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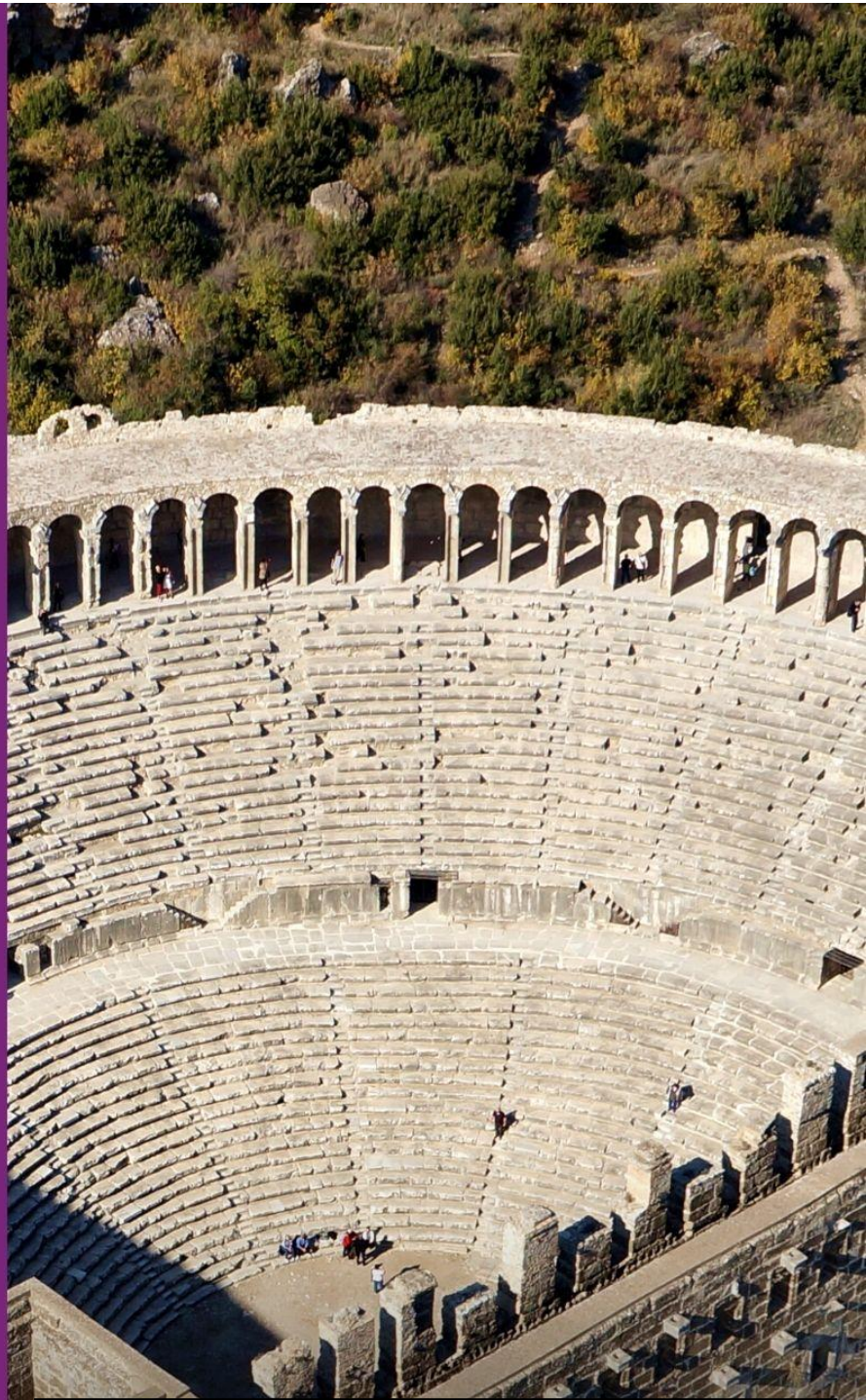
6TH INTERNATIONAL CONGRESS ON NURSING

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12 -15 OCTOBER 2022 | GRAND PARK LARA HOTEL | ANTALYA, TURKEY



ABSTRACTS BOOKS

ICON-2022 Participants Flags





International Congress
on Nursing

6th INTERNATIONAL CONGRESS ON NURSING (ICON-2022)

ONLINE and FACE-TO-FACE INTERNATIONAL CONFERENCE

Grand Park Lara Hotel Convention Center

Lara-Antalya, Turkey

12 – 15 October 2022

ABSTRACTS BOOKS

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KEYNOTES



Prof. Dr. Kobus Maree

University of Pretoria, Faculty of Education

Keynote Title: “Enhancing gifted and talented learners’ narratability and autobiographcity by integrating their conscious knowledge and their ‘subconscious insights”

Bio: Prof. Kobus Maree (DEd (Career Counselling); PhD (Learning Facilitation in Mathematics); DPhil (Psychology)) is a full Professor in the Department of Educational Psychology at the University of Pretoria. His main research interests are career construction (counselling), life design (counselling), emotional-social intelligence and social responsibility, and learning facilitation in mathematics. He links research results to appropriate career choices and to life designing.

Past editor of a number of scholarly journals, for instance, the South African Journal of Psychology, managing editor of Gifted Education International, regional editor for Southern

Africa: Early Child Development and Care, and a member of several national and international bodies, including the Society for Vocational Psychology (SVP) (USA), the International Association of Applied Psychology (IAAP) (USA), the Psychology Association of South Africa (SA), and the Association of Science of South Africa (ASSAf). In 2009, he was awarded the Stals Prize of the South African Academy of Science and Arts for exceptional research and contributions to Psychology. In June 2014, he was awarded the Stals prize for exceptional research and contributions to Education, and he received the Psychological Society of South Africa’s (PsySSA) Award for Excellence in Science during the 20th South African Psychology Congress in September 2014. Prof. Maree was awarded Honorary Membership of the Golden Key International Honour Society for exceptional academic achievements, leadership skills and community involvement in October 2014. He was awarded the Chancellor’s Medal for Teaching and Learning from the University of Pretoria in 2010 and has been nominated successfully as an Exceptional Academic Achiever on four consecutive occasions (2003- 2016). He has a B1 rating from the National Research Foundation (the highest rating in the history of the faculty).

Prof. Maree has authored or co-authored 100 + peer-reviewed articles and 55 books/ book chapters on career counselling, research and related topics since 2009. In the same period, he supervised 30 doctoral theses and master’s dissertations and read keynote papers at 20 + international and at 20 + national conferences (e.g., Australia, Croatia, Egypt, France, Hungary, India, Italy, Mauritius, Poland, South Africa, Turkey, and the USA, e.g. one of the State-of-the-Science speakers (Division 16: Counselling Psychology) at the International Congress of Applied Psychology, the flagship event on the international psychology calendar, held in Paris in July 2014.



Prof. Dr. Hakan Sari
Necmettin Erbakan University
Head of Department of Special Education
Konya, Turkey

Keynote Title: “Future Trends in Special Education”



Prof. Dr. Nilgün Sarp
International Final University
Kyrenia, North Cyprus

Keynote Title: “Resilience in Development: The Importance of Early Childhood”

Abstract: Early childhood period is an important time to nurture the development of resilience. Resilience is when children show healthy development in spite of adversity. Some difficult circumstances, like; the death of a parent, living in poverty, stressful family or being in a natural disaster, can affect child’s development. If a child’s resilient, can successfully deal with these difficulties. So, resilience is being able to adapt to difficult circumstances in a positive way. Resilience in development and its importance of early childhood will be discussed in this congress.



Prof. Dr. Gönül AKÇAMETE
Near East Universty, North Cyprus

Keynote Title: “Future Trends in Special Education”



Assoc. Prof. Dr. Ahmet Yıkmiş

Bolu İzzet Baysal University, Turkey Department of Special Education, Turkey

Keynote Title: “Use of materials with learning disabilities”



Assoc. Prof. Dr. Nevzat DEMİRCİ

Mersin University, Faculty of Sport Science, Turkey

Keynote Title: “Physical Education and Sports for Individuals with Special Needs in the Distance Education Process: Problems and Solution Suggestions”

Bio: Assoc. Dr. Nevzat DEMİRCİ graduated from Celal Bayar University, School of Physical Education and Sports, Department of Physical Education Teaching in 1996. After working as a teacher in the Ministry of National Education for 2 years, he started to work as a lecturer at Kafkas University in 1998. He completed his first master’s degree at Kafkas University Social Sciences Institute Educational Sciences Department in 2004 and his second master’s degree at Kafkas University Health Sciences Institute Physiology Department in 2007. He completed his doctorate in the same department in 2011. DEMİRCİ, 2008-2014 Kafkas University Social Scientific and Cultural Activities

Commission Member, 2012-2014 Kafkas University/Education Faculty/Special Education Department Head, 2012-2014 Kafkas University/Education Faculty/Special Education Department/Mental Handicapped Education Department Head, 2015-2015 Mersin University School of Physical Education and Sports / Head of the Department of Coaching Education, served as Deputy Dean of Mersin University Faculty of Sports Sciences between 2019-2021. He is currently an Associate Professor at Mersin University Faculty of Sports Sciences. Demirci has authored or co-authored more than 50 peer-reviewed articles and 18 book/book chapters since 2007. He also presented 89 papers in national and international congresses. In the same period, he directed his doctoral thesis and master’s thesis. He is also the editor of the International Journal of Disabilities Sports and Health Sciences (IJDSHS).

HEALTH BELIEFS AND PRACTICES OF NURSES FOR PROTECTION FROM COLORECTAL CANCER

EBRU TURHAL, Ondokuz Mayıs University ,Turkey

Zeliha KOÇ, Ondokuz Mayıs University ,Turkey

Abstract

Results: It was found that of the nurses who participated in the study, 37.8% were between the ages of 31 and 41, 93.3% were female, 66% were married, 56.7% were undergraduates, 60.9% were working in internal medicine units, 48.3% had an income equal to expense, 67.6% were not smokers, 92.9% did not drink alcohol, 46.2% defined their general health status as good, 13.9% had a relative diagnosed with colorectal cancer in their family, 37.8% did not know about colorectal cancer early screening tests, 76.9% did not have faecal occult blood test before and 92% did not have colonoscopy before. Median values of Health Belief Model Scale for Protection from Colorectal Cancer perceptions of susceptibility, seriousness, health motivation, confidence-benefits and barrier factors were found as 14 (6-29), 16 (8-25),16(9-45),46 (22-55) and 15(6-30), respectively.

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COLORECTAL CANCER SCREENING BEHAVIORS, BENEFITS AND BARRIERS PERCEPTIONS OF INDIVIDUALS BETWEEN THE AGES OF 50 AND 70

EBRU TURHAL, Ondokuz Mayıs University ,Turkey

Zeliha KOÇ, Ondokuz Mayıs University ,Turkey

Abstract

Aim: This study was conducted as a descriptive study to find out the colorectal cancer screening behaviors, benefits and barriers perceptions of individuals between the ages of 50 and 70. **Method:** The study was carried out with the participation of 271 individuals who referred to a university hospital and who agreed to participate in the study between 01.01.2022 and 10.06.2022. The data were collected by using the information form which consisted of 14 questions prepared by the researcher in line with the literature to find out the sociodemographic characteristics of individuals and their behaviors about colorectal cancer and “Instruments to Measure Colorectal Cancer Screening Benefits and Barriers.” “Instruments to Measure Colorectal Cancer Screening Benefits and Barriers” was developed by Rawl et al. in 2001 to find out the benefits and barriers of individuals for colorectal cancer screening behaviors. The scale, which was adapted into Turkish by Dönmez and Nahcıvan, is a 4-Likert type scale which has 31 items and 4 factors. While there is no total score obtained from the scale, each factor is evaluated separately. In the scale, high scores from faecal occult blood test (FOBT) benefits and colonoscopy benefits factor show high benefit perceptions; while high scores from FOBT Barrier and colonoscopy barriers factor show high barrier perceptions. Normality distribution of the data was examined with Shapiro Wilk and Kolmogorov Smirnov. Kruskal Wallis test, Mann Whitney U test and One-way Anova were used in data analysis. **Results:** Of the individuals who participated in the study, it was found that 44.6% were between the ages of 50 and 55, 61.6% were female, 94.1% were married, 47.2% were primary education graduates, 77.1% had an income equal to expense, 67.2% were not smokers, 98.9% did not drink alcohol, 52% defined their general health status as good, 15.9% had a relative diagnosed with colorectal cancer in their family, 55.4% did not know about colorectal cancer screening tests, 84.9% did not have faecal occult blood test before, 81.2% did not have colonoscopy before and 72.2% thought that screening tests provided early diagnosis of the disease. Median values of Instruments to Measure Colorectal Cancer Screening Benefits and Barriers, FOBT Benefits, FOBT Barriers, Colonoscopy Benefits and Colonoscopy Barriers factors were found as 9 (0-12), 20(0-26), 12(0-16), 32(3-43), respectively. **Conclusion:** In this study, in line with the scores of individuals from Instruments to Measure Colorectal Cancer Screening Benefits and Barriers factors, the participants were found to have high level of FOBT Benefits, FOBT Barriers, Colonoscopy Benefits and Colonoscopy Barriers perceptions.

Key Words: Colorectal cancer, barrier, early screening, benefit.

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THE EFFECT OF CARE-RELATED ATTITUDES OF PALLIATIVE PATIENTS' RELATIVES ON STRESS LEVELS

Dilek KIYMAZ, Turkey

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Zeliha KOÇ, Ondokuz Mayıs University ,Turkey

Abstract

Aim:This study was conducted as a descriptive and relation ship-seeking study to determine the effects of care-related attitudes of inpatients' relatives in the palliative care unit on stres levels. **Method:**The study was carried out with the participation of 160 relatives of patients who were under care and treatment in the palliative care unit and internaland surgical clinics of a training and research hospital. The study group of the study consisted of 80 relatives of patients who were cared for and treated in the palliative care unit; The control group consisted of 80 relatives of patients who continued their care and treatment in internaland surgical clinics. In the study, data were collected using a descriptive information form for the patient and their relatives, the Frommelt Attitude Toward the Care Of the Dying scale (FATCOD), and the Caregiver Strain İndex (CSI). FATCOD, which measures the attitude towards caring for the dying individual, is a five-point Likert-type scale consisting of 30 items developed by Frommelt (1988) and adapted intoTurkish by Çevik and Kav (2010). The total score that can be obtained from the scale varies between 30 and 150, and higher scores indicate a more positive attitude. The Caregiver Strain Index is a 13-item scale developed by Robinson (1983) to measure care givers' burden of care and adapted intoTurkish by Uğur (2006). Scoring of the scale varies between 0-1. Although the score that can be obtained from the scale varies between 0-13, above 7 in scoring subjectively indicates the strain of care. Percentage, mean, Mann Whitney U, Kruskal Wallis and Spearmen's correlation tests were used to evaluate the data. **Results:** It was determined that 72.5% of the relatives of the patients within the scope of the study were women, 71.9% were married, 37.5% were high school graduates, 46.9% worked, 33.8% had a chronic disease and 66.9% had difficulty caring for their patients. 51.3% of the patients' relatives in the study group were between 101 and 130 from FATCOD; It was determined that 66.3% of them got 7 or more points from the Caregiver's Strain Index. There was a negative, significant moderate correlation between FATCOD and Caregiver Strain Index ($p<0.05$). **Conclusion and Recommendations:**It was determined that the attitudes and stres levels of the relatives of the patients towards caring for the dying individual were moderate. It was determined that as the attitudes of the relatives of the patients towards giving care to the person approaching death increased, the scores of the caregivers in the strain index decreased. However, it was observed that the FATCOD scores of the relatives of the patients in the study group were higher than the scores of the relatives of the patients in the control group. Inline with the findings obtained, it is recommended to plan nursing interventions that will increase the quality of caregiver attitudes of patients' relatives and reduce their stres levels, and to reduce the burden of care.

Keywords: Care, Palliativecare, Stress, The relatives of the patient

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LEVELS OF WORK ALIENATION AMONG NURSES AND AFFECTING FACTORS

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Abstract

Objective: The study was conducted as a descriptive study to determine the factors affecting the level of work alienation among nurses. **Method:** The research was conducted between 09/01/2019 and 11/01/2019 with the participation of 182 nurses among 459 nurses working in a university hospital. The data were collected using a 23-question Descriptive Information Form for Nurses prepared by the researcher in line with the literature review aiming to determine the sociodemographic and work-life characteristics of nurses and the Organizational Alienation Scale. The Organizational Alienation Scale was developed by Minibaş (1993). It consists of 36 items that are ranked on a five-point Likert-type scale and six subscales. An increase in the scale score indicates an increase in the level of alienation. The fitness of the data to the normal distribution was evaluated with Shapiro Wilk and Kolmogorov Smirnov tests. The data were analyzed using the Kruskal Wallis test, Mann Whitney U test, One-Way Analysis of Variance, and independent samples t-test. **Results:** Of the nurses participating in the study 80.8% were female, 19.2% were male, 68.7% were married, 64.8% had a bachelor's degree, 90.7% had a nuclear family, 39.6% were employed in internal diseases services, 53.3% were employed in departments of surgery, 7.1% were employed in intensive care units, 94% worked as unit nurses, 37.4% had been working for 6-10 years, 78.0% worked in shifts, 72.5% had preferred the profession willingly, 63.2% were content with their profession, 46.7% provided care to 6-10 patients and 42.3% considered quitting their profession. The mean age of the nurses was 31.4±5.3. The mean score of the nurses on the Organizational Alienation Scale was 2.5±0.6 and their median scores on the subscales of Powerlessness, Meaninglessness, Normlessness, Self-Estrangement, Social Isolation, and Work Alienation were 2.9 (1-5), 3.2 (1-5), 2.4 (1-5), 2.3 (1-5), 2.0 (1-5), and 2.8 (1-5), respectively. **Conclusion:** In this study, it was determined that the Organizational Alienation Scale score revealed a statistically significant difference in terms of the sociodemographic and work-life characteristics of the nurses. In line with the findings, it was determined that the level of work alienation was higher among the nurses who were single, who have preferred the profession unwillingly, who are not content with their profession, who were not satisfied with the unit they were assigned in, who did not willingly choose the department they worked, who were not a member of a nursing-related institution or association and who have considered quitting the profession. In this direction, it is recommended to include nurses in the decisions made in the clinical environment, get their opinions on choosing the department they will work in, and strengthen the team mentality. Moreover, managers should make arrangements for work rotations.

Keywords: Work environment, nurse, work alienation.

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DETERMINING THE FACTORS AFFECTING SLEEP QUALITY IN ONCOLOGY PATIENTS

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Abstract

Objective: Cancer is an important health problem with high mortality and morbidity and affects the sleep quality of individuals. Sleep is one of the basic needs that affect the quality of life. This descriptive study was planned to determine the factors affecting sleep quality in oncology patients. **Method:** This study was carried out with 238 patients receiving inpatient treatment in a state hospital between December 30, 2019, and December 30, 2020, who agreed to participate in the study. The study group consisted of 119 oncology patients receiving inpatient treatment due to the diagnosis of cancer in the surgery clinic. The control group consisted of 119 patients who were hospitalized in the same clinic for any acute or chronic disease other than cancer and who had the same sociodemographic characteristics as the study group. The study data were collected using a questionnaire consisting of 29 questions that determine the sociodemographic and clinical characteristics of the patients and the Pittsburgh Sleep Quality Index. The Pittsburgh Sleep Quality Index was developed by Buysse et al. (1989) and adapted into Turkish by Ağargün et al. (1996) and consists of 7 components and 24 questions. The total score obtainable from the Pittsburgh Sleep Quality Index is between 0-21. A total score of 5 or less indicates "good" sleep quality and a score above 5 indicates "poor" sleep quality. The questionnaire and the scale were applied to the patients after receiving ethical approval and patients' informed consent. The data were evaluated using percentage calculation, Kruskal Wallis test, Mann Whitney U test, and Cronbach's Alpha coefficient. **Results:** Of the patients in the study group, 47.9% were female; 52.1% were male; 33.6% were diagnosed with gastric cancer; 54.6% were in the second stage of the disease; 98.3% received surgical treatment; 28% received chemotherapy; 89.7% experienced treatment-related pain; 52.9% had a chronic disease other than cancer. The sleep quality was partially affected by environmental factors in 63.0% of the patients. The median of the study group patients on the Pittsburgh Sleep Quality Index was 5 and the median score of the control group patients was 4. It was determined that some sociodemographic and clinical characteristics of the patients affected their scores on the Pittsburgh Sleep Quality Index ($p < 0.05$). **Conclusion and Recommendations:** In this study, it was determined that the sleep quality of the patients in the study and control groups was at a good level and that the sleep quality of the control group patients was better than that of the study group patients. In line with the findings, it was determined that some environmental factors affected patients' sleep quality. It is recommended to plan nursing interventions to increase the sleep quality of patients.

KEYWORDS: Patient, Oncology, Sleep Quality.

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FACTORS RELATED TO INDIVIDUAL INNOVATIVENESS CHARACTERISTICS OF NURSES WORKING IN A UNIVERSITY HOSPITAL

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Zeliha Koç, Ondokuz Mayıs University, Turkey

Abstract

Objective: This research was carried out as a descriptive study to determine the individual innovativeness characteristics of nurses.

Method: The research was carried out between 08/05/2019 and 10/05/2019 with the participation of 165 nurses among a total of 459 nurses working in a university hospital. The data were collected by using a 21-question information form, which determines the socio-demographic and work-life characteristics of nurses and was prepared by the researcher in line with the literature, and the Individual Innovativeness Scale. The Individual Innovativeness Scale was developed by Hurt et al. (1977) and adapted to Turkish by Kemer and Altuntaş (2017) and consists of 3 subscales and 18 items that are ranked on a five-point Likert-type scale. The total score obtainable from the scale ranges between 18 and 90. According to the scoring, an individual with a score of 83 and above is classified as "Innovative"; one with a score of 75-82 is considered "Pioneer"; one with a score of 66-74 points is classified as "Interrogator"; one with a score of 58-65 is considered "Skeptical"; one with a score of 57 and below is considered "Traditional". The data were analyzed in the SPSS 22 package program. The fitness of the data to the normal distribution was evaluated with Shapiro Wilk and Kolmogorov Smirnov tests. Kruskal Wallis test, Mann Whitney U test, One-Way Analysis of Variance, and independent samples t-test were used for data analysis.

Results: Of the nurses participating in the study, 80.6% were female; 19.4% were male; 61.2% were married; 67.9% had a bachelor's degree; 87.9% had a nuclear family; 52.1% were employed in surgical units; 42.4% were employed in internal diseases units; 5.5% were employed in intensive care units; 77.6% had been working in shifts; 73.9% had chosen their profession willingly; 64.8% loved their profession; 37.0% had attended professional, scientific meetings and congresses in the last year. The mean age of the nurses was 31.1 ± 5.5 . The median score of the nurses on the Individual Innovativeness Scale was 63 (47 - 89); the median score on the Opinion Leadership subscale was 25 (15 - 35); the median score on the Resistance to Change subscale was 22 (7 - 35), and the median score on the Risk-Taking subscale was 16 (7 - 20).

Conclusion: In this study, when the total scores of the nurses on the Individual Innovativeness Scale were evaluated, the ranking of the characteristics from the most to the least common was determined as follows: skeptical, questioning, traditionalist, pioneering, and innovative. It was determined that the total score of the Individual Innovativeness Scale differed statistically according to the sociodemographic and work-life characteristics of the nurses. It is recommended to motivate nurses to participate in scientific research, provide training on this subject, and provide sufficient time and resources in order to improve their innovative behaviors.

Keywords: Individual innovativeness, nurse, innovation.

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FACTORS AFFECTING THE LEVEL OF LONELINESS OF NURSES IN CLINICAL ENVIRONMENT

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Abstract

Objective: This research was conducted as a descriptive study to determine the factors affecting the level of loneliness of nurses in the clinical environment. **Method:** The research was carried out between 02/15/2019 and 04/15/2019 with the participation of 171 nurses among a total of 459 nurses working in a university hospital. The data were collected using a 22-question information form, which determines the sociodemographic and work-life characteristics of nurses and was prepared by the researcher in line with the literature, and the Loneliness at Work Scale. The Loneliness at Work Scale was developed by Wright et al. (2006) and adapted to Turkish by Doğan et al. (2009) and consists of 2 subscales and 16 items that are ranked on a five-point Likert-type scale. This scale is an easy-to-use and short self-report tool that subjectively evaluates loneliness at work. It is accepted that the higher the scale score, the higher the level of loneliness in work life. The data were analyzed in the SPSS 22 package program. The fitness of the data to the normal distribution was evaluated with Shapiro Wilk and Kolmogorov Smirnov tests. Kruskal Wallis and Mann Whitney U tests were used for the analysis of the data. **Results:** Of the nurses participating in the study, 77.8% were female, 22.2% were male; 64.9% were married; 66.7% had a bachelor's degree; 90.6% had a nuclear family; 47.4% were employed in internal diseases units; 44.4% were employed in surgical units; 8.2% were employed in intensive care units; 94.2% had been working as unit nurses; 35.7% had been working for 6-10 years; 80.1% had been working in shifts; 67.8% had chosen the profession willingly; 63.2% loved their job; 52.0% gave care to 6-10 patients; 37.4% evaluated their level of job satisfaction as moderate. The mean age of the nurses was 30.7 ± 5.5 . The median score on the Loneliness at Work Scale was 31 (16-67); the median score on the Emotional Deprivation subscale was 17 (9-37); the median score on the Social Companionship subscale was 14 (7-31). **Conclusion:** In this study, it was determined that the scores of the nurses on the Loneliness at Work Scale differed statistically according to some sociodemographic and work-life characteristics. In line with the findings, it was determined that the level of loneliness in the clinical environment was higher in nurses who were employed in the intensive care unit, who were dissatisfied/partially satisfied with the unit they worked in, who had been giving care to 1-5 patients, and who evaluated their job satisfaction as partially bad. In line with this study, it is recommended to give nurses the opportunity to choose the unit they work in, determine strategies that will increase the quality of their work life, increase their job satisfaction, and accordingly, reduce the clinical loneliness of nurses.

Keywords: Work environment, nurse, loneliness.

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THE RELATIONSHIP BETWEEN MEANING IN LIFE AND THE LEVEL OF DISTRESS TOLERANCE IN NURSES

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Abstract

Objective: This research was conducted as a descriptive and cross-sectional study to determine the relationship between meaning in life and the level of distress tolerance in nurses. **Method:** The research was carried out between 10/15/2019 and 12/15/2019 with the participation of 178 nurses among a total of 459 nurses working in a university hospital. The data were collected using a 22-question nurse introductory information form, which determines the sociodemographic and clinical characteristics of nurses and was prepared by the researcher in line with the literature, the Meaning in Life Questionnaire, and the Distress Tolerance Scale. The Meaning in Life Questionnaire was developed by Steger et al. (2006) and adapted to Turkish by Akın and Taş (2015) and consists of two subscales and 10 items ranked on a seven-point Likert-type scale. The score obtainable from the scale ranges between 7 and 70. High scores on the subscales of the questionnaire indicate that the individual has the characteristics of that subscale at a high level. The Distress Tolerance Scale was developed by Simons and Gaher (2005) and adapted into Turkish by Akın et al. (2014) and consists of 4 subscales and 15 items that are ranked on a five-point Likert-type scale. The score obtainable from the scale ranges between 15 and 75. The scale can be evaluated with the total and subscale scores. A high score indicates a high ability to tolerate distress. The data were evaluated using the Shapiro Wilk, Kruskal Wallis, and Mann Whitney U tests. **Results:** Of the nurses participating in the research, 79.8% were female; 20.2% were male; 61.8% were married; 66.3% had a bachelor's degree; 88.2% had a nuclear family; 47.8% were employed in surgical units; 46.1% were employed in internal diseases units; 6.1% were employed in the intensive care unit; 77.5% had been working in shifts; 74.2% had chosen their profession willingly; 64.0% loved their profession; 64.0% described the quality of their work life as good; 42.1% evaluated their level of job satisfaction as moderate. The mean age of the nurses was 30.9 ± 5.7 . The median scores of the nurses on the subscales of Tolerance, Regulation, Absorption, Appraisal, and the overall Distress Tolerance Scale were 10 (3 - 15), 9 (3 - 15), 9 (3 - 15), 18 (8 - 30), and 46 (17 - 75), respectively. The median scores on the Present Meaning and Searched Meaning subscales and the overall Meaning in Life Questionnaire were 28 (11 - 35), 24 (9 - 35), and 53 (23 - 70), respectively. **Conclusion:** In this study, it was determined that the scores on the Distress Tolerance Scale and the Meaning in Life Questionnaire differed statistically according to some sociodemographic and work-life characteristics of the nurses. However, no statistically significant relationship was determined between the Meaning in Life Questionnaire score and the Distress Tolerance Scale score. In line with the research findings, it is recommended to reduce the problems experienced by nurses in the clinical environment by developing strategies that will increase the quality of work-life of nurses.

Keywords: Nurse, distress, tolerance, meaning in life.

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FACTORS RELATED TO NURSES' ATTITUDES TOWARD THE PRINCIPLES OF DYING WITH DIGNITY

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Abstract

Objective: This research was conducted as a descriptive study to determine the factors related to nurses' attitudes toward the principles of dying with dignity. **Method:** The study was carried out between 01/14/2019 and 06/21/2019 with the participation of 204 nurses who were employed in a university hospital and agreed to participate in the research. The data were collected by using a 26-question information form, which was prepared by the researchers in line with the literature, and the Assessment Scale of Attitudes towards the Principles about Die with Dignity. The Assessment Scale of Attitudes towards the Principles about Die with Dignity was developed as a five-point Likert-type scale by Duyan in 2014 based on 12 principles, namely "principles of dying with dignity," defined in the "The Future of Health and Care of Older People" by the "Debate of the Age Health and Care Study Group" developed. The scale consists of 12 items and one subdimension. The total score obtainable from the scale ranges between 12 and 60. A high score on the scale indicates that the principles of dying with dignity are adopted at a high level and a low score indicates that the level of adopting these principles is low. In the study, the fitness of the data to the normal distribution was evaluated with Shapiro Wilk and Kolmogorov Smirnov tests. Mann Whitney U and Kruskal Wallis tests were used in order to compare the data that did not fit the normal distribution. Significance was evaluated at the $p < 0.05$ level. **Results:** Of the nurses participating in the research, 42.6% were in the age range of 18-25; 78.4% were female; 51.5% were married; 59.3% had a bachelor's degree; 44.1% were employed in internal diseases units; 56.4% had a nursing experience of 1-6 years; 58.8% loved their profession; 51.0% were satisfied with the unit they worked in; 68.1% faced with death in the unit they worked; 46.6% intervened between 1-6 deaths in a month; 38.2% had felt sorry when they encountered death for the first time; 66.2% took the death cases they intervened at the moment naturally; 55.9% had no difficulty in giving care to terminal patients; 54.9% did not have knowledge about the concept of dying with dignity. The total score of the nurses on the Assessment Scale of Attitudes toward the Principles of Dying with Dignity was 46 (12-60). **Conclusion:** In this study, it was determined that the nurses adopted the principles of dying with dignity at a high level. In line with the findings, it is thought that end-of-life care should be involved in both theoretical and practical courses and that care protocols that include the end-of-life period should be created in order for nurses working in institutions to adopt the principles of dying with dignity. It is also recommended to increase the visibility of the current situation and increase awareness of the principles of dying with dignity by increasing the relevant research.

Keywords: Nurse, death, dying with dignity, end-of-life care

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THE EFFECT OF COLLEAGUE SOLIDARITY ON JOB SATISFACTION IN NURSES

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Abstract

Introduction and Aim: The quality of nursing care is closely associated with the colleague solidarity status and levels of job satisfaction of nurses. This research was conducted as a descriptive and cross-sectional study to determine the effect of colleague solidarity on job satisfaction in nurses. **Method:** The research was carried out with the participation of 318 nurses working in a university hospital and willing to participate in the study. In the study, data were collected using a 21-question survey, which determines the sociodemographic and professional characteristics of nurses, the Colleague Solidarity of Nurses' Scale, and the Minnesota Job Satisfaction Questionnaire. The Colleague Solidarity of Nurses' Scale was developed by Çetinkaya Uslusoy and Ecevit Alpar (2013) and consists of 23 items that are ranked on a 5-point Likert-type scale. A minimum score of 23 and a maximum score of 115 can be obtained from the questionnaire. It is accepted that the level of colleague solidarity of nurses increases as the total score obtained from the questionnaire increases. The Minnesota Job Satisfaction Questionnaire was developed by Weis et al. (1967) and its Turkish validity and reliability study was conducted by Baycan (1985). It consists of 20 items that are ranked on a 5-point Likert-type scale. The general satisfaction, internal satisfaction, and external satisfaction scores can be determined with the scale. The highest score obtainable from the scale is 100 and the lowest score is 20. A score approaching 20 indicates a decrease in satisfaction and a score approaching 100 indicates an increase in satisfaction. Percentage calculation, ANOVA test, Kruskal Wallis test, Mann Whitney U test, and t-test were used for data analysis. **Results:** Of the nurses participating in the study, 71.4% were female; 28.6% were male; 61.6% were married; 49.7% had a bachelor's degree; 33.3% had an associate degree; 95.0% worked as staff nurses; 82.1% had preferred their profession willingly; 70.4% loved their profession. The median score on the Colleague Solidarity of Nurses' Scale was 98 (47-115); the median score on the General Satisfaction of the Minnesota Job Satisfaction Questionnaire was 3 (1-5); the median score on the Internal Satisfaction subscale was 3.7 (1-5); the median score on the External Satisfaction subscale was 2.75 (1-5). It was determined that the median scores on the Colleague Solidarity of Nurses' Scale and the subscales of the Minnesota Job Satisfaction Questionnaire differed statistically according to some sociodemographic and professional characteristics of the nurses ($p < 0.05$). In this study, no statistically significant correlation was determined between the Colleague Solidarity of Nurses' Scale and the Minnesota Job Satisfaction Questionnaire ($p > 0.05$). **Conclusion and Recommendations:** In this study, it was determined that the levels of colleague solidarity of the nurses were high and that their general job satisfaction was neutral. In line with the findings, it is recommended to organize in-service training programs that will increase the level of job satisfaction in nurses.

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FACTORS RELATED TO ORGANIZATIONAL SILENCE IN NURSES WORKING IN A UNIVERSITY HOSPITAL

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Abstract

Introduction and Aim: Organizational silence can be defined as the fact that employees consciously do not share their concerns and opinions about organizational problems with the management team and keep them to themselves. This study was conducted to determine the factors related to organizational silence in nurses working in a university hospital. **Method:** The research was carried out with 219 nurses working in a university hospital and willing to participate. In the study, the data were collected using an 18-question survey, which determines the sociodemographic and professional characteristics of nurses, and the Organizational Silence Scale developed by Çakıcı (2007). The first part of the scale, "subjects which employees remain silent about", consists of 26 items and 5 subscales (ethics and responsibilities, management problem, performance of employees, amendment efforts, working opportunities), and the second part of the scale, "reasons for remaining silent" consists of 31 items and 5 subscales (administrative and organizational reasons, issues about work, fear of isolation, lack of experience, fear of damaging relationships). The scale is evaluated over the mean subscale scores and the total score. It is accepted that the level of silence increases as the score increases. Percentage calculation, Kruskal Wallis test, and Mann-Whitney U test were used for data analysis. **Results:** Of the nurses participating in the study, 37.0% were aged between 31-35; 89.5% were female; 76.7% were married; 57.5% had a bachelor's degree; 44.3% were employed in surgical clinics; 95.4% worked as staff nurses; 53.4% had been working for 7-12 years; 64.8% loved their profession; 56.6% had willingly chosen the unit they worked in; 54.3% were partially satisfied with the unit they worked in. The median subscale scores of the nurses on the "Subjects Which Employees Remain Silent" part of the Organizational Silence Scale were as follows: 29 (7-35) for Ethics and Responsibilities, 24 (6-30) for Management Problem, 11(3-15) for Performance of Employees, 16 (4-20) for Amendment Efforts, 12 (3-15) for Working Opportunities. The median subscale scores on the "Reasons for Remaining Silent" part were 53 (13-65) for Administrative and Organizational Reasons, 25 (9-30) for Issues about Work, 17 (5-20) for Lack of Experience, 16 (4-20) for Fear of Isolation, 12 (3-15) for Fear of Damaging Relationships. It was determined that the mean scores on the "Subjects which Employees Remain Silent" and "Reasons for Remaining Silent" subscales of the Organizational Silence Scale differed according to some sociodemographic and work-life characteristics of the nurses ($p<0.05$). **Conclusion and Recommendations:** It was determined that the nurses had the highest score on the "Ethics and Responsibilities" subscale in the "Subjects Which Employees Remain Silent" part of the Organizational Silence Scale and on the "Administrative and Organizational Reasons" subscale of the "Reasons for Remaining Silent" part. In line with the findings, it is recommended to periodically evaluate the organizational silence status of nurses, give them the opportunity to express their thoughts about the institution they work for, determine the factors that cause silence in nurses in the work environment, and develop strategies to prevent this situation. **Keywords:** Work environment, nursing, organizational silence.

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