

Perceived Emotional Abuse and Psychological Resilience in Nurses: Cross-Sectional Study

Hemşirelerde Algılanan Duygusal İstismar ve Psikolojik Sağlamlık: Kesitsel Araştırma

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ABSTRACT Objective: Emotional abuse, being one of the most difficult types of abuse to detect and the most practiced one, can occur in a wide range of adult individuals. To determine the relationship between nurses' perceived level of emotional abuse and their psychological resilience status. **Material and Methods:** A descriptive cross-sectional study, data were collected Information form, the Brief Psychological Resilience Scale (BPRS), and the Adult Perceived Emotional Abuse Scale (APEAS). **Results:** It was determined that 84.8% of the nurses participating in the study were female, 79.1% were married, 66.8% had a bachelor's degree, 45.9% worked in the internal medicine unit, 34.4% had 16-20 years of experience, and 52.9% were subjected to emotional abuse. In addition, it was determined that 58.5% of the nurses were subjected to emotional abuse by doctors, 56.2% by relatives of patients, and 53.3% by colleagues. Nurse's mean scores on the BPRS were 19.06±3.65, and their mean scores on the APEAS were 126.14±34.96. There was a moderate negative relationship between nurse's BPRS scores and APEAS scores. **Conclusion:** In this study, according to the scores of the nurses from the BPRS and the APEAS; it was determined that the nurses' psychological resilience was high and the perceived emotional abuse was at a low level. In addition, it was determined that the nurses with a high level of psychological resilience had low levels of perceived emotional abuse.

ÖZET Amaç: Bu çalışma hemşirelerin algıladıkları duygusal istismar düzeyi ile psikolojik sağlamlık durumları arasındaki ilişkiyi belirlemek amacıyla tanımlayıcı kesitsel bir çalışma olarak yürütüldü. **Gereç ve Yöntemler:** Araştırma 01 Ocak 2023-15 Nisan 2023 tarihleri arasında bir üniversite hastanesinde çalışan ve araştırmaya katılmayı kabul eden 244 hemşirenin katılımıyla gerçekleştirildi. Veriler araştırmacı tarafından literatür doğrultusunda hazırlanan hemşirelerin sosyodemografik özelliklerini ve duygusal istismara maruz kalma durumlarını belirleyici bilgi formu, Kısa Psikolojik Sağlamlık Ölçeği (KPSÖ) ve Yetişkinler için Algılanan Duygusal İstismar Ölçeği (YADIÖ) ile toplandı. **Bulgular:** Araştırmaya katılan hemşirelerin %84,8'inin kadın, %79,1'inin evli, %66,8'inin lisans mezunu, %45,9'unun dahiliye biriminde çalıştığı, %34,4'ünün 16-20 yıl arası çalışma yılının olduğu ve %52,9'unun duygusal istismara maruz kaldığı belirlendi. Bununla birlikte hemşirelerin %58,5'inin doktor, %56,2'sinin hasta yakını ve 53,3'ünün ise meslektaşları tarafından duygusal istismara maruz kaldığı saptandı. Hemşirelerin KPSÖ toplam puanının 19,06±3,65, YADIÖ toplam puanının 126,14±34,96 olduğu belirlendi. Hemşirelerin KPSÖ puan değerleri ile YADIÖ puan değerleri arasında orta düzeyde negatif yönlü bir ilişki olduğu saptandı. **Sonuç:** Bu çalışmada hemşirelerin KPSÖ ve YADIÖ'den aldıkları puanlar doğrultusunda; hemşirelerin psikolojik sağlamlıklarının yüksek olduğu algıladıkları duygusal istismarın ise düşük seviyede olduğu saptandı. Bununla birlikte psikolojik sağlamlık düzeyi yüksek olan hemşirelerin algıladıkları duygusal istismar düzeylerinin düşük olduğu belirlendi.

Keywords: Abuse; emotional abuse; psychological resilience; nurse

Anahtar Kelimeler: İstismar; duygusal istismar; psikolojik sağlamlık; hemşire

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Emotional abuse, one of the most common types of abuse in daily life, is a situation in which the behavioral, emotional and mental health of the individual is negatively affected by deliberately and consistently bad approaches and attitudes towards children, adolescents or adults.^{1,2} Emotional abuse can be seen alone or with all other types of abuse, and it is very difficult to diagnose.^{3,4} Emotional abuse, which manifests itself in adult individuals as ignoring feelings and emotional needs such as love, affection, attention, approval and support, belittling and denying individuals, can also be seen as insulting and saying derogatory words.⁵ Individuals exposed to emotional abuse may experience high levels of anxiety, low self-esteem, depression, withdrawal, being extremely shy, passive or submissive, insomnia, aggressive personality, self-destructive behavior, suicide attempts or talk of suicide, excessive dependency. Personality structure may cause problems such as insecurity.^{1,4} Emotional abuse can occur in individuals' immediate environments such as family, school and work environments.³ Emotional abuse experienced at work can affect the psychological resilience of employees by causing them to lose job satisfaction, lose motivation, and experience stress that they cannot cope with.⁶

Resilience is the ability of individuals to adapt to and bounce back from adversity, trauma, or stressful situations. It emerges as a result of a set of skills, behaviors and thought patterns that can be developed and strengthened over time. In the development of psychological resilience, it is important to have some protective factors in the individual's life in order to reduce the risks that affect the individual's life and the negative effects of these risks on the individual's life.⁷ The problems an individual encounters in his business life and the protective factors he has against these problems affect his psychological resilience.

Psychological resilience levels are also very important for nurses who face many physical and psychological risk situations in business life, who provide care to patients in accordance with their needs in very difficult situations and limitations, and who protect and improve the health of healthy individuals.⁸⁻¹⁰ In the literature, it has been stated that nurses with a high level of psychological resilience

experience less work stress, cope with stressors at work more effectively and experience less burnout, causing nurses to have positive attitudes towards the profession, positive thoughts about the future and to increase their professional knowledge skills.^{11,12}

In order for nurses to effectively combat the problems they face and protect their mental health against these problems, it is inevitable that they first have a sound psychology and then contribute to the psychological health of individuals in society. Nurses may be subjected to emotional abuse in the environment where they work due to reasons such as difficult working environments, superior-subordinate relationships within the team, being a healthcare worker, being a woman, and abused nurses may experience many problems such as stress disorder, anxiety, lack of autonomy, low self-esteem and sleep disorders.^{13,14} In this regard, emotional abuse is thought to be an important risk factor for the psychological resilience of nurses. No study has been found in the literature examining the relationship between nurses' experiences of emotional abuse and their psychological resilience. It is thought that the study will constitute an important resource in this sense.

MATERIAL AND METHODS

TYPE OF RESEARCH

The study is a descriptive, cross-sectional, relationship-seeking type of study. The study took place at a university hospital from February 1, 2023, to May 1, 2023.

POPULATION AND SAMPLE OF THE RESEARCH

The research population included 600 nurses employed at a university's Health Practice and Research Center Hospital. In determining the sample size of the study, the formula used to determine the number of individuals to be sampled in cases where the universe is known was used.³⁷ The sample size was determined to be 234 individuals, using a known sampling method with a 5% margin of error at a 95% confidence level.

DATA COLLECTION TOOLS

The individual introduction form created by the researcher, the Adult Perceived Emotional Abuse Scale

(APEAS) and the Brief Psychological Resilience Scale (BPRS) were used to collect data.

Personal information form: It includes questions prepared by the researcher regarding the individuals' age, gender, marital status, level of education, work unit, length of professional experience, exposure to emotional abuse, and characteristics of the emotional abuser.^{6,8}

APEAS: The "APEAS", validated for Turkish use by Ersanlı et al., comprises 61 items and is measured on a 5-point Likert scale. Scores on the scale range from a minimum of 61 to a maximum of 305, with higher scores indicating a higher perception of emotional abuse.³⁶ The Cronbach Alpha coefficient of the original scale was found to be 0.95; in this study it was found to be 0.97.³⁶

BPRS: The scale, developed by Smith et al. and adapted into Turkish by Doğan, consists of 6 items and uses a 5-point Likert format. High scores on this scale indicate a high level of psychological resilience. While there is no specific cut-off score, the possible scores range from a minimum of 6 to a maximum of 30.¹⁵ The Cronbach's Alpha coefficient of the original scale was found to be 0.83; in this study it was found to be 0.71.¹⁵

COLLECTION OF DATA

After informing the nurses participating in the study and obtaining their informed consent, the individual introductory information form, APEAS, and BPRS were administered through face-to-face interviews.

EVALUATION OF DATA

The data analysis for the study was conducted using the SPSS 21 program. The normality of the data distribution was assessed with the Shapiro-Wilk and Kolmogorov-Smirnov tests. The Kruskal-Wallis test, Mann-Whitney U test, one-way analysis of variance, and Spearman correlation analysis were employed for data analysis. The reliability of the scales used was evaluated using Cronbach's Alpha. A significance level of $p < 0.05$ was considered.

ETHICAL CONSIDERATION

To conduct the study, approval (date: January 19, 2023, no: 2022/61) was obtained from the Karadeniz

Technical University Health Sciences Scientific Studies Ethics Committee, and written institutional permission was acquired from the center where the study was conducted. The purpose of the study was explained to the participants, and their written informed consent was obtained. The research was planned and conducted in accordance with scientific publication ethics and the principles of the Declaration of Helsinki.

RESULTS

Of the nurses participating in the study, 84.8% were women, 79.1% were married, 66.8% had a bachelor's degree, 45.9% worked in an internal unit, 34.4% had working years between 16-20 years, and it was determined that 52.9% were exposed to emotional abuse. However, it was determined that 56.2% of the nurses were exposed to emotional abuse by patient relatives, 58.5% by doctors and 53.3% by colleagues (Table 1).

In this study, the nurse's BPRS total score was 19.06 ± 3.65 , and the APEAS total score was 126.14 ± 34.96 (Table 2).

Sociodemographic characteristics of nurses and emotional abuse scale total score values were compared; it was determined that nurses working in the emergency department received statistically higher scores compared to other clinics, and nurses working between 0-5 years received statistically lower scores compared to other years ($p < 0.05$). It was determined that the median score of the APEAS was statistically higher in nurses who were exposed to emotional abuse in their profession than in nurses who were not exposed to abuse ($p < 0.05$). When the sociodemographic characteristics of nurses and the median scores of the short psychological resilience scale were compared, undergraduate graduates were compared to high school graduates; The psychological resilience scale of manager nurses was found to be statistically higher than service nurses ($p < 0.05$) (Table 3).

It was determined that there was a moderate negative relationship between the BPRS total score and the APEAS total score ($p < 0.05$) (Table 4).

TABLE 1: Distribution of nurses' individual characteristics (n=244)		
Features	n	%
Mean age	(36.98±7.64)	
Gender		
Woman	207	84.8
Male	37	15.2
Marital status		
Single	51	20.9
Married	193	79.1
Educational level		
High school	29	11.9
Associate degree	36	14.8
Undergraduate	163	66.8
Postgraduate	16	6.6
Working unit		
Emergency department	18	7.4
Internal service	112	45.9
Surgical service	71	29.1
Policlinic	39	16.0
Administrative units	4	1.6
Length of experience in the profession		
0-5	22	9
6-10	53	21.7
11-15	43	17.6
16-20	84	34.4
21 and over	42	17.2
Exposure to emotional abuse		
Yes	129	52.9
No	115	47.1
Emotionally abusive person		
Doctor	76*	58.5*
The relatives of the patient	73*	56.2*
Nurse	69*	53.1*
Patient	66*	50.8*
Managers	59*	45.4*
Auxiliary staff	23*	17.7*

*n folded

TABLE 2: BPRS and APEAS score mean and median values		
	$\bar{X} \pm SD$	Median/minimum-maximum
BPRS	19.06±3.65	18 (6-30)
APEAS	126.14±34.96	128 (67-277)

* \bar{X} : Arithmetic mean; SD: Standard deviation

DISCUSSION

Due to the nature of their work, nurses witness tragedy, suffering and human distress and are exposed to a wide range of violence as part of their daily

working lives in the workplace.¹⁶ In order to overcome these difficulties, psychological resilience is necessary for nurses in their daily work. In this study examining the relationship between psychological resilience and perceived emotional abuse by nurses, it was concluded that nurses' perceived emotional abuse levels were low, their psychological resilience was moderate, and there was a moderate negative relationship between psychological resilience and perceived emotional abuse.

Emotional abuse, known as psychological violence and the most common form of abuse experienced, is the least reported and most difficult to define type of abuse.¹⁷ In this study, it is seen that the emotional abuse perceived by nurses is at a low level. Consistent with this finding of the study, a study conducted in Türkiye stated that the majority of nurses did not know the definition of abuse and that nurses were insufficient to diagnose the symptoms and risks of abuse.¹⁸ Although emotional abuse is common, emotional violence can be ignored due to reasons such as the absence of concrete harm, sociocultural beliefs and upbringing.¹⁹ Additionally, considering that nurses are often conditioned to accept unprofessional bullying behavior as the norm, it may be thought that exposure to emotional abuse is not identified and reported. Additionally, the difficulty of measuring actions that constitute emotional abuse may have caused deficiencies in abuse reporting.²⁰

In this study, it was found that the perceived emotional abuse of nurses with 6-10 years of professional experience was significantly higher ($p < 0.05$) than nurses with 0-5 years of professional experience. Years of professional experience can affect nurses' professional attitudes and perceptual awareness. Nurses with high perceptual awareness can think analytically by making more connections between the situations around them.²¹ In this regard, it is thought that nurses with more years of experience can better predict the psychological pressure in their work environment and perceive more emotional abuse.

Nurses, who are at the front lines of the healthcare system and constitute the majority of employees in healthcare institutions; patients are more vulnerable to being attacked by their families and other col-

TABLE 3: Comparison of sociodemographic characteristics of nurses and median scores of BPRS and APEAS

		BPRS median (minimum-maximum)	APEAS median (minimum-maximum)
Gender	Woman	19 (7-30)	126.5 (69-260)
	Male	18.5 (16-26)	121 (78-236)
	Test statistic	U=3669	U=3455
	p value	p=0.680	p=0.343
Marital status	Married	19 (7-27)	124 (69-214)
	Single	18.5 (12-30)	127.5 (78-260)
	Test statistic	U=4887,500	U=4836,500
	p value	p=0.939	p=0.850
Educational level	High school	18 (15-26) A	126 (73-172)
	Associate degree	18 (7-24) AB	117 (75-214)
	Licence	19 (12-30) B	128 (69-177)
	Postgraduate	19 (12-24) AB	120 (78-260)
	Test statistic	$\chi^2=13,060$	$\chi^2=3.52$
	p value	p=0.005	p=0.317
Working unit	Emergency room	12.5 (7-18)	158.5 (81-236)
	Internal service	18.5 (12-27)	127 (75-260)
	Surgical service	19 (12-27)	130 (78-214)
	Policlinic	20 (16-30)	119 (69-138)
	Administrative units	23 (23-23)	99 (99-99)
	Test statistic	$\chi^2=4,005$	$\chi^2=12,706$
	p value	p=0.405	p=0.013
Position	Nurse manager	20 (17-24)	122 (73-146)
	Service nurse	18 (7-30)	126 (69-260)
	Test statistic	U=2153,500	U=2441
	p value	p=0.042	p=0.248
Length of experience in the profession	0-5	18 (13-26)	102 (75-170) A
	6-10	18 (7-24)	127(78-236) B
	11-15	18 (12-27)	118 (78-260) AB
	16-20	19.5 (16-27)	130 (79-176) AB
	21 and over	18.5 (12-30)	122 (69-172) AB
	Test statistic	$\chi^2=7.69$	$\chi^2=11.62$
	p value	p=0.104	p=0.020
Exposure to emotional abuse	Yes	18 (7-30)	129 (69-260)
	No	20 (13-27)	122 (73-172)
	Test statistic	U=6885,500	U=5891
	p value	p=0.326	p=0.006

χ^2 : Kruskal Wallis test statistic; U: Mann Whitney U test statistics; AB: There is no difference between groups with the same letters

TABLE 4: The relationship between BPRS and APEAS

	APEAS	
BPRS	r=-0.325*	p=0.000

*significant at p<0.05 significance level; r: Sperman Correlation Coefficient

leagues.²² In this study, nurses reported that they were mostly subjected to emotional abuse by doctors, patient relatives, colleagues and patients in the clinical environment, and their perceived emotional abuse

was found to be statistically significantly higher than nurses who were not exposed to abuse ($p<0.05$). It has been reported in the literature that nurses are exposed to violence from doctors, nurses and other personnel, and physical or verbal violence by patients or family members.²³⁻²⁵ Another finding of the study is that the levels of emotional abuse perceived by nurses working in the emergency department are significantly higher than in other clinics. When the literature is examined, some studies indicate that nurses

working in intensive care units and emergency departments have a high risk of being exposed to verbal and physical violence.²⁶⁻²⁸ On the other hand, Jiao et al. and Dafny and Beccaria's studies stated that there was no significant difference in the emergency department or intensive care services.^{24,25} These differences between clinics may be due to the fact that they are conducted in socially and culturally different institutions. It is thought that this situation may have been affected by the fact that nurses face the risk of abuse, bullying and violence in a working environment that includes a high level of human interaction due to the high number of patients receiving acute care in emergency clinics, the high number of critical cases, many health professionals working together, etc.²⁹ In this sense, it can be said that the type of clinical environment studied can also be seen as a risk factor for emotional abuse.

Resilience is the ability to withstand life's challenges and is considered an essential quality for success in nursing.¹¹ The resilience that sustains nurses in challenging working environments is a skill acquired over time and developed through experience.³⁰ In this study, it was observed that the psychological resilience levels of nurses were at a medium level. This finding is compatible with the literature and it is reported that the psychological resilience of nurses is at a medium level. According to this result, the problems experienced by nurses and the coping methods they developed may have enabled the development of psychological resilience at a "medium" level. Nurses with high psychological resilience recover stronger when faced with adversity and stress by effectively maintaining their individual physical and mental balance, thus making it easier for them to become competent in their jobs and achieve career success.³¹ They also seek rational solutions to succeed when faced with challenges and pressures at work. Another finding of this study is that the psychological resilience levels of undergraduate nurses are significantly higher than those of high school graduates, indicating that educational status is an effective factor for psychological resilience. It is thought that the aim of nursing education to provide self-knowledge, communication and problem skills may have a positive effect on the psychological resilience of student

nurses during the training. Similarly, in the literature, protective factors for psychological resilience include; it is emphasized that academic success, self-efficacy, goals in life and having effective problem solving skills.³² One of the important factors for the development of psychological resilience is age. Difficulties experienced may differ depending on age, these difficulties are considered stressful events and may affect psychological resilience.³³ This study found that there was a significant positive relationship between age and psychological resilience. The increase in the level of psychological resilience as we get older can be explained by the ability to overcome challenging life events more easily as we gain experience over time. In particular, the finding that nurses with a bachelor's degree have higher psychological resilience than high school graduates and nurses in managerial positions compared to clinical nurses supports this result. According to this result; it can be inferred that age brings professional experience and that nurses learn to cope with the risks and problems they encounter with age.

Psychological resilience is also important for nurses who face many risk factors in their work life, who have to provide professional care services and comfort patients in difficult situations and in need under all circumstances. This study concluded that there is a moderate negative relationship between psychological resilience and perceived emotional abuse. In other words, it can be said that increasing nurses' psychological resilience levels reduces the emotional abuse they perceive. No studies on nurses' emotional abuse and psychological resilience could be found in the literature. However, this finding is supported by Sauer and McCoy, who found that nurses who were bullied, a type of violence closely related to emotional abuse, had significantly lower resilience than nurses who were not bullied.³⁴ Studies conducted in other fields indicate that emotional abuse negatively affects psychological resilience, in other words, there is a decrease in psychological resilience with emotional abuse.³⁵ In addition, studies have shown that psychological resilience is a protective factor for symptoms such as post-traumatic stress, anxiety and depression, and that nurses with high psychological resilience experience less work

stress, cope with workplace stressors more effectively and experience less burnout.¹² These studies show that the difficulties faced by nurses in their working lives coincide with the risk factors defined within the concept of psychological resilience.

LIMITATIONS

One limitation of this study is that the participants were drawn from only one hospital in the Eastern Black Sea region of Türkiye, which may restrict the generalizability of the results. These findings should be investigated with a larger sample population. Second, the cross-sectional design of the study limits our ability to infer causality in any of the reported relationships. Third, the data was based solely on participants' perceptions rather than objective recordings of actual levels. While perceptions can sometimes be inaccurate, they can also be more significant than the actual situation at times. These findings could potentially be generalized to other health-related professions in similar clinical settings, such as paramedical professions.

CONCLUSION

In this descriptive cross-sectional study, it was concluded that nurses' psychological resilience levels were at a medium level, their perceived emotional abuse levels were low, and there was a moderate negative relationship between psychological resilience and perceived emotional abuse. However, the perceived emotional abuse levels of nurses working in the emergency department are higher than other clinics, more than half of the nurses are exposed to emotional abuse, they are mostly subjected to emotional abuse by doctors, and the psychological resilience of nurses with a bachelor's degree is higher than high

school graduates and nurses in managerial positions are higher than clinical nurses. It was found that there was a significant positive relationship between psychological resilience and age.

It is important to provide the necessary success for nurses to be more resilient to the difficulties in the workplace and to cope better with the effects of these situations. For this purpose, studies should be conducted in clinics and psychological support units regarding emotional abuse. In the future, these issues should be added to the education curriculum so that the negative effects of emotional abuse do not increase. In addition, it can be suggested that education programs be planned to strengthen the psychological resilience of nurses.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Yeter Kurt, Ebru Turhal, Handan Şahin, Fulya Batmaz; **Design:** Yeter Kurt, Ebru Turhal; **Control/Supervision:** Yeter Kurt, Ebru Turhal; **Data Collection and/or Processing:** Fulya Batmaz, Handan Şahin; **Analysis and/or Interpretation:** Yeter Kurt, Ebru Turhal; **Literature Review:** Yeter Kurt, Ebru Turhal, Handan Şahin, Fulya Batmaz; **Writing the Article:** Yeter Kurt, Ebru Turhal, Handan Şahin; **Critical Review:** Fulya Batmaz.

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