

Reflection of nursing students violence tendencies on care behaviors

Tuba Karabey BSc, MSc, PhD, RN¹  | Serife Karagozoglu BSc, MSc, PhD, RN²  |
Yasemin Boy BSc, MSc, RN³ 

¹Division of Nursing, Department of Fundamentals of Nursing, Gaziosmanpasa University Faculty of Health Science, Tokat, Turkey

²Division of Nursing, Department of Fundamentals of Nursing, Cumhuriyet University Faculty of Health Science, Sivas, Turkey

³Division of Nursing, Gaziosmanpasa University Faculty of Health Science, Tokat, Turkey

Correspondence

Tuba Karabey, BSc, MSc, PhD, RN, Division of Nursing, Department of Fundamentals of Nursing, Gaziosmanpasa University Faculty of Health Science, Tokat 60000, Turkey.
Email: tubakarabey@hotmail.com

Abstract

Purpose: Although violence is a preventable phenomenon, whose negative effects may be reduced, it should be analyzed with a holistic approach to determine its possible effects on caring behaviors, which constitute the basis of the profession of nursing. This study aims to reveal the reflections of the tendency to violence among the nursing students on their caring behavior.

Materials and Methods: A survey was conducted within a convenient sample of 292 nursing students. Personal Information Form, Tendency to Violence Scale, and the Caring Behaviors Inventory (CBI-24) were used for data collection.

Findings: There was a negative and moderate relationship between the tendency to violence and the scores obtained from the CBI-24 and its subscales. Simple linear regression analysis revealed that tendency to violence explained 10% and had a significant effect on caring behaviors ($\beta = -0.328, p < .001$).

Practical Implications: Tendency to violence among the nursing students might be determined before their graduation and the students with such tendencies might be closely monitored and supported to reduce these tendencies.

KEYWORDS

caring behaviors, nursing students, tendency to violence

1 | INTRODUCTION

Violence comes from the Latin word “violentia”, meaning, vehemence, impetuosity or forcible.¹ According to World Health Organization (WHO), violence “is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in, or has a likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”² With its negative physical and emotional effects over millions of people, the phenomenon of violence, which is rapidly increasing in today's world, is one of the most important social problems.^{3,4} WHO⁵ reported that more than 1.3 million people around the world died each year as a result of violence in all its forms, which accounted for 2.5% of global mortality, and violence was the fourth leading cause of death for people, aged 15–44 years. Violence occurs

due to various factors. Existing studies found that the development of attitudes and behaviors towards violence are influenced by multi-dimensional and complex factors, including individual, family, and social characteristics.^{6–8} As a preventable phenomenon, whose negative effects may be reduced, violence should be analyzed with a holistic approach by taking the biological, psychological, and social factors into account since the occurrence of violence is influenced by various factors.^{3,8,9} Violence in society and health sector as a part of the society has been a subject of academic and policy debates for a long time.^{10–12} Violence against health professionals has been a serious global problem affecting the professional lives of healthcare personnel around the world.^{13–15} Health professionals have been experiencing violence of different kinds at different levels.^{13,16,17} Studies in the literature reported that hospitals are at high risk of workplace violence and the incidence of violence against health professionals is

rapidly increasing.^{18–21} Especially nursing students have been experiencing violence in healthcare environments.^{15,22} On the other hand, the tendency to violence among healthcare professionals has been increasing as well.²³ According to the National Health Service, 44% of the nurses²⁴ and 37% of the physicians experienced violence by other healthcare professionals.²⁵ Besides, 84% of the medical students in the United States experienced violence during their education.²⁶ Consequently, the concept of violence in the health sector should be given a special attention in the management of health services and all health professionals should cooperate to prevent healthcare violence. Nurses may play a leading role in the interventions to prevent violence in the health sector and firstly be aware of their tendency to violence.^{15,22} This awareness is vital for nurses, who are the primary caregivers.^{27,28}

Care has been one of the primary and indispensable needs of human beings since their existence. It is not only an individual phenomenon but may also include activities to meet the needs and demands of other people in need.^{29,30} Nursing care, on the other hand, includes the basic nursing functions to protect the health and well-being of the patients and to improve their health status.^{29,31} Within this context, individuals may need professional support and care at any period of their life. The concept of care is the focal point of basic professional issues, such as nursing education, nursing law, and the ethical codes of nursing.²⁹ Teaching the necessary attitudes and behaviors to provide nursing care, which respects human rights and dignity, is the basic aim of nursing education.^{28,31} The knowledge and experiences acquired during the nursing education help the nursing students to adapt to their roles and take responsibility for the nursing care and interventions.^{17,32}

The ability to provide qualified nursing care in the future is closely related to the professional communication and empathy skills, acquired by the nursing students during their education.^{33,34} There is an asymmetrical power relationship between the caregivers and the receivers, which depends on trust during the process. However, trust is a fragile concept that may be easily exploited. Risk about trust increases since the patient, who needs care in the relationship, is vulnerable.³⁵ Due to this reason, the attitudes and behaviors of the nurses, who are more powerful in the process of caregiving, are highly important. Personal characteristics, communication style, and body language of the nurses find their reflections in the implementation of nursing care and the tendency to violence may be reflected in the process of caregiving.^{36,37}

Although we have not found any studies specifically dealing with nursing students, we believe that the tendency to violence among nursing students may find its reflection in their professional lives after graduation. The act of violence may have negative personal effects on the nursing students and reduce the quality of nursing care, which in turn, may increase the level of stress among the patients and their relatives.^{38,39} Within this context, determining the nursing students with the tendency to violence and giving sufficient support to these students during their education may have positive effects on the professional identity, values, expectations and caregiving behaviors of the nursing students. Within this context, this study aimed to determine the reflections of the tendency to violence on caring behaviors.

2 | METHODS

To reach the study aim a cross-sectional survey with a convenient sample of nursing students was conducted.

2.1 | Participants and setting

The population of this study comprised 350 students of the department of nursing of a Turkish university. The study was conducted in December 2019 with the participation of 292 students, who agreed to participate. Before the study, we informed the students about the aim and the scope of the research.

2.2 | Data collection

We used Personal Information Form, Tendency to Violence Scale (TVS), and the Caring Behaviors Inventory for data collection. Students, who agreed to participate, were asked to complete the data collection forms in a classroom environment. Data collection took approximately 20 min.

2.2.1 | Personal Information Form

This form was developed by the researchers and had five closed-ended questions on the sociodemographic characteristics of the participants, including gender, year of school, smoking, alcohol consumption, and the place of residence.

2.2.2 | Tendency to Violence Scale

TVS is used in the Turkish language. TVS was developed for a project prepared for the Ministry of National Education. To ensure the content validity, the scale was revised in 1998 for the project of the Turkish Prime Ministry Family Research Institution, entitled, "Violence in Family and Social Sphere." TVS had 20 items, which were scored on a 4-point Likert scale, ranging from 1 (not at all true) to 4 (very true). No items were reverse scored. Possible scores ranged between 20 and 80, with higher scores indicating higher tendency to violence.⁴⁰ Cronbach's α in different studies were 0.83 and 0.85.^{41,42} Cronbach's α in our study was 0.68.

2.2.3 | Caring Behaviors Inventory-24

Caring Behaviors Inventory-24 (CBI-24) was the shortened version of the 42-item Caring Behaviors Inventory of Wolf et al.⁴³ and was developed by Wu et al.⁴⁴ to measure the perceptions of patients and nurses about the process of nurse caring. Reliability and validity of the Turkish version of the CBI-24 were established by Kurşun and

Kanan.⁴⁵ The inventory had four subscales, namely, assurance (eight items), knowledge and skill (five items), respectful (six items), and connectedness (five items). Items were scored on a 6-point Likert scale (1 = never, 2 = immediate almost never, 3 = sometimes, 4 = generally, 5 = most of the time, and 6 = always). Scores obtained from the 24 items were summed and divided into 24 to obtain the overall CBI-24 score, which ranged between 1 and 6. Scores obtained from the items of each subscale were summed and divided into the number of items to obtain the scores for each subscale. Higher scores obtained from the subscales and the overall CBI-24 indicated higher perception of care. Cronbach's α of the CBI-24 and its subscales of assurance, knowledge and skill, respectful, and connectedness in the study of Wu et al.⁴⁴ were 0.96, 0.92, 0.87, 0.91, and 0.82, respectively. Cronbach's α of the CBI-24 in our study was 0.99.

2.3 | Data analysis

Collected data were analyzed with IBM SPSS v.25 statistical software. Frequency and percentage were used to analyze socio-demographic data. Kolmogorov–Smirnov test was used to examine the normal distribution of variables. Student *t*-test and one-way ANOVA test were used to compare normally distributed data. Pearson's correlation coefficient was used to examine the correlation between the variables. Simple linear regression analysis was performed to examine the effect of independent variable on dependent variable. The level of significance was set at $p < 0.05$.

2.4 | Ethical considerations

Before the study, we obtained institutional permission and ethical permission from the Non-Interventional Clinical Research Ethics Committee (2020-02/04). Participant students were informed about the aim and scope of the research and their written and verbal informed consent was obtained. The study was carried out according to the principles of the Declaration of Helsinki.

3 | FINDINGS

Table 1 showed the sociodemographic characteristics of the participants. Accordingly, 67.5% were female, 37.7% were first-year students, 88.4% did not smoke, 81.5% did not use alcohol and 54.1% lived with their parents.

Table 2 presented the mean scores obtained from the TVS, CBI-24, and its subscales. Mean scores obtained from the CBI-14 and the subscales of assurance, knowledge and skill, respectful, and connectedness were 4.55 ± 0.97 (1.00–6.00), 4.59 ± 0.95 (1.00–6.00), 4.53 ± 0.99 (1.00–6.00), 4.55 ± 0.99 (1.00–6.00) and 4.52 ± 1.00 (1.00–6.00), respectively. The mean score obtained from the TVS was 39.11 ± 6.16 (20.00–80.00).

TABLE 1 Socio-demographic variables of nursing students

	n	%
Gender		
Female	197	67.5
Male	95	32.5
Grade		
1st grade student	110	37.7
2nd grade student	85	29.1
3rd grade student	53	18.2
4th grade student	44	15.1
Smoking status		
Yes	34	11.6
No	258	88.4
Alcohol use status		
Yes	54	18.5
No	238	81.5
Place of residence		
In dormitory	84	28.8
At home	158	54.1
Other	50	17.1

Table 2 also presented the findings on the relationship between sociodemographic characteristics, TVS, and the CBI-24 scores. Mean scores obtained by the female participants from the ICB-24 and the assurance, knowledge and skill, respectful, and connectedness subscales were significantly higher than their male counterparts ($p < 0.05$).

Regarding the relationship between the tendency to violence and the year of school, TVS scores of the first-year ($\bar{x} = 40.83$), second-year ($\bar{x} = 40.08$), and fourth-year students ($\bar{x} = 39.93$) were statistically significantly higher than the TVS scores of the third-year nursing students ($\bar{x} = 33.30$; $p < 0.05$).

Regarding the relationship between the caring behaviors and the year of school, first-year students ($\bar{x} = 4.55$) obtained significantly lower scores from the assurance subscale than the third-year students ($\bar{x} = 4.95$; $p < 0.05$). Besides, knowledge and skill scores of the second-year ($\bar{x} = 4.42$) and the fourth-year students ($\bar{x} = 4.28$) were statistically significantly lower than the third-year students ($\bar{x} = 4.91$; $p < 0.05$). On the other hand, first-year ($\bar{x} = 4.51$), second-year ($\bar{x} = 4.46$), and the fourth-year students ($\bar{x} = 4.28$) obtained significantly lower scores from the respectful subscale of the CBI-24 than the third-year students ($\bar{x} = 4.99$; $p < 0.05$). Moreover, connectedness scores of the first-year ($\bar{x} = 4.54$), second-year ($\bar{x} = 4.38$), and the fourth-year students ($\bar{x} = 4.27$) were significantly lower than the third-year students ($\bar{x} = 4.92$; $p < 0.05$). Finally, CBI-24 scores of the first-year ($\bar{x} = 4.53$), second-year ($\bar{x} = 4.44$), and the fourth-year students ($\bar{x} = 4.30$) were significantly lower than the third-year students ($\bar{x} = 4.94$; $p < 0.05$).

We also found that the TVS scores of the students, who stayed in dormitories ($\bar{x} = 37.38$), was significantly lower than the

TABLE 2 Relationship between sociodemographic characteristics, TVS, and CBI-24 scores

Variables n = 292	Mean TVS score (min = 20.00; max = 80.00) ^a $\bar{x} \pm SD$	Mean scores obtained from subscales of CBI-24				Mean CBI-24 Score $\bar{x} \pm SD$
		Assurance (min = 20.00; max = 80.00) ^a $\bar{x} \pm SD$	Knowledge and skill (min = 20.00; max = 80.00) ^a $\bar{x} \pm SD$	Respectful (min = 20.00; max = 80.00) ^a $\bar{x} \pm SD$	Connectedness (min = 20.00; max = 80.00) ^a $\bar{x} \pm SD$	
Gender						
Female	39.55 ± 5.97	4.72 ± 0.89	4.62 ± 0.94	4.62 ± 0.95	4.63 ± 0.91	4.65 ± 0.91
Male	38.20 ± 6.48	4.34 ± 1.01	4.34 ± 1.08	4.40 ± 1.07	4.29 ± 1.14	4.34 ± 1.06
Test statistics	t = -1.764 p = 0.07	t = -3.176 p = 0.002	t = -2.290 p = 0.002	t = -1.784 p = 0.07	t = -2.569 p = 0.001	t = -2.500 p = 0.001
Year of school						
1st year	40.83 ± 4.36	4.55 ± 0.81	4.53 ± 0.88	4.51 ± 0.89	4.54 ± 0.85	4.53 ± 0.84
2nd year	40.08 ± 6.46	4.53 ± 1.03	4.42 ± 1.03	4.46 ± 1.04	4.38 ± 1.07	4.44 ± 1.03
3rd year	33.30 ± 6.28	4.95 ± 0.80	4.91 ± 0.83	4.99 ± 0.75	4.92 ± 0.82	4.94 ± 0.79
4th year	39.93 ± 5.26	4.38 ± 1.19	4.28 ± 1.25	4.28 ± 1.25	4.27 ± 1.25	4.30 ± 1.22
Test statistics	F = 24.190 p = 0.000	F = 3.417 p = 0.018	F = 3.925 p = 0.009	F = 4.992 p = 0.002	F = 4.361 p = 0.005	F = 4.382 p = 0.005
Smoking						
Yes	39.64 ± 8.79	4.5 ± 1.39	4.69 ± 1.41	4.51 ± 1.45	4.48 ± 1.57	4.54 ± 1.44
No	39.04 ± 5.74	4.61 ± 0.88	4.51 ± 0.93	4.55 ± 0.92	4.53 ± 0.90	4.55 ± 0.89
Test statistics	t = 0.390 p = 0.699	t = -0.454 p = 0.653	t = 0.725 p = 0.473	t = -0.156 p = 0.877	t = -0.174 p = 0.863	t = -0.047 p = 0.963
Alcohol consumption						
Yes	40.09 ± 5.52	4.43 ± 1.12	4.37 ± 1.27	4.35 ± 1.39	4.33 ± 1.18	4.33 ± 1.24
No	38.89 ± 6.29	4.63 ± 0.91	4.56 ± 0.92	4.59 ± 0.88	4.56 ± 0.95	4.59 ± 0.90
Test statistics	t = 1.295 p = 0.164	t = -1.200 p = 0.235	t = -1.044 p = 0.30	t = -1.219 p = 0.227	t = -1.357 p = 0.179	t = -1.424 p = 0.160
Place of residence						
In dormitory	37.38 ± 7.61	4.56 ± 1.33	4.50 ± 1.28	4.53 ± 1.29	4.47 ± 1.38	4.52 ± 1.31
With parents	40.23 ± 5.06	4.53 ± 0.74	4.48 ± 0.89	4.49 ± 0.90	4.48 ± 0.82	4.48 ± 0.82
Other	38.48 ± 5.97	4.86 ± 0.70	4.73 ± 0.68	4.77 ± 0.63	4.75 ± 0.69	4.79 ± 0.66
Test statistics	F = 6.423 p = 0.002	F = 2.419 p = 0.091	F = 1.240 p = 0.291	F = 1.559 p = 0.223	F = 1.559 p = 0.212	F = 1.882 p = 0.154

Note: t: Student t-test; F: one-way ANOVA; p < 0.05.

^aMin. and max. scores to be obtained from the scale.

TABLE 3 Relationship between violence tendency and caring behaviors

		Correlations				Care Behaviors Scale
		Assurance	Knowledge and skills	Respect	Commitment	
Violence Tendency Scale	r	-0.322**	-0.298**	-0.400**	-0.297**	-0.328**
	p	0.000	0.000	0.000	0.000	0.000

Note: r, Pearson Correlation.

**Correlation is significant at the 0.01 level (two-tailed).

TABLE 4 Regression analysis regarding the reflection of violence tendency on care behaviors

Variable	B	Std. Error	β	t	p
Constant	6.621	0.356		18.599	0.000
Violence Tendency Scale	-0.053	0.009	-0.328	-5.881	0.000

Note: $R = 0.32$, $R^2 = 0.10$, $F = 34.591$, $p = 0.000$.

participants, who lived with their parents ($\bar{x} = 40.23$; $p < 0.05$). On the other hand, there was no significant relationship between smoking, alcohol consumption, TVS, and the CBI-24 scores ($p > 0.05$; Table 2).

Table 3 presented the relationship between tendency to violence and caring behaviors. Accordingly, there was a negative and moderate relationship between the TVS, the CBI-24, and the subscales of the CBI-24 ($p < 0.05$).

Table 4 provided the findings of the regression analysis on the reflections of the tendency to violence on caring behaviors. Simple linear regression analysis revealed that tendency to violence explained 10% and had a significant effect on caring behaviors ($\beta = -0.328$, $p < 0.001$).

4 | DISCUSSION

This study, which aimed to determine the reflections of the tendency to violence on caring behavior of nursing students found that the tendency to violence had a significant impact on caring behaviors and discussed this finding with reference to the findings in the literature.

Various studies showed that violence had negative social,⁴⁶⁻⁴⁸ physical,^{22,49,50} and psychological negative effects on individuals.^{51,52} Other studies dealt with the violence experiences of health professionals^{53,54} and nursing students.^{1,38,55} However, none of these studies dealt with the reflections of the tendency to violence among nursing students on their caring behavior. Within this context, our findings were discussed with reference to the findings of a limited number of studies.

Tendency to violence among the participants of this study was low, caring behavior was high and the increase in the tendency to violence had an inverse effect on caring behavior ($p = 0.001$; $r = -0.328$; Table 4). Our findings were parallel to the findings of the existing studies in the literature, which reported low levels of tendency to violence among the nursing students.^{56,57} Moreover, similar to our findings, existing studies on caring behavior of nursing students found that the scores obtained from the CBI-24 and its subscales were high.^{58,59}

Due to the absence of any existing studies on the relationship between the tendency to violence and the caring behavior, we may conclude, based on our findings, that the existing tendency to violence among nursing students may directly find its reflection on their nursing care practices in the future (Tables 3 and 4).

We found a negative and moderate relationship between the tendency to violence, CBI-24, and its subscales ($p = 0.001$; $r = -0.328$;

Table 3). Higher scores obtained from the assurance subscale of CBI-24 indicated a higher attachment of the nursing students to the profession of nursing, so that the participants were more optimistic and ready to provide nursing care. Higher scores obtained from the knowledge and skill subscale, indicated that the participants were qualified, skilled and had sufficient knowledge to provide nursing care so that their tendency to violence would be lower. On the other hand, higher scores obtained from the respectful subscale indicated the respect of the nursing students to their profession and the patients, which would reduce the tendency to violence. Finally, connectedness subscale of the CBI-24 indicated the patience and sensitivity of the nursing students towards the patients and environment, which, in turn, may have also reduced the tendency to violence.

This study, which aimed to reveal the reflections of the tendency to violence on caring behavior of nursing students, found that the tendency to violence was low among both the female and male participants and gender had no significant impact on the tendency to violence (Table 2). Based on this finding, we may suggest that the qualifications and professional values earned during the nursing education may have reduced the tendency to violence among the participant = students. Similar to our findings, other studies found that the nursing students were less inclined to violence but reported that the tendency to violence was higher among the male students.^{60,61}

The analysis of the relationship between the tendency to violence and the year of school showed that the third-year students were less inclined to violence. Besides, the participants staying in dormitories were less inclined to violence (Table 2). Based on this finding, we may suggest that the junior students and the students, who lived with their parents, felt more stressed and responsible whereas the students, who lived in dormitories, had lower level of stress, thanks to the support of their friends. This, in turn, might have decreased the tendency to violence among the latter students.⁶⁻⁸

The concept of care, which is essential and indispensable for the profession of nursing, is the basic nursing paradigm that aims to improve the health status and well-being of patients.^{28,31} The analysis of the relationship between the gender and caring behavior of the nursing students in our study showed that both the female and male participants obtained high scores from the CBI-24, but the female participants obtained significantly higher scores than their male counterparts ($p = 0.001$; Table 2). Although some of the studies in the literature reported no impact of gender on caring behaviors,^{14,62} we believe that the higher scores obtained by the female participants may be explained with reference to the more sensitive and care-focused tendency among the female students. Higher scores obtained from caring behavior, which forms the basis of the profession of nursing, seem to be promising.

4.1 | Strengths and limitations of the study

The sample of the study is to be limited to students in a nursing school in Turkey, it is the limitations of our study that the

information about whether the students have been exposed to violence in clinical environments before was not included in the study. There is a need for descriptive and observational studies to determine the violent tendencies of nursing students every year by the first grade.

5 | CONCLUSION AND SUGGESTIONS

Nursing students are especially important since they are the adults of future and they are the essential elements of the healthcare professionals, who can reach to disadvantaged people. Within this context, this study found that the tendency to violence among the participant nursing students was low and their caring behavior was high. Besides, the increase in the tendency to violence had negative impact on caring behavior.

Based on our findings, we may suggest that the nursing curriculum might be revised to reduce the tendency to violence and empower positive caring behaviors to improve the quality of nursing care, which is essential to nursing.

6 | IMPLICATIONS FOR NURSING PRACTICE

The tendency to violence had a negative impact on the caring behaviors of the nursing students. Due to this reason, tendency to violence among the nursing students might be followed and the students with such tendencies might be closely monitored. Programs on social awareness on violence might be conducted and the universities might take measures, such as free psychiatric support to the students with the tendency to violence. Besides, a psychologist or a psychiatric nurse might work in the department of nursing to maintain the psychosocial well-being of the students and improve the quality of nursing care.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

AUTHOR CONTRIBUTIONS

Tuba Karabey contributed to conception, design, acquisition, analysis, or interpretation; drafted the manuscript; critically revised the manuscript; gave final approval; and agreed to be accountable for all aspects of work ensuring integrity and accuracy. Serife Karagozoglu contributed to conception, design, acquisition, critically revised the manuscript; gave final approval; and agreed to be accountable for all aspects of work ensuring integrity and accuracy. Yasemin Boy contributed to conception, analysis, drafted the manuscript; gave final approval; and agreed to be accountable for all aspects of work ensuring integrity and accuracy.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ORCID

Tuba Karabey  <https://orcid.org/0000-0002-2334-6560>

Serife Karagozoglu  <https://orcid.org/0000-0002-9558-0786>

Yasemin Boy  <https://orcid.org/0000-0002-9882-7721>

REFERENCES

- Samadzadeh S, Aghamohammadi M. Violence against nursing students in the workplace: an Iranian experience. *Int J Nurs Educ Scholarsh*. 2018;15(1).
- World Health Organization. (2008). Definition and Typology of Violence. Geneva Switzerland. <http://www.who.int/violenceprevention/approachdefinition/en/>
- Mulla MM, Bogen KW, Orchowski LM. The mediating role of school connectedness in the associations between dating and sexual violence victimization and substance use among high school students. *Prev Med*. 2020;139:106197.
- Wendt S, Natalier K, Seymour K, King D, Macaitis K. Strengthening the domestic and family violence workforce: key questions. *Aust Soc Work*. 2020;73(2):236-244.
- World Health Organization. (2014). Global Status Report on Violence Prevention 2014. Geneva: World Health Organization. https://www.who.int/violence_injury_prevention/violence/status_report/2014/en/. Accessed November 13, 2020.
- Kulakci-Altintas H, Ayaz-Alkaya S. Parental attitudes perceived by adolescents, and their tendency for violence and affecting factors. *J Interpers Violence*. 2019;34(1):200-216.
- Mathews S, Gould C. Preventing violence: from evidence to implementation. *Child Gauge*. 2017;2017.
- Tee S, Valiee S. Experience of workplace violence toward nursing students in Iran: a qualitative study. *J Forensic Nurs*. 2020;16(2):83-89.
- Anand JC, Bjerger B, Jarkestig-Berggren U. Perspectives on violence. *Nordic Soc Work Res*. 2020;10(2):95-99.
- Hahn S, Müller M, Needham I, Dassen T, Kok G, Halfens RJ. Factors associated with patient and visitor violence experienced by nurses in general hospitals in Switzerland: a cross-sectional survey. *J Clin Nurs*. 2010;19(23-24):3535-3546.
- Magnavita N, Heponiemi T. Violence towards health care workers in a Public Health Care Facility in Italy: a repeated cross-sectional study. *BMC Health Serv Res*. 2012;12(1):1-9.
- McKinnon B, Cross W. Occupational violence and assault in mental health nursing: a scoping project for a Victorian Mental Health Service. *Int J Ment Health Nurs*. 2008;17(1):9-17.
- Kuehn BM. Violence in health care settings on rise. *J Am Med Assoc*. 2010;304:511-512.
- Liu NY, Hsu WY, Hung CA, Wu PL, Pai HC. The effect of gender role orientation on student nurses' caring behaviour and critical thinking. *Int J Nurs Stud*. 2019;89:18-23. <https://doi.org/10.1016/j.ijnurstu.2018.09.005>
- Doran F, Hutchinson M. Student nurses' knowledge and attitudes towards domestic violence: results of survey highlight need for continued attention to undergraduate curriculum. *J Clin Nurs*. 2017; 26(15-16):2286-2296. <https://doi.org/10.1111/jocn.13325>
- Gates DM. The epidemic of violence against healthcare workers. *Occup Environ Med*. 2004;61:649-650.
- Maquibar A, Hurtig AK, Vives-Cases C, Estalella I, Goicolea I. Nursing students' discourses on gender-based violence and their

- training for a comprehensive healthcare response: a qualitative study. *Nurse Educ Today*. 2018;68:208-212. <https://doi.org/10.1016/j.nedt.2018.06.011>
18. Coşkun S, Karahan S. Investigation of exposure to violence in emergency service workers. *Academy Univ Health Sci J*. 2019;10(3):493-499.
 19. Jatic Z, Erkocevic H, Trifunovic N. Frequency and forms of workplace violence in primary health care. *Med Arch*. 2019;73:6-10.
 20. Kahriman İ. Determination of the situation of exposed to verbal and physical violence of nurses. *J Psychiatr Nurs*. 2014;5(2):77-83.
 21. Cannavò M, La Torre F, Sestili C, La Torre G, Fioravanti M. Work related violence as a predictor of stress and correlated disorders in emergency department healthcare professionals. *Clin Ter*. 2019;170(2):e110-e123.
 22. Maquibar A, Estalella I, Vives-Cases C, Hurtig AK, Goicolea I. Analysing training in gender-based violence for undergraduate nursing students in Spain: a mixed-methods study. *Nurse Educ Today*. 2019;77:71-76. <https://doi.org/10.1016/j.nedt.2019.01.017>
 23. Carter M, Thompson N, Crampton P. Workplace bullying in the UK NHS: a questionnaire and interview study on prevalence, impact and barriers to reporting. *BMJ Open*. 2013;3:e002628.
 24. Dellasega CA. Bullying among nurses. *Am J Nurs*. 2009;109:52-58.
 25. Quine L. Workplace bullying in junior doctors: questionnaire survey. *BMJ*. 2002;324:878-879.
 26. Frank E, Carrera JS, Stratton T, Bickel J, Nora LM. Experiences of belittlement and harassment and their correlates among medical students in the United States: longitudinal survey. *British Medical Journal*. 2006;333:682. <https://doi.org/10.1136/bmj.38924.722037.7C>
 27. Cronin S, Harrison B. Caring behaviors assessment tool. *Assessing and Measuring Caring in Nursing and Health Science*. Vol 2, New York: Springer publishing company; 2019.
 28. McCrory V. An overview of the role of the district nurse caring for individuals with complex needs. *British Journal of Community Nursing*. 2019;24(1):20-26.
 29. Feo R, Rasmussen P, Wiechula R, Conroy T, Kitson A. Developing effective and caring nurse-patient relationships. *Nurs Stand*. 2017;31(28):54-63. <https://doi.org/10.7748/ns.2017.e10735>
 30. Salmela S, Koskinen C, Eriksson K. Nurse leaders as managers of ethically sustainable caring cultures. *J Adv Nurs*. 2017;73(4):871-882. <https://doi.org/10.1111/jan.13184>
 31. Cook LB, Peden A. Finding a Focus for Nursing. *Advances in Nursing Science*. 2017;40 (1):12-23. <http://dx.doi.org/10.1097/ans.00000000000000137>
 32. Watson J. *Unitary Caring Science: Philosophy and Praxis of Nursing*. University Press of Colorado; 2018.
 33. Levett-Jones T, Cant R, Lapkin S. A systematic review of the effectiveness of empathy education for undergraduate nursing students. *Nurse Educ Today*. 2019;75:80-94. <https://doi.org/10.1016/j.nedt.2019.01.006>
 34. Strekalova YA, Krieger JL, Kleinheksel AJ, Kotranza A. Empathic communication in virtual education for nursing students, i'm sorry to hear that. *Nurse Educ*. 2017;42(1):18-22. <https://doi.org/10.1097/NNE.0000000000000308>
 35. Dinç L. The concept of care and its moral aspect. *Univ Health Sci J Nurs*. 2010;74-82.
 36. Başar G, Semiha Akın, Durna Z. Evaluation of problem solving and communication skills in nurses and nursing students. *Gümüşhane Univ J Health Sci*. 2015;4(1):125-147.
 37. Taylor C. Clinical problem solving in nursing: insights from the literature. *J Adv Nurs*. 2000;4:842-849.
 38. Hopkins M, Fetherston CM, Morrison P. Aggression and violence in healthcare and its impact on nursing students: a narrative review of the literature. *Nurse Educ Today*. 2018;62:158-163.
 39. Cooper JR, Walker J, Askew R, Robinson JC, McNair M. Students' perceptions of bullying behaviours by nursing faculty. *Issues Educ Res*. 2011;21(1):1-21.
 40. T.C. Prime Ministry Family Research Institution. *Violence in the Family and Social Sphere*. Science Series: 113. Ankara: Prime Ministry Printing House; 1998.
 41. Gümüş AB, Şıpkın S, Tuna A, Keskin G. The relationship between problematic internet use, violence tendency and some demographic variables among university students. *TAF Prev Med Bull*. 2015;14(6):460-467.
 42. Cetinkaya SK. Investigation of university students' attitudes towards violence and gender roles. *Nesne Psikol Der*. 2013;1(02):21-43.
 43. Wolf ZR, Giardino ER, Osborne PA, Ambrose MS. Dimensions of nurse caring. *Image J Nurs Sch*. 1994;26(2):107-111.
 44. Wu Y, Larrabee JH, Putman HP. Caring behaviors inventory: a reduction of the 42-item instrument. *Nurs Res*. 2006;55(1):18-25.
 45. Kurşun Ş, Kanan N. Validity and reliability study of the Turkish version of caring behaviors inventory-24. *J Anatolia Nurs Health Sci*. 2012;15:229-235.
 46. Borisov SN, Volkova OA, Besschetnova OV, Dolya RY. The domestic violence as factor of disorder of social and mental health. *Prob Soc Hyg Public Health Hist Med*. 2020;28(1):68-73.
 47. Sypher I, Hyde LW, Peckins MK, Waller R, Klump K, Burt SA. Effects of parenting and community violence on aggression-related social goals: a monozygotic twin differences study. *J Abnorm Child Psychol*. 2019;47(6):1001-1012.
 48. Terzoni S, Ferrara P, Cornelli R, Ricci C, Oggioni C, Destrebecq A. Violence and unsafety in a major Italian hospital: experience and perceptions of health care workers. *Med Lav*. 2015;106(6):403-411. <https://europepmc.org/article/med/26621061>
 49. Abujilban S, Mrayan L, Al-Modallal H, Isaa EA. Effects of intimate partner physical violence on newborns' birth outcomes among Jordanian birthing women. *J Interpers Violence*. 2017;32(24):3822-3838.
 50. Foshee VA, Gottfredson NC, Reyes HLM, et al. Developmental outcomes of using physical violence against dates and peers. *J Adolesc Health*. 2016;58(6):665-671.
 51. Scrafford KE, Grein K, Miller-Graff LE. Effects of intimate partner violence, mental health, and relational resilience on perinatal health. *J Trauma Stress*. 2019;32(4):506-515.
 52. Oram S, Khalifeh H, Howard LM. Violence against women and mental health. *Lancet Psychiatry*. 2017;4(2):159-170.
 53. D'Etorre G, Mazzotta M, Pellicani V, Vullo A. Preventing and managing workplace violence against healthcare workers in emergency departments. *Acta Bio Med: Atenei Parm*. 2018;89(suppl 4):28-36.
 54. Tian Y, Yue Y, Wang J, Luo T, Li Y, Zhou J. Workplace violence against hospital healthcare workers in China: a national We Chat-based survey. *BMC Public Health*. 2020;20:1-8.
 55. Tee S, Özçetin YSÜ, Russell-Westhead M. Workplace violence experienced by nursing students: a UK survey. *Nurse Educ Today*. 2016;41:30-35.
 56. Özpulat F. The relationship between nursing students' violent tendencies and their perceptions of gender. *Başkent Üniv Sağlık Bilim Fak Der*. 2017;2(2).
 57. Tosunöz İK, Öztunç G, Eskimez Z, Demirci PY. Determining the violent tendencies of nursing students. *Cukurova Med J*. 2019;44(2):471-478.
 58. Gökşin İ, Erzincanlı S. The relationship between nursing students attitudes towards gender roles and care behaviors. *Turk Klin J Nurs Sci*. 2020;12(1):49-55. <https://doi.org/10.5336/nurses.2019-66259>
 59. Çolak Okumuş D, Uğur E. Effects of emotional intelligence levels of nurses on caring behavior. *Academy Univ Health Sci J*. 2017;2:104-109.
 60. Johns MM, Lowry R, Haderxhanaj LT, et al. Trends in violence victimization and suicide risk by sexual identity among high school students—Youth Risk Behavior Survey, United States, 2015–2019. *MMWR Suppl*. 2020;69(1):19-27. <https://doi.org/10.15585/mmwr.su6901a3>

61. Özgür G, Yörükoğlu G, Baysan-Arabacı L. Violence perceptions of high school students, their level of violence tendency and influencing factors. *J Psychiatr Nurs*. 2011;2(2):53-60.
62. Fino E, Di Campli S, Patrignani G, Mazzetti M. The modulating role of gender and aggression in emotional reactions of nursing students: a cross-sectional study. *J Adv Nurs*. 2019;75(7):1462-1472. <https://doi.org/10.1111/jan.13936>

How to cite this article: Karabey T, Karagozoglu S, Boy Y. Reflection of nursing students violence tendencies on care behaviors. *Perspect Psychiatr Care*. 2022;58:946-953. <https://doi.org/10.1111/ppc.12881>