

Interpersonal Sensitivity of Clinical Nurses and Related Factors

Klinik Hemşirelerinin Kişiler Arası Duyarlılıkları ile İlişkili Faktörler

ADEVİYE AYDIN*
DUYGU HİÇDURMAZ*

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ABSTRACT

Introduction: This study aimed to identify the factors related to the interpersonal sensitivity of clinical nurses.

Methods: Four hundred clinical nurses from 33 hospitals participated in this study. The Nurse Data Form and the Interpersonal Sensitivity Scale were used for data collection. The test of significance of difference between two means, one-way analysis of variance, and Tukey HSD Test were used for data evaluation.

Results: The interpersonal awareness sub-scale scores were lower in the 31–34 age group than in other age groups. Timidity was higher in state hospital nurses than in private hospital nurses. Total interpersonal sensitivity, interpersonal awareness, and timidity scores were higher in nurses having 15–20 years of experience than in nurses having shorter experience.

Conclusion: According to results of this study, age, the type of hospital, and the duration of experience were found to be related to interpersonal sensitivity. Based on these findings, revealing the causes and dynamics underlying this condition in groups having increased interpersonal sensitivity through qualitative studies and developing preventive counselling programs to decrease interpersonal sensitivity in the groups having increased sensitivity are recommended.

Keywords: Nurses; nursing; interpersonal relations.

ÖZ

Giriş: Bu çalışmada, klinikte çalışan hemşirelerin kişiler arası duyarlılıkları ile ilişkili faktörlerin tanımlanması amaçlanmıştır.

Yöntem: Araştırmaya 33 hastanede çalışan 400 klinik hemşiresi katılmıştır. Veri toplamada hemşire bilgi formu ve kişiler arası duyarlılık ölçeği kullanılmıştır. Verilerin değerlendirilmesinde iki ortalama arasındaki farkın anlamlılık testi, tek yönlü varyans analizi ve Tukey HSD testi kullanılmıştır.

Bulgular: Kişiler arası farkındalık alt ölçeği puanları 31-34 yaş grubunda, diğer yaş gruplarına göre daha azdır. Devlet hastanesinde çalışan hemşirelerin çekingenlik düzeyi, özel hastanede çalışanlara göre daha yüksektir. Toplam kişiler arası duyarlılık, kişiler arası farkındalık ve çekingenlik puanları 15-20 yıl deneyimi olan hemşirelerde daha az deneyimi olan hemşirelere göre daha yüksek bulunmuştur.

Sonuç: Yapılan bu çalışma sonucunda yaş, çalışılan hastane ve deneyim süresi gibi mesleki değişkenler kişiler arası duyarlılıkla ilişkili bulunmuştur. Bu sonuçlara dayanarak kişiler arası duyarlılığın yüksek olduğu gruplarda bu durumun nedenlerinin ve altında yatan dinamiklerin nitel araştırmalarla ortaya çıkarılması ve kişiler arası duyarlılığı yüksek olan grupların duyarlılıklarını azaltmak için koruyucu danışmanlık programlarının geliştirilmesi önerilebilir.

Anahtar kelimeler: Hemşireler; hemşirelik; kişiler arası ilişkiler.

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* A Aydın, Arş.Gör., Dr.; D Hiçdurmaz, Yrd. Doç. Dr.
Hacettepe Üniversitesi Hemşirelik Fakültesi Psikiyatri Hemşireliği Anabilim Dalı, Ankara
Yazışma Adresi / Address for Correspondence:
Adeviye Aydın, Arş. Gör., Dr.,
Hacettepe Üniversitesi Hemşirelik Fakültesi, Adnan Saygun Caddesi D Blokları 1. Kat 06100
Samanpazarı / Ankara
Tel.: 0 312 324 20 13 Faks: 0 312 312 70 85
e-posta: adeviye86@gmail.com

Continuous interpersonal interaction plays an important role in an individual's perception of and adaptation to self and the world. Many negative and positive factors are effective in creating and maintaining healthy social interactions. One of these negative factors is increased interpersonal sensitivity.^[1] Marin and Miller^[2] (2013) defined interpersonal sensitivity as a stable trait that is characterized by ongoing concerns about negative social evaluation. The disposition created by interpersonal sensitivity makes people vigilant and sensitive to others' evaluations of them. High interpersonal sensitivity can cause problems in interpersonal relations owing to feelings of personal insufficiency and humiliation, beliefs of not being cared for/valued and being treated badly by others, looking down on the self-compared to others, and taking care not to do something wrong in the presence of others to reduce the risk of being criticized and ignored.^[3] Interpersonal sensitivity can also make sensitive people more critical and prone to having conflicts with others. On the other hand, some highly interpersonally sensitive people may withdraw themselves from interactions to prevent conflicts.^[1,2,4]

Nursing is a profession that necessitates the use of therapeutic communication skills to generate healthy relationships with individuals and increase patient satisfaction.^[5] Appropriate and effective use of these communication skills prevents problems and also shows directions in problem solving.^[5,6] Interpersonal sensitivity, which is characterized by increased vigilance, can be one of the factors causing nurses to have interpersonal problems with patients and members of the health care team. These problems can decrease the quality of care; negatively affect nurses, health care organizations, and patients; and cause stress and discomfort in health care environments.^[4,5] Defining variables related to high interpersonal sensitivity will provide valuable information for the improvement of quality of care by guiding us to the nursing groups which needs preventive support and which needs to be better understood regarding to interpersonal sensitivity. No study has explored these factors among clinical nurses so far; for this reason, we aimed to identify the factors associated with interpersonal sensitivity among clinical nurses in this study.

Literature Review

Interpersonal Sensitivity

Interpersonal sensitivity, which is defined as undue and excessive awareness of and sensitivity to the behavior and feelings of others,^[3] can negatively affect emotional state. Studies have found a correlation between interpersonal sensitivity and depression, bulimic symptomatology, anxiety, stress, mental workload, problematic Facebook use, patient-

physician communication, social isolation, and self-treatment with alcohol and medication.^[7-13] A study showed that low levels of interpersonal sensitivity in some individuals improved their relationships and increased their self-confidence; on the other hand, high levels caused recurrence of depression and anxiety episodes in people with a depression history and posed an increased risk of depression in people without a history.^[14] When interpersonal sensitivity is high, self-direction decreases and avoidance behavior increases in negative situations.^[15] Interpersonal sensitivity is also related to the concept of ego, which constitutes one's own identity, and the existence of the individual; additionally, it affects the person's way of thinking, understanding, interpreting, and evaluating incidents.^[1,8] Low self-respect might lead to serious physiological and psychological conditions, avoidance of disputes, social anxiety, and increased interpersonal sensitivity.^[16] A study by Garaigordobil, et al.^[17] found an inverse relationship between interpersonal sensitivity and self-respect.

Interpersonal sensitivity comprises five main components including interpersonal awareness, need for approval, separation anxiety, timidity, and fragile inner-self.^[3] Interpersonal awareness, which is significantly related to low self-esteem and mood and anxiety disorders,^[8] can be defined as sensitivity towards interpersonal interactions and the individual's effect on others.^[3] It is represented by statements such as "I care about what others feel about me" and "I am concerned about what others think about me." Another component of interpersonal sensitivity, need for approval, reflects elements such as being flexible to ensure agreement in relationships, satisfying others, and realizing and not refusing others' requests.^[3] Statements such as "I feel secure when I'm in a close relationship" and "After a fight with a friend, I feel uncomfortable until I have made peace" are examples of need for approval. Separation anxiety is an important dimension of interpersonal sensitivity. According to Bowlby, if a person is not able to ensure safe separation in childhood, he/she is challenged in adulthood; this feeling is called separation anxiety.^[18, p. 324] Separation anxiety, which can increase the risk of depression in individuals, is represented by statements such as "I feel anxious when I say goodbye to people" and "I can never be really sure if someone is pleased with me." Timidity, a behavioral dimension of interpersonal sensitivity, is the inability to exhibit precipitous behavior in interpersonal interactions.^[3] Statements such as "I worry about hurting the feelings of other people" and "I am always aware of how other people feel" are examples of timidity. Fragile inner-self indicates a hated aspect of ego, which can be hidden from others.^[3] It is represented by statements such as "If other people knew what I am really like, they would think less of me" and "My value as a person depends enormously on what others think of me."

Purpose

We aimed to identify the factors related to interpersonal sensitivity among clinical nurses, and looked for answers to the following questions:

- What are the levels of interpersonal sensitivity among clinical nurses?
- How are nurses' interpersonal sensitivity levels distributed according to factors such as age and professional variables?

Methods

Design and Sample

We conducted a cross-sectional descriptive study. Our sampling aimed to represent clinical nurses working in hospitals located within the borders of the Metropolitan Municipality of Ankara city (capital of Turkey) with a minimum capacity of 100 beds. Therefore, the research population comprised 8565 clinical nurses working at 33 hospitals (6 private, 7 university, and 20 state hospitals), and the research sample was determined as 400 nurses with 95% reliability (Table 1). The only inclusion criteria for the participants was being able to speak and write Turkish. The clinical nurses included in the study sample were chosen using random sampling at each hospital.

The majority of nurses in the study were female (95.2%); 23% were ≥ 39 years old and the mean age ($M \pm SD$) was 33.48 ± 7.35 years; 67.8% were married; 58.5% had children; and 60.3% were university graduates. More than half (61.2%) were working in state hospitals, 19.5% of nurses had been working for 5-10 years and similarly 19.5% of them had been working for more than 20 years, 29.8% of the nurses were working in internal diseases units. This study was conducted between 29 December 2012 and 15 March 2013.

Data Collection Tools

The Nurse Data Form and the Interpersonal Sensitivity Scale were used for data collection. The Nurse Data Form was developed by the researchers to collect demographic and professional information including age, level of professional education, type of hospital and unit where the nurses worked, and years of experience in nursing. The Interpersonal Sensitivity Scale (IPSS) was developed by Boyce and Parker^[3] to determine interpersonal sensitivity levels of individuals based on their experiences with other individuals. It consists of 36 items to be answered on a 4-point Likert scale. The IPSS provides a total interpersonal sensitivity score and five subscale scores (interpersonal awareness, need for approval, separation anxiety, timidity, and fragile inner-self). The adaptation of the scale into Turkish was completed by Erözkan,^[19] from whom permission was obtained to use the adapted scale in our study. In Erözkan's study; the general reliability coefficient of the scale was .84, and

the reliability coefficients of the sub-dimensions were .73 for interpersonal awareness, .77 for need for approval, .75 for separation anxiety, .76 for timidity, .77 for fragile inner self.^[19] In our study, general reliability coefficient of the scale was .87 and the reliability coefficients of the sub-dimensions were .43 for interpersonal awareness, .60 for need for approval, .61 for separation anxiety, .70 for timidity, .75 for fragile inner self. The scale does not include any reverse scoring items or cut-off scores. The range of total interpersonal sensitivity score is 36-144 points. The subscale score ranges are 7-28 for interpersonal awareness, 8-32 for need for approval, 7-28 for separation anxiety, 8-32 for timidity, and 6-24 for fragile inner-self. A higher score on a subscale means a more frequent exhibition of the particular sub-dimension.

Ethical Approval

Written permission was obtained from the hospitals before initiating the study. Thereafter, permission was obtained from the Hacettepe University Ethical Board for Scientific Research (approval no: LUT 12/168). After the nurses were provided with information about the study, they gave their verbal and written consent to be voluntarily involved, and subsequently received the questionnaires.

Data Collection Procedure

Firstly, we determined the most suitable shifts and times for the nurses to complete the questionnaires and then proceeded to collect the data. The duration of data collection was approximately 10 min per nurse. The questionnaires were disseminated and gathered by the research team members.

Data Analysis

Statistical analysis of the study data was performed using SPSS 20.0 software. As the sample had a normal distribution, the test for significance of the difference between two means (t-test) and one-way analysis of variance (ANOVA) among the parametric tests were utilized. After determining statistically significant multiple group variables through ANOVA, we used the Tukey HSD test to determine the significant differences in pair-wise comparisons. For statistical significance, p value less than 0.05 ($p < 0.05$) was determined as statistically significant.

Results

In our study, conducted with 400 clinical nurses from 33 hospitals, the nurses' total interpersonal sensitivity mean score ($M \pm SD$) was 81.43 ± 13.54 (range=36-144). Mean scores of the IPSS sub-dimensions were 15.01 ± 2.74 (range=7-28) for interpersonal awareness, 16.72 ± 3.60 (range=8-32) for need for approval, 15.64 ± 3.25 (range=7-28) for separation anxiety, 19.76 ± 4.22 (range=8-32) for timidity, and 14.30 ± 3.73 (range=6-24) for fragile inner-self (Table 2).

Table 1. Number of nurses included in the sample at hospitals with a minimum capacity of 100 beds and located within the borders of metropolitan municipality in Ankara

HOSPITALS	RESEARCH POPULATION	SAMPLE	PERCENTAGE (%)
State hospitals			
Hospital site 1	108	5	1.25
Hospital site 2	55	2	0.50
Hospital site 3	159	14	3.50
Hospital site 4	292	15	3.75
Hospital site 5	90	5	1.25
Hospital site 6	694	30	7.50
Hospital site 7	551	24	6.00
Hospital site 8	439	22	5.50
Hospital site 9	442	20	5.00
Hospital site 10	466	20	5.00
Hospital site 11	118	8	2.00
Hospital site 12	266	12	3.00
Hospital site 13	91	5	1.25
Hospital site 14	255	11	2.75
Hospital site 15	84	5	1.25
Hospital site 16	61	3	0.75
Hospital site 17	237	10	2.50
Hospital site 18	396	22	5.50
Hospital site 19	228	10	2.50
Hospital site 20	58	2	0.50
University hospitals			
Hospital site 21	702	32	8.00
Hospital site 22	512	22	5.50
Hospital site 23	533	14	3.50
Hospital site 24	137	9	2.25
Hospital site 25	229	12	3.00
Hospital site 26	653	37	9.25
Hospital site 27	140	6	1.50
Private hospitals			
Hospital site 28	90	4	1.00
Hospital site 29	115	5	1.25
Hospital site 30	125	5	1.25
Hospital site 31	150	6	1.50
Hospital site 32	34	1	0.25
Hospital site 33	55	2	0.50
Total	8565	400	100.00

Based on the age groups, a statistically significant difference was only found between the mean scores on the interpersonal awareness subscale of the IPSS. The Tukey HSD test showed that the mean score for interpersonal awareness in the 31-34

Table 2. Mean scores of interpersonal sensitivity of the nurses (n=400).

INTERPERSONAL SENSITIVITY	M±SD	EXPECTED RANGES ACCORDING TO SCALE
Total interpersonal sensitivity	81.43 ± 13.54	36-144
Interpersonal awareness	15.01 ± 2.74	7-28
Need for approval	16.72 ± 3.60	8-32
Separation anxiety	15.64 ± 3.25	7-28
Timidity	19.76 ± 4.22	8-32
Fragile inner-self	14.30 ± 3.73	6-24

age group was lower than in the age groups 26 and under (Tukey HSD, p=.047) and 35-38 (Tukey HSD, p=.021) (Table 3).

In relation to the hospital types, there was a significant difference in the nurses' timidity mean scores. Nurses working in state hospitals (20.12±4.39) had higher timidity scores than those working in private hospitals (17.91±3.85) (Tukey HSD, p=.043).

Years of experience as a nurse were another variable showing a statistically significant difference between the mean scores on total interpersonal sensitivity, interpersonal awareness, and timidity. The total interpersonal sensitivity and timidity scores of nurses with 15-20 years of experience (total 85.68±12.86, timidity 20.71±4.10) were higher than those of nurses with 10-15 years of experience (total 78.48±15.10, timidity 18.60±4.56) (Tukey HSD, p=.024). On the interpersonal awareness subscale, the scores of participants who had 10-15 years of experience were lower than the scores of those who had 2 years or less, and 15-20 years of experience.

According to the analysis based on the type of units where the nurses worked, the total interpersonal sensitivity mean score of nurses working at polyclinics (86.29±13.62) was higher than that of those working in intensive care (78.30±13.66) (Tukey HSD, p=.006) and other units (76.84±13.05) (Tukey HSD, p=.013). The interpersonal awareness mean score was higher for nurses working in polyclinics (15.87±2.55) than for those working in intensive care units (14.39±3.00) (Tukey HSD, p=.017). On the timidity subscale, the mean score for nurses employed at polyclinics was higher than for those working in internal diseases units, intensive care departments, and other units. On the fragile inner-self subscale, the mean score for nurses working in polyclinics (15.47±4.12) was higher than for those working in intensive care clinics (13.43±3.72).

Discussion

According to the results of our study, nurses in the 31-34 age group had lower interpersonal awareness scores than nurses who were 26 and under, and 35-38 years of age. Boyce and

Table 3. Mean scores of interpersonal sensitivity according to nurses' characteristics

		INTERPERSONAL SENSITIVITY					
		Total Interpersonal Sensitivity	Interpersonal Awareness	Need for approval	Separation Anxiety	Timidity	Fragile inner- self
		M±SD	M±SD	M±SD	M±SD	M±SD	M±SD
AGE	26 years and less ^a (n=78)	83.47±10.90	15.42±2.45	17.38±3.03	16.22±2.87	20.13±3.49	14.32±3.03
	27-30 years ^b (n=76)	80.27±12.88	14.90±2.50	16.69±3.31	15.42±3.21	19.27±3.84	13.99±3.71
	31-34 years ^c (n=83)	78.21±15.94	14.23±3.04	16.10 ±3.96	15.04±3.64	18.90±4.45	13.96±4.39
	35-38 years ^d (n=71)	83.30±12.40	15.56±2.93	17.23±3.78	15.87±2.86	20.06±4.43	14.58±3.27
	39 years and more ^e (n=92)	82.20±14.16	15.05±2.62	16.72±3.60	15.72±3.44	20.41±4.60	14.64±3.98
	Statistical analysis*	<i>F=2.18</i> <i>p=.070</i>	<i>F= 2.93</i> <i>p=.021</i>	<i>F=1.85</i> <i>p=.119</i>	<i>F=1.53</i> <i>p=.192</i>	<i>F=1.94</i> <i>p=.102</i>	<i>F=0.60</i> <i>p=.666</i>
	*Tukey HSD test		<i>a>c, c<d</i>				
HOSPITALS	State hospital ^a (n=245)	82.59±14.14	15.18±2.84	16.88±3.83	15.78±3.40	20.12±4.39	14.64±3.79
	University hospital ^b (n=132)	80.14±12.21	14.82±2.57	16.61±3.23	15.45±2.88	19.41±3.87	13.85±3.39
	Private hospital ^c (n=23)	76.52 ±13.03	14.35±2.59	15.65±2.96	15.30±3.60	17.91±3.85	13.30±4.59
	Statistical analysis*	<i>F=3.05</i> <i>p=. 050</i>	<i>F=1.47</i> <i>p=. 232</i>	<i>F=1.33</i> <i>p=. 266</i>	<i>F=0.55</i> <i>p=. 577</i>	<i>F=3.59</i> <i>p=. 029</i>	<i>F=2.81</i> <i>p=. 061</i>
	*Tukey HSD test					<i>a>c</i>	
YEARS OF EXPERIENCE AS NURSE	Less than 2 years ^a (n=51)	84.25±11.30	15.88±2.41	17.39±3.07	16.25±3.19	20.27±3.78	14.45±3.16
	2 -5 years ^b (n=58)	79.91±11.79	14.79±2.25	16.22±3.16	15.45±3.20	20.14±3.52	13.31±3.10
	5 -10 years ^c (n=78)	79.76±13.93	14.53±2.81	16.79±3.42	15.46±3.11	18.73±3.99	14.24±4.12
	10 -15 years ^d (n=73)	78.48±15.10	14.30±2.90	16.49±4.02	15.16±3.49	18.60±4.56	13.92±3.80
	15-20 years ^e (n=62)	85.68±12.86	16.00±3.08	17.47±3.68	16.27±2.95	20.71±4.10	15.23±3.65
	20 years ^f more than (n=78)	81.78±13.88	14.97±2.46	16.19±3.84	15.51±3.41	20.49±4.62	14.62±3.97
	Statistical analysis*	<i>F=2.81</i> <i>p=. 016</i>	<i>F=4.36</i> <i>p=.001</i>	<i>F=1.52</i> <i>p=.182</i>	<i>F=1.27</i> <i>p=. 277</i>	<i>F=3.46</i> <i>p=. 004</i>	<i>F=1.89</i> <i>p=. 095</i>
	*Tukey HSD test	<i>d<e</i>	<i>a>d, d<e</i>			<i>d<e</i>	
UNITS	Internal diseases units ^a (n=119)	82.35±13.30	15.23±2.80	17.08±3.80	16.09± 3.29	19.66±4.42	14.30±3.50
	Surgical units ^b (n=115)	81.58±13.09	15.03±2.54	16.51±3.10	15.63±3.28	19.83±4.07	14.57±3.66
	Intensive care units ^c (n=79)	78.30±13.66	14.39±3.00	16.30±3.40	15.05±3.11	19.13±4.20	13.43±3.72
	Polyclinics ^d (n=79)	86.29±13.62	15.87±2.55	17.30±4.20	16.07±3.29	21.56±3.96	15.47±4.12
	Other units ^e (n=32)	76.84±13.05	14.25±2.50	16.13±3.81	14.72±2.96	18.31±3.62	13.44±3.62
	Statistical analysis*	<i>F=4.00</i> <i>p=.003</i>	<i>F=3.22</i> <i>p=.013</i>	<i>F=1.25</i> <i>p=. 288</i>	<i>F=2.14</i> <i>p=.075</i>	<i>F=4.04</i> <i>p=. 003</i>	<i>F=3.08</i> <i>p=.016</i>
	*Tukey HSD test	<i>c<d, e<d</i>	<i>c<d</i>			<i>a<d, c<d, d<e</i>	<i>c<d</i>

Parker^[3] described interpersonal awareness as a negative kind of awareness and sensitivity towards interpersonal interactions and the individual's effect on others. In the 31-34 age group, nurses may have become more experienced in the profession and more mature in life. Lower interpersonal awareness in the 31-34 age group might be related to the increased maturity and self-confidence acquired with professional and life experiences. Although using a different study sample, in contrast with our results, Erözkan^[20] did not find a statistically significant difference in interpersonal sensitivity according to age in university students. In health care environments, age is an important factor for nurses as it affects the generations of nurses that work together but have different competencies, values, and motivations for work.^[21] In Turkey, 31-34 age group nurses are young and excited and they have handled the problem of professional inexperience to an extent, they start to have valuable experiences regarding to relations and culture of work environment, they use the wisdom coming from these experiences during service provision. However, 26-year-old or younger nurses have excitement for nursing but they lack experiences while 35-38 age group may have a kind of burnout arising from efforts for quality of care which had not been awarded and disappointing clinical experiences with other team members and hospital managements. Our result showing a decreased interpersonal awareness in 31-34 age group may be due to these characteristics of nursing profession in Turkey.

In our study, nurses working in state hospitals had higher timidity scores than those working in private hospitals. In Turkey, there are differences between state and private hospitals in terms of nurse selection and our findings may be related to this issue. Turkish state hospitals accept nurses who exceed a number of points in a central, nationwide examination aiming to choose civil servants, and cannot interview nurses before they start working. On the other hand, private hospitals do a written exam to test the academic knowledge of nurses, after which successful nurses are accepted for an interview to test their interpersonal skills and attitudes towards given cases. After these steps, the nurses who are found qualified in terms of their professional knowledge base and interpersonal skills are accepted to work in private hospitals. Additionally, the working environments provided by state and private hospitals are very different in their nature. While private hospitals care about the opinions of nurses in order to improve the quality of services, and make efforts to improve the working conditions of their staff,^[22] state hospitals have a more traditional and physician-focused culture that does not pay much attention to nurses' opinions. These differences in the culture of the working environments may have also caused clinical nurses in state hospitals to be more timid than those in private hospitals. Similarly, Tyson and Pongruengphant^[23] found that nurses working in state hospitals experienced more stress than those in private hospitals and were also more often misunderstood, causing them to be more withdrawn. In their study, Mrayyan, et al.^[24] and Hamid, et al.^[22] reported that private hospitals

were more ready for change and provided opportunities for their staff to contribute to improvements than state hospitals. In other studies, nurses working in private hospitals experienced more satisfaction and intent to stay than nurses working in state hospitals.^[25,26] In light of these findings, private hospitals might be less stressful and more encouraging for clinical nurses by providing a healthier working environment.

As another interesting finding of our study, total interpersonal sensitivity, timidity and interpersonal awareness scores were higher in nurses who had 15-20 years of experience compared with those with less experience. These findings indicate that increased working time increases interpersonal sensitivity and timidity. However Özgür, et al.^[27] in contrary to our study, reported that nurses who had been working in this profession for 12 years and longer had lower interpersonal sensitivity compared to those who had been working for a shorter time. Although we expected that experience would develop self-esteem, assertiveness, and interpersonal skills in nurses, our study showed the opposite. This result may be due to the culture and environment of state and university hospitals, where the vast majority of nurses for our study sample were recruited. In Turkish state and university hospitals, health services have conventional and physician-centered characteristics, as previously mentioned. Besides, the nursing profession internationally has a high demand and low decision latitude character.^[28] Therefore, although in their early years of professional life nurses may have tried to be more assertive and change these working environments, they may have faced obstacles in bringing about such changes, and their experiences with physicians and hospital managements may have repressed their positive efforts and increased their interpersonal sensitivity, awareness, and timidity.

In our study, the nurses working in polyclinics had higher levels of interpersonal sensitivity, interpersonal awareness, and fragile inner-self than nurses working in intensive care units. One of the factors underlying this result may be the difference in working conditions between polyclinics and intensive care units. Working conditions in polyclinics are based on daily work, provides very short time for nurse-patient interaction while working conditions in intensive care units are more complex as it includes care provided 7 days a week 24 hours a day.^[29] In intensive care units, nurses are expected to present professional competencies with holistic approach as well as technical skills.^[30] These characteristic of working in intensive care units provide opportunity to use professional competencies that have the potential to increase job satisfaction^[31] and decrease interpersonal sensitivity. According to Ünal and Seren,^[32] nurses working in polyclinics are not able to provide the care that forms the basis of nursing or fulfil other duties which are unrelated to their profession. On the other hand, more experienced and older nurses who are generally medical vocational high-school graduates and educated in a physician-oriented and dependent culture are generally placed in polyclinics in Turkey. These factors may be influencing each

other, and a physician-oriented polyclinic practice may be the cause of feelings such as dependency and insufficiency, which may result in higher interpersonal sensitivity levels in polyclinic nurses.

Conclusion

In our study, age and particular professional variables were related to interpersonal sensitivity among Turkish clinical nurses. As a sub-dimension of interpersonal sensitivity, interpersonal awareness was lower in the 31-34 age group than in other age groups. Timidity was higher in state hospital nurses than private hospital nurses. Total interpersonal sensitivity, interpersonal awareness, and timidity were higher in nurses who had 15-20 years of experience. Nurses working in polyclinics had higher levels of interpersonal sensitivity, interpersonal awareness, and fragile inner-self than those working in intensive care units. Our study results provide an important insight for clinical nurses and nursing administrations regarding the nurses' characteristics that might need improvement. Based on these results, self-improvement programs for determined clinical nursing groups can be organized to help them reach optimum interpersonal sensitivity levels. Additionally, the underlying reasons for increased interpersonal sensitivity, timidity, and interpersonal awareness levels in more experienced nurses should be determined with quantitative and qualitative studies. As the interpersonal sensitivity and timidity scores of state hospital nurses are higher, research is needed to determine the causes of this situation. Furthermore, skill development and practical activities should be provided through counselling programs to reduce the interpersonal sensitivity and timidity of state hospital nurses, as more than half of the nurses in our sample are employed at state hospitals. Lastly, qualitative studies to determine the reasons for higher interpersonal sensitivity, interpersonal awareness, and fragile inner-self levels in nurses working in polyclinics should also be conducted.

Implications for nursing practice

Nursing care is naturally based on the relationship and the interaction between the nurse and the patient. Nurses can experience certain challenges in establishing, maintaining, and terminating interpersonal relationships. Interpersonal sensitivity and its negative outcomes, which may affect the nurse, the institution and the person receiving care, are among these challenging factors. By causing problems during interactions, oversensitivity and conflicts can damage the patient-nurse relationship and cause various difficulties in nursing. This affects the patient and the patient's relatives directly, and can decrease the quality of care offered by nurses. Therefore, this study provides important information for research and clinical practice by revealing the factors related to interpersonal sensitivity among clinical nurses. Moreover, it draws attention to the necessity to support nurses working in state hospitals and polyclinics in terms of interpersonal

sensitivity, and provides important data for nurse managers about possible support areas.

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