of the scale is based on the mean scores from the sub-dimensions forming the scale. The sub-dimension with the highest average indicates the preferred conflict management approach. In the adaptation study conducted by Gumuseli, it was reported that Cronbach's alpha coefficient of ROCI-II was 0.81, and Cronbach's alpha coefficient of sub-dimensions ranged between 0.72 and 0.77 (Gumuseli, 1994). In this study, it was determined that the Cronbach Alpha coefficient of Rahim Organizational Conflict Inventory is 0.93. It was determined that the Cronbach's Alpha coefficient of the sub-dimension of the scale ranged between 0.65 and 0.89.

#### **2.4. Data collection**

The questionnaire was tested with a preliminary application in a group of 15 people and nurses participating in the pilot study were not included in the sampling. Nurses participating in the study were informed about the study and after they received their informed consent, the researchers began to collect the data. Approximately the data collection time lasted 10–15 minutes. Nurses were told that the decision on whether or not to participate in the survey is entirely up to them, that their names will not be written on the questionnaire and that the data to be collected in this study will be used only for research purposes.

#### **2.5. Data analysis**

Statistical analysis of the effects of empathic tendency levels of nurses on conflict resolution skills was performed using the SPSS 21 package program in a computer environment. Mean, percent, chi-square, Kolmogorov–Smirnov, Mann–Whitney U Test, Kruskal–Wallis Test and One-Way ANOVA were used in the analysis of the data.

### **3. Results**

Of the nurses participating in the study, 89.9% were women, 10.1% were men, 68.9% were married and 80.7% were licensed. The average age of the nurses was  $32.3 \pm 6.3$ . It was determined that the work experience of the 51.3% of the nurses included in the study ranges between 1 and 10 years, that 72.8% were employed as permanent staff, that 94.7% were working as service nurses, that the working hours of 87.7% of the nurses ranged between 0 and 40 hours, that 90.4% of them are working in day-night shift, that 38.2% of them were found to have had a conflict at least once a month, 73.2% had voluntarily selected their profession and 42.1% were partially satisfied with the service they were working in (Table 1).

The mean score of Empathy Tendency Scale of nurses was determined as  $69.96 \pm 7.59$ . It was determined that the total median scores of the nurses were different according to the duty at the service ( $p = 0.018$ ), weekly working hours ( $p = 0.011$ ), selecting their job voluntarily ( $p = 0.038$ ) and satisfaction with working environment ( $p = 0.002$ ). It was determined that the median scores of nurses did not differ according to age, gender, marital status, educational background, duration of professional experience, duration of institutional work, years of service at work and working style ( $p > 0.05$ ) (Table 2).

Rahim Organizational Conflict Inventory Integration, Compromise, Domination, Reconciliation, Avoidance sub-dimension score averages were determined respectively as follows:  $3.73 \pm 0.73$ ,  $3.04 \pm 0.67$ ,  $2.75 \pm 0.69$ ,  $3.73 \pm 0.76$  and  $3.00 \pm 0.73$ . When the average scores of the Rahim Organizational Conflict Inventory-II sub-dimensions were examined, it was found that the nurses got

the highest score average from 'Integration' ( $3.73 \pm 0.73$ ) and lowest score average from 'Domination' ( $2.75 \pm 0.68$ ) sub-dimensions (Table 3).

It was found that the median score of the nurses' Rahim Organizational Conflict Inventory sub-dimension differed according to gender ( $p < 0.001$ ) and satisfaction with the working environment ( $p = 0.002$ ). It was observed that the median sub-dimension of integration was higher in women. In addition, the Integration sub-dimension median score was found to be the same in nurses who were partially satisfied and dissatisfied with the working environment. When the average rank of nurses was examined, it was determined that the average rank of nurses who were satisfied was 104.78 and the average rank of dissatisfied nurses was 100.55. It was determined that the median scores of nurses' integration sub-dimension of nurses did not differ according to age, marital status, education status, duration of institutional work, working status at the service, working period at the service, working style, weekly working hours and occupational choice status of nurses ( $p > 0.01$ ) (Table 4).

It was determined that the median score of the nurses' sub-dimension of the Rahim Conflict Inventory Competition differed according to their working period in the service ( $p = 0.024$ ). The average score of Compromise sub-dimension is the same for both nurses working 9–16 years and working 17–23 years at the service. However, when the rank averages were examined, it was determined that the average of the nurses whose working period was 17–23 years was 155.04, the average of those whose working period was the 9–16 years was 102.13. It was found that the nurses who have 17–23 years working time at the service have a higher median score of Rahim Organizational Conflict Inventory Compromise sub-dimension. It was determined that the median scores of nurses' compromise sub-dimension of nurses did not differ according to age, marital status, education status, duration of institutional work, working status at the service, working period at the service, working style, weekly working hours and occupational choice status of nurses and their satisfaction in the work environment ( $p > 0.01$ ) (Table 5).

It was determined that the median scores of nurses' Domination sub-dimension of nurses did not differ according to age, marital status, education status, duration of institutional work, working status at the service, working period at the service, working style, weekly working hours and occupational choice status of nurses ( $p > 0.05$ ) (Table 6).

It was determined that the median scores of the nurses' Rahim Organizational Conflict Inventory Reconciliation sub-dimension differ according to the gender of the nurses ( $p = 0.002$ ) and weekly working hours ( $p = 0.019$ ). It was found that the median score of Rahim Organizational Conflict Inventory Compromise sub-dimension was higher in women and nurses with weekly working hours of 0–40 hours. It was determined that the median scores of nurses' domination sub-dimension of nurses did not differ according to age, marital status, education status, duration of institutional work, working status at the service, working period at the service, working style, weekly working hours and occupational choice status of the nurses, and their satisfaction in the work environment ( $p > 0.01$ ) (Table 7).

It was determined that the median scores of nurses' avoidance sub-dimension of nurses did not differ according to age, marital status, education status, duration of institutional work, working status at the service, working period at the service, working style, weekly working hours and occupational choice status of nurses and their satisfaction in the work environment ( $p > 0.01$ ) (Table 8).

The Empathic Tendency Scale score was found to be a low significant positive correlation between the Rahim Organizational Conflict Inventory Integration ( $r = 0.445$ ), Compromise ( $r = 0.293$ ) and Reconciliation ( $r = 0.494$ ) sub-dimension scores. It was determined that there is no significant correlation between sub-dimensions of Rahim Organizational Conflict Inventory Domination and Avoidance. It was determined that as the score of the Empathic Tendency Scale increased, the Rahim Organizational Conflict Inventory Integration, Compromise and Reconciliation sub-dimension scores increased ( $p < 0.001$ ) (Table 9).

#### 4. Discussion

Empathic understanding at every stage of everyday life brings people closer and facilitates communication. The high level of empathic tendency reduces conflicts between individuals by strengthening social, emotional and interpersonal relationships (Koksal, 2009). This is the first study determining the effect of empathic tendency levels of nurses working in a hospital in the north of Turkey in the central Black Sea province, Samsun, on conflict resolution skills.

It was determined that 38.2% of the nurses included in the survey had conflicts once a month and with 53.9% the group they had the highest number of conflicts with was the patients' relatives. In the study conducted by Aydin (2013) in order to determine the nurses' interpersonal sensitivity and conflict resolution approaches in support of these findings, 53.8% of the nurses were reported to have the most conflicts with the patients' relatives in the professional life (Aydin, 2013). In the study conducted by Mrayyan (2009) in order to determine the stressors in the working environment of the nurses working in the intensive care unit, nurses working in intensive care unit were found to have the most conflict with physicians in comparison to their colleagues and other team members (Mrayyan, 2009).

In other studies conducted to determine the factors affecting nurses' conflict resolution skills, 38.8% of the nurses were reported to have conflicts 'several times a month' (Erdenk & Altuntas, 2017), 84.8% of them were reported to have conflicts 'sometimes' (Ozdemir, 2015) and it was reported that the group they experience the most conflict within professional life are patients' relatives (Erdenk & Altuntas, 2017; Ozdemir, 2015). According to the researchers conducted, the frequency of conflict in the working environments of nurses varies (Cam & Akgun Citak, 2011). As reported in the literature, this difference is thought to be due to the fact that individuals have different cognitive, perceptual and emotional characteristics.

The fact that interpersonal relationships are practicable on the professional level depends on whether you are willing to do the job and are satisfied with the working environment (Altinoluk, 2014). In this study, it was determined that 73.2% of the nurses voluntarily selected the profession and 42.1% of the nurses were partially satisfied with the service. In some of the studies conducted in this regard in support of the findings of the research, the findings of nurses' willingly choosing their occupation and satisfaction with the working environment are similar to those obtained from this research (Altinoluk, 2014; Arpacı, 2017; Cengiz, 2008; Dizer & Iyigun, 2009; Koksal, 2009; Ozdemir, 2015; E. A. Ozturk, 2015; H. Ozturk, 2011; Tekmen, 2010; Tunc, Gitmez & Krespi Boothby, 2014). It was reported that the high level of satisfaction with the working environment affects the quality of interpersonal relationships and care positively (Altinoluk, 2014).

The increase in empathy in the literature was associated with a holistic approach focused quality nursing care (Alhadidi, Abdalrahim & Al-Hussami, 2016). In this study, the mean scores of the nurses' Empathic Tendency Scale were determined as  $69.96 \pm 7.59$ . In this study, the mean scores of the Empathic Tendency Scales of the nurses were lower than the mean scores of Cengiz (2008), Inel Manav (2008), Dizer and Iyigun (2009), Ozdemir (2015) and Arpacı (2017), but higher than the mean scores obtained in Koksal's (2010), Tekmen's (2010) and Ozcan's (2012) studies. It is thought that these differences may be due to differences in working conditions, satisfaction levels of the working environment and personal characteristics of the nurses.

In this study, the median score of the Empathic Tendency Scale of the nurses who voluntarily selected their profession and were satisfied with the working environment was found to be higher. Similar results were obtained in studies supporting the research findings of Ozdemir (2015) in his study of nurses in order to determine the relationship between empathic tendency and empathic skills and individualised perceptions of care. In spite of the research findings, in some studies, it was reported that there was no significant relationship between empathic tendency levels and the satisfaction of the nurses' job choice and working environment (Arpacı, 2017; Ozcan, 2012; Ozdemir, 2015; E. A. Ozturk, 2015).

In this study, it was determined that nurses benefit from conflict resolution management skills and conflict management approaches that they often use the integration approach, rarely use the domination approach. The integration approach is acceptable for both parties involved and it is an approach based on developing solutions, generating new ideas and strengthening the relationships of individuals. The domination approach is the ineffective solution approach that aims to help one achieve his or her own goals by using their own strength and authority and is based on acting along with the 'win or lose' concept which prevents finding the core reason for the conflict (Erdenk & Altuntas, 2017). Parallel to the findings of the research, it was found that in other research aimed at determining the methods used by nurses in conflict management they often used the integration approach, and rarely used the domination approach (Akgun Citak, 2006; Arikal, 2013; Dursun, 2008; Erdenk & Altuntas, 2017; Kantek & Kavla, 2007; Sahin & Orselli, 2010; Tozkoparan, 2013; Yilmaz & Ozturk, 2011). When we look at the research conducted abroad about this subject, it was reported that the nurses use avoidance and compromise methods more (Hendel et al., 2007; Hendel, Fish, & Galon, 2005; Valentine, 2001; Vivar, 2006). This situation is thought to be due to the working environment, personality traits and cultural differences of the nurses.

The Empathic Tendency Scale score was found to be a low significant positive correlation between the Rahim Organizational Conflict Inventory Integration ( $r = 0.445$ ), Compromise ( $r = 0.293$ ) and Reconciliation ( $r = 0.494$ ) sub-dimension scores. It was determined that there is no significant correlation between sub-dimensions of Rahim Organizational Conflict Inventory Domination and Avoidance. It was determined that as the score of the Empathic Tendency Scale increased, the Rahim Organizational Conflict Inventory Integration, Compromise and Reconciliation sub-dimension scores increased ( $p < 0.001$ ). Inadequacy in interpersonal communication skills is among the most important causes of conflicts between individuals. The use of communication skills, such as listening, feedback and empathy, prevents conflict from arising and facilitates the effective management of the conflict resolution of existing conflicts (Dursun, 2008). Parallel to the findings of the study conducted by Basogul and Ozgur (2016), it was determined that there is a significant positive correlation between the compromise approach and the interpersonal communication skills. This is thought to be a consequence of the nurses taking charge of providing the balance between the health professionals and patients and their relatives (Basogul & Ozgur, 2016).

In the conflict resolution skills such as empathy, listening, expressing oneself in language, assertiveness and correct use of verbal-nonverbal communication are very important (Aydin, 2013). When the literature is examined, the emphasis is placed on the importance of having empathic skill in nursing profession where interaction with people is experienced intensely (Akgun Citak, 2006; Altinoluk, 2014; Bilge & Bilge, 2017; Erdenk & Altuntas, 2017; Koksai, 2009) empathy is considered to be a prerequisite for healthy interpersonal relationships (Aydin, 2013). Resolving conflicts related to the working environment depends on the nurses' ability to sustain interpersonal communication in a healthy way, to create a healthy work environment and their ability to empathise outside their professional knowledge and skills (Bilge & Bilge, 2017). In this respect, the ability of nurses to use empathy skills is of utmost importance in solving the conflicts that have arisen in the working environment (Altinoluk, 2014).

## 5. Conclusion

The mean score of the empathic tendency of nurses was determined as  $69.96 \pm 7.59$ . It was determined that the median score of the Empathic Tendency Scale was higher for the nurses who were in charge, whose weekly working hours ranged between 0 and 40 hours, who willingly chose their profession and were satisfied with the working environment. However, when the average scores of the Rahim Organizational Conflict Inventory-II sub-dimensions were examined, it was found that the nurses got the highest score average from 'Integration' ( $3.73 \pm 0.73$ ) and lowest score average from 'Domination' ( $2.75 \pm 0.68$ ) sub-dimensions. It was determined that there was a low significant positive correlation between the Empathic Tendency Scale score and the Rahim Organizational Conflict

Inventory Integration ( $r = 0.445$ ), Compromise ( $r = 0.293$ ) and Reconciliation ( $r = 0.494$ ) sub-dimension scores. It was observed that there was no significant relationship between the domination and avoidance sub-dimensions of Rahim Organizational Conflict Inventory. As the score of Empathic Tendency Scale increased, it was seen that the scores of Rahim Organizational Conflict Inventory Integration, Compromise and Reconciliation sub-dimensions increased.

## 6. Limitations of the research

The fact that this is the first study determining the effect of empathic tendency levels of nurses working in a hospital in the north of Turkey in the central Black Sea province, Samsun, on conflict resolution skills is the powerful aspect of this research. In this study, data were collected using questionnaires based on self-assessments of the nurses. The fact that the findings are not based on simultaneous interviews with nurses and the observations were not made to assess their empathic tendency levels and the impact of the conflict management approaches on the conflict resolution process are the limitations of this study.

**Table 1. Distribution of nurses' sociodemographic and professional characteristics (N = 228)**

Characteristics		n	%
Marital status	Married	157	68.9
	Single	71	31.1
Educational Background	Vocational School of Health	17	7.5
	Associate degree	17	7.5
	Graduate degree	184	80.7
	Master's degree	10	4.4
The duration of professional experience	1–10 years	117	51.3
	11–20 years	92	40.4
	21–30 years	19	8.3
Services worked at	Emergency Services	14	6.1
	Surgical services	48	19.7
	Intensive care services	88	40.1
	Internal services	55	24
	Maternity Services	8	3.5
	Children's services	5	2.2
	Bone Marrow Unit	5	2.2
	Organ Transplant	5	2.2
Service task	Nurse	216	94.7
	Service Officer	12	5.3
Period worked at the Service	1–8 years	148	64.9
	9–16 years	67	29.4
	17–23 years	13	5.7
Mode of work	Permanent	166	72.8
	Contracted	62	27.2
Weekly working hours	0–40 hours	200	87.7
	41–48 hours	28	12.3
Shift	Daytime	18	7.9
	Night	4	1.8
	Daytime and Nighttime	206	90.4
Conflict frequency	Several times a month	84	36.8
	Once a month	87	38.2
	Once in several months	33	14.5



	Once a year	22	9.6
	Every day	2	0.9
People they have conflicts with	Other nurses	77	33.8
	Patients' relatives	123	53.9
	Directors	5	2.2
	Other Healthcare members	1	0.4
	Physicians	15	6.6
Willingly preferring the profession	Yes	167	73.2
	No	61	26.8
Satisfaction of the environment currently worked in	Satisfied	91	39.9
	Partially satisfied	96	42.1
	Not satisfied	41	18.0

**Table 2. Comparison between the characteristics of nurses and their median scores of the Empathic Tendency Scale (N = 228)**

Characteristics		Median (Min–Max)	Test statistic <i>p</i> -value
Age group	Ages 21–30	68 (50–89)	$\chi^2 = 5.672$
	Ages 31–40	69 (50–88)	$p = 0.059$
	Ages 41–49	71 (58–85)	
Gender	Female	69 (51–89)	$U = 1823.5$
	Male	68 (50–80)	$p = 0.075$
Marital status	Married	69 (50–89)	$U = 5130.5$
	Single	69 (50–87)	$p = 0.336$
Educational Background	Vocational School of Health	68.9 ± 6.7	$F = 0.37$
	Associate degree	69.4 ± 7.2	$p = 0.775$
	Graduate degree	70 ± 7.6	
	Master's degree	72 ± 9.3	
The duration of professional experience	1–10 years	69.6 ± 7.5	$F = 0.356$
	11–20 years	70.3 ± 8	$p = 0.701$
	21–30 years	70.8 ± 5.8	
Period Worked in the Institution	1–10 years	69 (50–89)	$\chi^2 = 0.978$
	11–20 years	69 (50–88)	$p = 0.613$
	21–30 years	71 (58–81)	
Service task	Nurse	69 (50–89)	$U = 768.5$
	Service Officer	74.5 (60–85)	$p = 0.018$
Period worked at the Service	1–8 years	69 (50–89)	$\chi^2 = 0.007$
	9–16 years	69 (50–84)	$p = 0.996$
	17–23 years	71 (55–83)	
Mode of work	Permanent	70 (50–89)	$U = 4593.5$
	Contracted	68 (50–87)	$p = 0.212$
Weekly working hours	0–40 hours	70 (50–89)	$U = 1973.5$
	41–48 hours	66 (55–86)	$p = 0.011$
Willingly preferring the profession	Yes	71 (50–89)	$U = 4178.5$
	No	68 (50–87)	$p = 0.038$
Satisfaction of the environment currently worked in	Satisfied <sup>B</sup>	71 (55–89)	$\chi^2 = 12.722$
	Partially satisfied <sup>A</sup>	68.5 (51–86)	$p = 0.002$
	Not satisfied <sup>A</sup>	67 (50–87)	

Min = Minimum. Max = Maximum.  $U$  = Mann–Whitney U Test Statistic.  $\chi^2$  = Kruskal–Wallis Test Statistic. A–B = There is no difference between the groups with the same letters

**Table 3. Rahim Organizational Conflict Inventory II sub-dimensions mean score and median scores**

Sub-Dimensions	Med (Min–Max)	A.A ± S.S.
Integration	4.00 (1.33–5.00)	3.73 ± 0.73
Compromise	3.20 (1.20–5.00)	3.04 ± 0.67
Domination	2.80 (1.20–5.00)	2.75 ± 0.69
Reconciliation	4.00 (1.00–5.00)	3.73 ± 0.76
Avoidance	3.00 (1.33–5.00)	3.00 ± 0.73

Min = Minimum. Max = Maximum. A.A = Arithmetic Average. S.D = Standard deviation

**Table 4. Comparison between the characteristics of nurses and their Rahim Organizational Conflict Inventory-II integration sub-dimension scores**

Characteristics	Median (Min–Max)	Test statistic <i>p</i> -value
Age group	Ages 21–30	$\chi^2 = 0.469$
	Ages 31–40	$p = 0.791$
	Ages 41–49	
Gender	Female	<b><math>U = 1309</math></b>
	Male	<b><math>p &lt; 0.001</math></b>
Marital status	Married	$U = 5427$
	Single	$p = 0.747$
Educational background	Vocational School of Health	$\chi^2 = 0.836$ $p = 0.841$
	Associate degree	
	Graduate degree	
	Master's degree	
The duration of professional experience	1–10 years	$\chi^2 = 0.522$
	11–20 years	$p = 0.77$
	21–30 years	
Period worked at the Institution	1–10 years	$\chi^2 = 0.455$
	11–20 years	$p = 0.797$
	21–30 years	
Service task	Nurse	$U = 870.5$
	Service Officer	$p = 0.052$
Period worked at the Service	1–8 years	$\chi^2 = 0.809$
	9–16 years	$p = 0.667$
	17–23 years	
Mode of work	Permanent	$U = 4668$
	Contracted	$p = 0.274$
Weekly working hours	0–40 hours	$U = 2338.5$
	41–48 hours	$p = 0.152$
Willingly preferring the profession	Yes	$U = 4835$
	No	$p = 0.552$
Satisfaction of the environment currently worked in	Satisfied <sup>B</sup>	<b><math>\chi^2 = 9.917</math></b>
	Partially satisfied <sup>A</sup>	<b><math>p = 0.007</math></b>
	Not satisfied <sup>A</sup>	

Min = Minimum. Max = Maximum.  $U$  = Mann–Whitney U Test Statistic.  $\chi^2$  = Kruskal–Wallis Test Statistic. A–B = There is no difference between the groups with the same letters.

**Table 5. Comparison between the characteristics of nurses and their Rahim Organizational Conflict Inventory-II compromise sub-dimension scores**

Characteristics		Median (Min–Max)	Test statistic <i>p</i> -value
Age group	Ages 21–30	4 (1–5)	$\chi^2 = 1.602$
	Ages 31–40	4 (1–5)	$p = 0.449$
	Ages 41–49	4 (2–5)	
Gender	Female	4 (1–5)	$U = 1839$
	Male	3.5 (1–4)	$p = 0.082$
Marital status	married	4 (1–5)	$U = 5133$
	Single	3.8 (2–5)	$p = 0.337$
Educational background	Vocational School of Health	4 (3–5)	$\chi^2 = 6.568$
	Associate degree	4 (2–5)	$p = 0.087$
	Graduate degree	3.8 (1–5)	
	Master’s degree	4 (3–5)	
The duration of professional experience	1–10 years	4 (1–5)	$\chi^2 = 0.224$
	11–20 years	3.8 (1–5)	$p = 0.894$
	21–30 years	3.8 (2–5)	
Period worked at the Institution	1–10 years	4 (1–5)	$\chi^2 = 0.569$
	11–20 years	3.8 (1–5)	$p = 0.752$
	21–30 years	3.8 (2–5)	
Service task	Nurse	3.8 (1–5)	$U = 1026.5$
	Service Officer	4 (4–5)	$P = 0.223$
Period worked at the Service	1–8 years <sup>AB</sup>	4 (1–5)	$\chi^2 = 7.481$
	9–16 years <sup>A</sup>	3.8 (1–5)	$p = 0.024$
	17–23 years <sup>B</sup>	3.8 (3–5)	
Mode of work	Permanent	4 (1–5)	$U = 4515.5$
	Contracted	3.8 (2–5)	$p = 0.153$
Weekly working hours	0–40 hours	4 (1–5)	$U = 2720$
	41–48 hours	3.8 (2–5)	$p = 0.806$
Willingly preferring the profession	Yes	4 (1–5)	$U = 4658.5$
	No	3.8 (1–5)	$p = 0.321$
Satisfaction of the environment currently worked in	Satisfied	4 (2–5)	$\chi^2 = 2.177$
	Partially satisfied	3.8 (1–5)	$p = 0.337$
	Not satisfied	4 (1–5)	

Min = Minimum. Max = Maximum.  $U$  = Mann–Whitney U Test Statistic.  $\chi^2$  = Kruskal–Wallis Test Statistic. A–B = There is no difference between the groups with the same letters.

**Table 6. Comparison between the Characteristics of Nurses and their Rahim Organizational Conflict Inventory-II domination sub-dimension scores**

Characteristics		Median (Min–Max)	Test statistic <i>p</i> -value
Age group	Ages 21–30	2.8 (1–5)	$\chi^2 = 0.609$
	Ages 31–40	2.8 (1–5)	$p = 0.737$
	Ages 41–49	2.8 (2–4)	
Gender	Female	2.8 (1–5)	$U = 1907$
	Male	2.4 (2–4)	$p = 0.132$
Marital status	Married	2.8 (1–5)	$U = 5460$
	Single	2.8 (1–5)	$p = 0.805$
Educational background	Vocational School of Health	2.8 (2–4)	$\chi^2 = 2.572$
	Associate degree	2.8 (2–5)	$p = 0.462$

	Graduate degree	2.7 (1–5)	
	Master’s degree	2.8 (2–3)	
The duration of professional experience	1–10 years	2.8 (1–5)	$\chi^2 = 1.056$ $p = 0.59$
	11–20 years	2.6 (1–5)	
	21–30 years	2.8 (2–4)	
Period worked at the Institution	1–10 years	2.8 (1–5)	$\chi^2 = 0.218$ $p = 0.897$
	11–20 years	2.8 (1–5)	
	21–30 years	2.8 (2–4)	
Service task	Nurse	2.8 (1–5)	$U = 1117$ $p = 0.419$
	Service Officer	2.9 (2–4)	
Period worked at the Service	1–8 years	2.8 (1–5)	$\chi^2 = 0.722$ $p = 0.697$
	9–16 years	2.6 (1–5)	
	17–23 years	2.8 (2–4)	
Mode of work	Permanent	2.8 (1–5)	$U = 5111$ $p = 0.937$
	Contracted	2.8 (2–5)	
Weekly working hours	0–40 hours	2.8 (1–5)	$U = 2496.5$ $p = 0.351$
	41–48 hours	2.7 (2–5)	
Willingly preferring the profession	Yes	2.8 (1–5)	$U = 4677$ $p = 0.343$
	No	2.8 (2–5)	
Satisfaction of the environment currently worked in	Satisfied	2.8 (1–5)	$\chi^2 = 3.655$ $p = 0.161$
	Partially satisfied	2.7 (1–5)	
	Not satisfied	2.6 (1–4)	

U = Mann–Whitney U Test Statistic.  $\chi^2$  = Kruskal–Wallis Test Statistic. A–B = There is no difference between the groups with the same letters.

**Table 7. Comparison between the characteristics of nurses and their Rahim Organizational Conflict Inventory-II reconciliation sub-dimension scores**

Characteristics		Median (Min–Max)	Test statistic $p$ -value
Age group	Ages 21–30	3.8 (2–5)	$\chi^2 = 4.105$ $p = 0.128$
	Ages 31–40	4 (2–5)	
	Ages 41–49	4 (1–5)	
Gender	Female	4 (1–5)	$U = 1458.5$ $p = 0.002$
	Male	3.5 (2–4)	
Marital status	married	4 (1–5)	$U = 5524$ $p = 0.913$
	Single	4 (2–5)	
Educational background	Vocational School of Health	4 (3–5)	$\chi^2 = 1.756$ $p = 0.624$
	Associate degree	4 (2–5)	
	Graduate degree	4 (1–5)	
	Master’s degree	4 (3–5)	
The duration of professional experience	1–10 years	4 (–5)	$\chi^2 = 0.124$ $p = 0.94$
	11–20 years	4 (2–5)	
	21–30 years	4 (1–5)	
Period worked at the Institution	1–10 years	4 (2–5)	$\chi^2 = 0.149$ $p = 0.928$
	11–20 years	4 (1–5)	
	21–30 years	4 (3–5)	
Service task	Nurse	4 (1–5)	$U = 892$ $p = 0.065$
	Service Officer	4 (3–5)	
Period worked at the Service	1–8 years	4 (2–5)	$\chi^2 = 1.481$ $p = 0.477$
	9–16 years	4 (1–5)	

	17–23 years	4 (3–5)	
Mode of work	Permanent	4 (1–5)	$U = 4621$
	Contracted	3.8 (2–5)	$p = 0.228$
Weekly working hours	0–40 hours	4 (1–5)	<b><math>U = 2044.5</math></b>
	41–48 hours	3.7 (2–5)	<b><math>P = 0.019</math></b>
Willingly preferring the profession	Yes	4 (1–5)	$U = 4815.5$
	No	4 (2–5)	$p = 0.521$
Satisfaction of the environment currently worked in	Satisfied	4 (2–5)	$\chi^2 = 5.253$
	Partially satisfied	3.8 (1–5)	$p = 0.072$
	Not satisfied	4 (2–5)	

U = Mann–Whitney U Test Statistic.  $\chi^2$  = Kruskal–Wallis Test Statistic. A–B = There is no difference between the groups with the same letters.

**Table 8. Comparison between the characteristics of nurses and their Rahim Organizational Conflict Inventory-II avoidance sub-dimension scores**

Characteristics		Median (Min–Max)	Test statistic $p$ -value
Age group	Ages 21–30	3.8 (2–)	$\chi^2 = 1.639$
	Ages 31–40	4 (2–5)	$p = 0.441$
	Ages 41–49	4 (1–5)	
Gender	Female	4 (1–5)	$U = 1966.5$
	Male	3.5 (2–4)	$p = 0.191$
Marital status	Married	4 (1–5)	$U = 4746.5$
	Single	4 (2–5)	$p = 0.072$
Educational background	Vocational School of Health	4 (3–5)	$\chi^2 = 4.995$
	Associate degree	4 (2–5)	$p = 0.172$
	Graduate degree	4 (1–5)	
	Master’s degree	4 (3–5)	
The duration of professional experience	1–10 years	4 (2–5)	$\chi^2 = 5.291$
	11–20 years	4 (2–5)	$p = 0.071$
	21–30 years	4 (1–5)	
Period worked at the Institution	1–10 years	4 (2–5)	$\chi^2 = 2.374$
	11–20 years	4 (1–5)	$p = 0.305$
	21–30 years	4 (3–5)	
Service task	Nurse	4 (1–5)	$U = 1179.5$
	Service Officer	4 (3–5)	$p = 0.599$
Period worked at the Service	1–8 years	4 (2–5)	
	9–16 years	4 (1–5)	$\chi^2 = 3.28$
	17–23 years	4 (3–5)	$p = 0.194$
Mode of work	Permanent	4 (1–5)	$U = 4663$
	Contracted	3.8 (2–5)	$p = 0.274$
Weekly working hours	0–40 hours	4 (1–5)	$U = 2588.5$
	41–48 hours	3.7 (2–5)	$p = 0.516$
Willingly preferring the profession	Yes	4 (1–5)	$U = 5023.5$
	No	4 (2–5)	$p = 0.873$
Satisfaction of the environment currently worked in	Satisfied	4 (2–5)	$\chi^2 = 4.117$
	Partially satisfied	3.8 (1–5)	$p = 0.128$
	Not satisfied	4 (2–5)	

U = Mann–Whitney U Test Statistic.  $\chi^2$  = Kruskal–Wallis Test Statistic. A–B = There is no difference between the groups with the same letters.

**Table 9. The relationship between the Rahim Organizational Conflict Inventory-II sub dimensions and the Empathic Tendency Scale**

Rahim Organizational Conflict Inventory-II	Integration	Compromise	Domination	Reconciliation	Avoidance
Empathic Tendency Scale	$r = 0.445^*$ $p < 0.001$	$r = 0.293^*$ $p < 0.001$	$r = 0.070$ $p = 0.295$	$r = 0.494^*$ $p < 0.001$	$r = 0.115$ $p = 0.084$

$r$  = Spearman correlation coefficient

\* $p < 0.001$

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