SAĞLIK ve HEMŞİRELİK YÖNETİMİ DERGİSİ
JOURNAL of HEALTH and NURSING MANAGEMENT
Özgün Araştırma
Original Article

The Relationship Between Nurses' Happiness and The Transformational Leadership Style of Nurse Managers*

Hemşirelerin Mutlulukları ile Yönetici Hemşirelerin Dönüşümsel Liderlik Tarzı Arasındaki İlişki

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*This article is derived from Burcu Kıy's master's thesis entitled "The Effect of Transformational Leadership Behaviors of Manager Nurses on the Happiness of Nurses", conducted under the supervision of Gülnur Akkaya. This study was presented orally at the 8th International Nursing Management Conference held in Istanbul on 27 -29 October 2022.

Cite as: Kıy B, Akkaya G. The relationship between nurses' happiness and the transformational leadership style of nurse managers. Journal of Health and Nursing Management. 2025;12(1):151-159. **DOI:** 10.54304/SHYD.2025.79069

Abstract

Aim: The aim of this study is to determine the relationship between the happiness of nurses and the transformational leadership of nurse managers.

Method: This study was conducted a descriptive and correlational design. The research was conducted with 474 nurses who volunteered to participate in the study out of a total of 752 nurses working in a university hospital and a state hospital in Türkiye. To collect data, a nurse information form created by the researcher by reviewing the literature, Transformational Leadership Inventory (TLI) and Oxford Happiness Questionnaire short (OHQ-S) form were used.

Results: As a result of the study, the average total TLI score of the participants was found to be 111.24 (23.36), and the average total OHQ-S score was found to be 24.93 (SD=4.26). The average TLI sub-dimension scores of the manager nurses were found to be 22.48 (SD=4.67) for Modeling, 21.63 (SD=5.06) for Inspiring a shared vision, 21.69 (SD=5.04) for Challenging the process, 23.09 (SD=4.71) for Encouraging others to take action, and 22.35 (SD=5.11) for Encouraging the heart. A moderately significant positive correlation was found between the OHQ-S score averages of the nurses participating in the study and the TLI score averages (r:0.30, p<0.001).

Conclusion: It was found that as the TLI score of the nurse managers increased, the happiness of the nurses also increased.

Keywords: Happiness, nurse, transformational leadership, nurse manager.

Öz

Amaç: Bu çalışmanın amacı, hemşirelerin mutluluğu ile hemşire yöneticilerinin dönüşümsel liderlik tarzı arasındaki ilişkiyi belirlemektir.

Yöntem: Bu çalışma, tanımlayıcı ve ilişki arayıcı türde yapılmıştır. Araştırma, Türkiye'deki bir üniversite hastanesi ve bir devlet hastanesinde çalışan toplam 752 hemşireden çalışmaya gönüllü olarak katılan 474 hemşire ile yürütülmüştür. Veri toplamak için araştırmacılar tarafından literatür taranarak oluşturulan hemşire bilgi formu, "Dönüşümsel Liderlik Envanteri (TLE) ve Oxford Mutluluk Ölçeği Kısa Formu (OHQ-S)" kullanılmıştır.

Bulgular: Yönetici hemşirelerin TLE puanı ortalaması 111,24 (SS=23,36), OHQ-S puanı ortalaması 24,93 (SS=4,26) olarak bulunmuştur. Yönetici hemşirelerin, TLE alt boyut puan ortalamaları ise yol göstermek 22,48 (SS=4,67), ortak bir vizyon oluşturmak 21,63 (SS=5,06), süreci sorgulamak 21,69 (5,04), personeli gelişimi konusunda cesaretlendirmek 23,09 (4,71), izleyicilerin başarılarını kutlayarak cesaretlendirmek 22,35 (SS=5,11) olarak belirlenmiştir. Çalışmaya katılan hemşirelerin OHQ-S puan ortalamaları ile yönetici hemşirelerin TLE puan ortalamaları arasında olumlu yönde orta düzeyde anlamlı ilişki bulunmuştur (r:0,30, p<0,001).

Sonuç: Yönetici hemşirelerin dönüşümsel liderlik puanı arttıkça hemşirelerin mutluluğunun da arttığı saptanmıştır.

Anahtar Sözcükler: Mutluluk, hemşire, dönüşümsel liderlik, yönetici hemşire.

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Recieved / Geliş: 26.02.2025 ▪ **Accepted / Kabul:** 12.04.2025 ▪ **Published Online / Online Yayın:** 30.04.2025

Introduction

Happiness is a vital and positive emotion for maintaining health. The pursuit of happiness is as old as human history, but research on happiness is relatively new (Javanmardnejad et al., 2021; Leung et al., 2011). In recent years, there have been many studies on positive psychology, such as work, life, marital satisfaction, optimism, commitment to work, and happiness. Happiness is considered one of the goals of life and one of the basic psychological needs of individuals. Happiness is a multidimensional structure consisting of both emotional and cognitive elements (Kumar et al., 2022). Intrinsic factors such as genetic factors, optimism, a sense of personal control, self-esteem and good social relationships, and belief in a religion or a higher power are associated with happiness. Happiness has been studied and defined from Aristotle to the present day. It improves the quality of life, reduces negative emotions, improves physical and mental health, and enables people to enjoy life. Happiness is very important for all professions in business life, especially for those who are engaged in the nursing profession. Happiness is among the emotional needs of nurses (Ünsal, 2017). Happiness strengthens a person's self-esteem, immune system, mental, physical, social health, and also develops hope and optimism about the future. Happiness strengthens the bonds between family and society, encourages people to help others, improves decision-making skills, and increases creativity (Shdaifat et al., 2024). Happiness is explained by 50% genetics, 40% by thoughts and behaviors, and 10% by living conditions. Happiness varies from person to person and each person's expectations from life are different, therefore the factors that affect happiness are different for everyone. Individuals' demographic characteristics, genetic characteristics, activities related to their life purpose, beliefs and culture, and the environment they live in are effective on happiness (Doğan and Çötok, 2011). Studies on happiness include enjoying life through strong relationships with family, friends and colleagues; satisfaction in achieving goals; the meaning and purpose of life; gratitude, compassion, humility and living with humor. Happy individuals have strong social ties with family and friends and are good team members in the workplace (Argyle, 2001; Cochran, 2024; Lykken and Tellegen, 1996). The external variables of happiness are having a job, being married, being healthy, reaching the desired level of education, securing finances, and youth (Argyle, 2001; Diener et al., 1985; Dolan et al., 2008).

Happiness is very important for nursing because nurses care for patients with empathy, compassion and mercy. Happiness is an important element in creating a competence in the nursing profession. Quality patient care is the cognitive skills required for privacy, empathy, trust, psychological and physical endurance. The development of these skills is related to the happiness of the person (Kumar et al., 2022). They also see the pain and suffering of patients, inadequate managerial support, lack of personnel and materials, excessive workload and negative working conditions can cause occupational stress, which can affect patient care. Factors affecting the happiness of nurses include positive and negative emotions, work life satisfaction, personal and organizational factors. These can be listed as health status and reason for starting nursing, social relations at work, wage, workload, quality of life, time spent in the profession, number of staff, satisfaction level of patients and companions, team relations, behavior of the head nurse, possibilities and facilities of the workplace (Javanmardnejad et al., 2021). Happiness is an important element in creating a competence in the nursing profession. Quality patient care is the cognitive skills required for privacy, empathy, trust, psychological and physical endurance.

Today's global business environments contain a high level of uncertainty and need stronger leaders to guide organizations (Ghasabeh and Provitera, 2017). The theory of transformational leadership (TFL) was first developed by Burns and Bass (Burns,1978; Bass,1985). Contributing to the development of transformational leadership, Avolio and Bass (1995), defined transformational leadership in 4 dimensions: (i)Idealized influence: it refers to the leader's use of charisma to ensure faith and trust among the followers; (ii) Personal attention in which the leader considers the needs and concerns of each follower individually and acts as a mentor or coach so that they can demonstrate creative solutions and reveal their knowledge and talents; (iii) Inspirational motivation in which the leader's inspiration is to motivate his/her followers to take risks for new ideas or goals; and iv) Intellectual stimulation in which the leader can encourage and empower his/her followers to be creative and innovative (Avolio et al.,1999). According to Kouzes and Posner (2012), TFL consists of five basic elements which are modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart, respectively.

The relationship between nursing and happiness has been examined in national and international literature (Bagheri et al. 2011; Cochran, 2024; Hansen and Tuttas, 2022; Javanmardnejad et al., 2021; Kim, 2018; Hwang, 2019; Özkara, 2015; Yanık and Ediz, 2024). TFL has been studied very often in the field of nursing, and it has been concluded that it affects nurses positively, gives confidence, creates a shared vision, increases performance (Fischer, 2016), motivation, job satisfaction, and produces positive patient care results (Jiang et al., 2017; Nanjundeswaraswamy & Swamy, 2015; Odumeru and Ogbonna, 2013; Saravo et al. 2017). The TFL behaviors of the manager nurse are a useful strategy in creating a better and safer working environment for patients and nurses (Alqatawenh, 2018). There are studies in the literature on the happiness of nurses and leadership in nursing, but no study has been found examining the relationship between the happiness of nurses and transformational leadership. It is thought that this study will contribute to the literature. The positive contributions of TFL nurse managers to the work environment and working nurses are summarized above. It is thought that TFL nurse managers will contribute to the happiness of working nurses.

Method

Aim and Design: The aim of this study is to determine the relationship between the happiness of nurses and the transformational leadership of nurse managers. This study was used a descriptive and correlational design.

Research Questions: Do transformational leadership characteristics of nurse manager affect nurses' happiness?

Study Setting and Sample: All nurses working in the state and university hospitals of a city in western Turkey were included in the population of the study. The number of beds in the state hospital is 545, and that of the university hospital is 677. In the study, it was aimed to reach the entire population without sampling. The total number of nurses in the State Hospital was 507, whereas the number of volunteer nurses participating in the research was 327. The total number of nurses in the university hospital was 245, while the number of nurses voluntarily participating in the research was 147. The research was completed with a total of 474 nurses. The sampling rate was 63.03%. In this study, according to the R^2: 0.15 value obtained by regression analysis, which determined that four independent variables were effective on the OHQ-S score of the nurses, the effect size was found to be f^2: 0.18 (medium effect) and the power was found to be 1.00 (100%) in the post hoc power analysis performed with the G*Power (3.1.9.2) program. The minimum sufficient sample size is 278 people. It was seen that the number of samples in the study was sufficient. Due to the subject of the study, the manager nurses and clinical nurses were not included in the study.

Data Collection: The data were collected face-to-face in the hospitals between April and September 2019 by the researcher. It took 15-20 minutes for the nurses to fill out the forms. 13-question nurse information form, the Transformational Leadership Inventory (TLI), and the Oxford Happiness Questionnaire short-form (OHQ-S) were used to collect the data of the study.

Data Collection Tools: *Nurse information form*: In this form, questions were asked to the nurses about gender, age, education level, marital status, institution they work in, department they work in, duration of experience in the profession and institution, staff status, working style, leadership training, membership in a nursing association, and being happy in the working environment.

Oxford Happiness Questionnaire Short-Form (OHQ-S); it was developed by Hills and Argyle (2002) in order to determine the level of happiness. Its Turkish validity and reliability were conducted by Doğan and Çötok (2011). The internal consistency and test-retest reliability coefficients of the questionnaire for Turkish validity and reliability were found to be α=0.74 and α=0.85, respectively. In this study, the Cronbach's alpha value (α) of the OHQ-S was found to be =0.71. The OHQ-S is a 7-item five-point Likert-type scale: 1= Strongly disagree, 2= Disagree, 3= Partially Agree, 4=Agree, 5= Completely Agree. Items 1 and 7 are reverse coded in the score calculation, and the questionnaire does not have a cutoff point. The mean score of the questionnaire varies between 7-35, and a high score indicates a high level of happiness.

Transformational Leadership Inventory (TLI): The TLI developed by Kouzes and Posner (2003) consists of 30 questions and 5 sub-dimensions (6 questions in each sub-dimension). The Turkish validity and reliability study was conducted by Duygulu et al. (2011). The "observer" inventory was found as α=0.97. In this study, an "observer" form was used, and whereas TLI was found as α=0.97, modeling the way was found as α=0.87, inspiring a shared vision as α=0.87, question the process as α=0.89, enabling others to act as α =0.89 and encouraging the heart as α=0.90. The scale scoring is as follows: "1=Almost never, 2=Rarely, 3=Sometimes, 4=Often, 5=Almost always". The maximum score to be taken from the sub-dimensions is 30, and the minimum score is 6. The maximum score that can be obtained from the TLI is 150 and the minimum score is 30. If the score is high, leadership skills are good; if low, leadership skills need to be developed. The observer nurse in this study is a "ward nurse" and has worked with the responsible nurse in the ward where she works for at least one year.

Data Analysis: The SPSS (Inc. IBM Company Copyright 1989, 2018 version 25) program was used in the analysis of the data. In the study, it was determined that the distribution of the numerical variables had a normal distribution according to skewness (-0.06 to -0.52) and kurtosis (-0.54 to 0.02) values (Aksakoğlu, 2001). The relationship between the TLI scores and the OHQ-S scores was analyzed with the Pearson correlation analysis.

Ethical Considerations: Before starting the research, permission was obtained from the ethics committee of a university's medical faculty (21.02.2019 date and 2011-KAEK-27/2019-E.1900018619 number) and the provincial health directorate (04.03.2019 date and 18231034-799-E227 number). Permission to use the scales was obtained from Kouzes and Posner (TLI) and Doğan (OHQ-S) via e-mail. Consent was obtained from the nurses participating in the study. The study was conducted according to the Declaration of Helsinki.

Results

Table 1. Nurse information form (N:474)

	Characteristics	n	%
Gender	Female	448	94.5
	Male	26	5.5
Age	≤ 35 years old	194	40.9
	≥36 years old	280	59.1
Educational status	Health Vocational High School	29	6.1
	Associate degree	87	18.4
	Bachelor's Degree	302	63.7
	Master's Degree	56	11.8
Marital status	Married	365	77.0
	Single	109	23.0
Institution they work in	Public Hospital	327	69.0
	University Hospital	147	31.0
Service they work in	Internal service	91	19.2
	Surgical service	45	9.5
	Internal and surgical service	50	10.5
	Emergency service	32	6.8
	Intensive care	104	21.9
	Operating room	28	5.9
	Policlinics	74	15.6
	Other	50	10.5
Duration of experience in the profession	≤ 5 years	72	15.2
	6-11 years	109	23.0
	12-17 years	79	16.7
	18-23 years	94	19.8
	≥ 24 years	120	25.3
Duration of experience in the institution	≤ 5 years	208	43.9
	6-11 years	116	24.5
	12-17 years	57	12.0
	18-23 years	52	11.0
	≥ 24 years	41	8.6
Staff Status	Regular	382	80.6
	On contract	92	19.4
Working style	Day shift	130	27.4
	Day-Night shift	344	72.6
Leadership training	No	412	86.9
	Yes	62	13.1
Membership in a nursing association	No	406	85.7
	Yes	68	14.3
Being happy in the working environment	No	43	9.1
	Yes	431	90.9

94.5% of the nurses participating in the study were women; 63.7% of them had a bachelor's degree; 77% were married; 69% worked in the public hospital; 21.9% worked in intensive care service; 43.9% were in the same institution for five years; 72.6% were on day-night shifts; 80.6% of them worked as civil servants; 23% had 6-11 years of professional experience; 86.9% did not receive any leadership training; 85.7% were not a member of a nursing association; and 90.9% were satisfied with their working conditions (Table 1).

Table 2. Total and sub-dimension mean scores in Transformational Leadership Inventory and total mean scores in Oxford Happiness Questionnaire Short Form (N:474)

Scale and sub-dimensions	Min-max	$\bar{x}$ (SD)
TLI Total Score	30-150	111.24 (23.36)
TLI Sub-Dimensions		
Enabling others to act	6-30	23.09 (4.71)
Modelling the way	6-30	22.48 (4.67)
Encouraging the heart	6-30	22.35 (5.11)
Challenging the process	6-30	21.69 (5.04)
Inspiring a shared vision	6-30	21.63 (5.06)
Total Mean Scores in OHQ-S	11-35	24.93 (4.26)

OHQ-S: Oxford Happiness Questionnaire Short Form, TLI: Transformational Leadership Inventory

Distribution of TLI and sub-dimension Scores: The total TLI score ranged from 30-150, and the average was 111.24 (SD=23.36). The sub-dimensions were as follows, from highest to lowest: enabling others to act, modelling the way, encouraging the heart, challenging the process, inspiring a shared vision. The lowest score nurses got from the OHQ-S was 11, and the highest score was 35. The mean of the scale was found to be 24.93 (SD=4.26) (Table 2).

Table 3. Relationship between Nurses' Oxford Happiness Questionnaire Short Form scores and Transformational Leadership Inventory scores (N:474)

Independent variable	Total OHQ-S	
	r	p
TLI Total Score	0.30	<0.001
Sub-Dimensions		
Modelling the way	0.27	<0.001
Inspiring a shared vision	0.28	<0.001
Challenging the process	0.27	<0.001
Enabling others to act	0.31	<0.001
Encouraging the heart	0.27	<0.001

OHQ-S: Oxford Happiness Questionnaire Short Form, TLI: Transformational Leadership Inventory

Relationship between Nurses' OHQ-S Scores and TLI Scores: The correlation analysis results showing the relationship between the OHQ-S and TL scores of the nurses. When the relationship between the OHQ-S and TLI scores of the nurses was examined, a moderately positive relationship was found, while a highly significant relationship was found in the sub-dimensions ($p<0.001$). As the TL scores of the manager nurses increased, the happiness level of the nurses also increased (Table 3).

Discussion

This research was conducted to determine the effect of TFL behaviors of nurse managers on the happiness of nurses. It was found that as the TFL score of the nurse managers increased, the happiness of the nurses also increased.

In the study, the TFL scores of the nurse managers were found to be higher than the average compared to the observer nurses, and a moderate positive correlation was found between TLI total scores and all sub-dimensions and OHQ-S. Kim (2018), found a positive relationship between psychological well-being and TFL in their study. Similarly, Nielsen and Munir (2009) stated that leaders with TFL characteristics positively affected the emotional well-being of their followers when they used a creative leadership style that inspired their employees to make independent decisions and improve in their work. İntepeler and Barış (2018), examined the effect of TFL on nursing and health services, and found that nurse managers and nurses contributed to getting better outputs in clinical processes. In addition, they emphasized that nurses should turn to TFL in order to add new information to their knowledge, observe innovations, understand their followers and support their participation, and take initiatives to improve their leadership skills. Dadghar et al. (2015) investigated the relationship between leadership styles, organizational commitment, and happiness and job satisfaction among nurses, and found

a significant positive relationship between TFL and happiness and job satisfaction. At this point, happiness was found to be the most effective variable on nurses' job satisfaction. The available studies support our research that TFL and psychological well-being are associated with emotional well-being and happiness. When the sub-dimensions of TLI were examined, it was seen that there was a moderate positive relationship between all sub-dimensions, listed as modeling the way, inspiring a shared vision, challenging the process, enabling others to act, encouraging the heart, and the state of happiness. The implementation of these sub-dimensions by leaders will increase the job satisfaction of the nurses, increase their motivation, and thus make them feel better.

Aslan and Gökdemir (2019), it was found that the participation and representation power of nurses in the management was the variable that most affected the perception of the working environment of nurses. Gillet et al. (2013) concluded in their study that TFL positively affected nurses' quality of work life and increased their commitment to work, and that this leadership was beneficial for both nurses and the institution. Nam and Kwon (2020), found that there was no relationship between nurses' age, marriage, unit of work, and happiness, and that the resilience of nurses and the characteristics that nurses should have in the clinic (clinical nurse personality), however, had an effect on happiness. In the study, it was stated that the nurses' resilience would increase and organizational justice would be seen when the responsible nurse presented a vision to the nurse, took care of the hospital's interest rather than her own interest, and provided psychological support and intellectual information support to each nurse. In terms of human resources management in nursing, it was stated that a "culture of respect" for people and resilience would increase when 'respect' was respected. In this study, it was also emphasized that the increase in self-esteem would increase happiness. In this research, the higher happiness score of the nurses who received leadership training may be due to awareness of leadership. Leadership training also aims to provide nurses with the ability to empathize with both patients and other staff and managers in the hospital (Duygulu, 2011).

In a systematic review determining the factors affecting the happiness of nurses, the following were found; department worked in, social support within the team, working style, being positive, joy of life, work intensity, personal health status, success, good family relations, salary, mental well-being, communication, anger management, support of nurse leaders, job satisfaction, doctor behavior, years of experience, work stress, insufficient manager support, being married, emotional intelligence and spirituality (Arulappan et al., 2021). It was found that the nurses scored high on the OHQ-S and described themselves as happy. This result may be related to the fact that most of the nurses (90.9%) evaluated themselves as happy in their working environment. Khosrojerdi et al. (2018) found that nurses' happiness levels were moderate and that this was related to working conditions, job satisfaction, quality of life, and mental health status. Zadhasan et al. (2017) found that nurses' happiness was related to their job satisfaction and personal development. The high OHQ-S score average of the nurses in the study can be explained by the fact that they were satisfied with the environment they worked in and that they thought that their development was supported by their managers. Esfahani et al. (2013) found that the high self-esteem of manager nurses increased the happiness of nurses working with that manager. However, there are studies showing that the happiness level of nurses is low (Javanmardnejad et al., 2021; Yanık and Ediz, 2024), one study showed that the happiness level of nurses was at a moderate level (Akman and Altuntaş, 2022), and another study (Paslı Gürdoğan and Çetinkaya Uslusoy, 2019) showed that the happiness level of nurses was above average. Pierce and Gardner (2004), on the other hand, found that managers with high self-esteem and organizational self-esteem showed more effective leadership characteristics. For TFL, it can be said that features such as self-esteem, charisma, and power come to the fore. In this case, it can be thought that the interaction and communication of nurses with those around them and the quality of patient care are directly related to happiness. In a study conducted with nurses in Spain, it was found that the lack of social and family support from the manager, colleagues, and family caused nurses to be unhappy, their health consequently deteriorated, and the job performance of the institution decreased (Burke et al. 2012). Unlike the current study Karakuş (2011), revealed that 42% of nurses were not happy in their jobs. However, Karakuş (2011) stated that the reason for reaching such a finding was that manager nurses in the sample lacked leadership qualities and that they did not therefore treat their staff fairly and transparently. Duygulu et al. (2011), nurses defined their managers as TFL. These leaders motivate their employees in line with organizational goals. Öztürk et al. (2012), nurses were found to be satisfied with their managers and defined them as TFL. In the literature review by Yılmaz and Kantek (2016) in which manager nurse leadership style was examined in Turkey, it was revealed that manager nurses were job-oriented leaders and practiced actions indicative of authority and penal power, in which they supervised the followers closely. TFL skills can be learned, and nurse managers can improve themselves by taking leadership skills training. Serinkan and İpekçi (2005) stated that managers should have TFL characteristics in order for nurses to manage and coordinate changes. However, according to the Turkey Life Satisfaction Survey 2024, the rate of individuals aged 18 and over who declared that they were happy was 52.7% in 2023, decreasing by 3.1 points to 49.6% in 2024, while the rate of individuals who declared that they were unhappy was 13.7% in 2023, increasing by 0.8 points to 14.5% in 2024 (TUIK, 2024).

Conclusion and Recommendations

This research was conducted to determine the effect of TFL behaviors of nurse managers on the happiness of nurses. It was found that as the TLI score of the nurse managers increased, the happiness of the nurses also increased. In this study, it was observed that nurses received the highest score from the transformational leadership inventory sub-dimension of ensuring others take action. It can be thought that nurses' participation in scientific meetings such as professional development, congress, conference, symposium, training, and certification programs supported by manager nurses will increase motivation and happiness. The strong, guiding, appreciating success, dedicated to the goal, working devotedly, supporting professional development, solving crises, courageous and motivating characteristics of the leader nurse and can create a positive work environment. Since leadership is a learnable skill, it is thought that training nurses in this subject will be beneficial. In addition, the high level of happiness of nurses in this study may be related to the impressive geography, the small size of the city and the fact that nurses need to get high scores in the public personnel selection exam held in Turkey in order to work in the hospital here. In addition to it is recommended to conduct other studies investigating the effect or mediator role of general happiness on organizational happiness. Furthermore, this study was carried out in a state hospital; therefore, it is also recommended to be conducted in private hospitals and in different hospitals

Limitations: This study was conducted in a city; for that reason, the results cannot be generalized. The OHQ-S is a tool for measuring overall happiness. Nurse managers were not included in the study.

Author Contribution: The authors confirm contribution to the paper as follows; study conception and design: GA, BK; data collection: BK; analysis and interpretation of results: GA, BK; draft manuscript preparation: GA, BK. All authors reviewed the results and approved the final version of the manuscript.
Ethics Committee Approval: Çanakkale Onsekiz Mart University Rectorate Clinical Research Ethics Committee approval was obtained (Date: 20.02.2019 - Number: 2019-04).
Conflict of Interest: The authors declare that there is no conflict of interest.
Funding: The authors declare that the study has no financial support.
Informed Consent: Informed consent of the participants were obtained.

Yazarlık Katkısı: Yazarlar makaleye katkılarını şu şekilde beyan etmektedir; çalışma fikri ve tasarımı: GA, BK; veri toplama: BK; sonuçların analizi ve yorumlanması: GA, BK, aday makalenin hazırlaması: GA, BK. Tüm yazarlar sonuçları gözden geçirdi ve makalenin son halini onayladı.
Etik Kurul Onayı: Çanakkale Onsekiz Mart Üniversitesi Rektörlüğü Klinik Araştırmalar Etik kurulu tarafından onaylanmıştır (Tarih: 20.02.2019 - Karar No: 2019-04).
Çıkar Çatışması: Yazarlar herhangi bir çıkar çatışması olmadığını beyan ederler.
Finansal Destek: Yazarlar çalışmanın finansman desteği olmadığını beyan ederler.
Katılımcı Onamı: Katılımcıların bilgilendirilmiş onamları alınmıştır.

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