The Effect of Implementing Conflict Management Program on the Rate of Job Conflict and Nurses' Conflict Resolution Styles

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Abstract

Background: Conflict is a phenomenon that has positive and negative effects on the performance of individuals and organizations. This study aimed to investigate the effect of implementing a conflict management program on job conflict and nurses' conflict resolution styles.

Materials & Methods: This experimental-interventional and before-after study was performed on 60 nurses in the Kamyab Hospital of Mashhad, Iran, in 2020. A conflict management workshop was held for the intervention group for 6 hours. Then, one week after the workshop, two intra-departmental sessions were held. In both intervention and control groups, Dubrin Job Conflict Questionnaires and Thomas-Kilman conflict mode instrument were completed at the beginning, fifteen days, and one month after the end of the inpatient sessions. Data were analyzed using SPSS software version 16.

Results: Fifteen days and one month after the intervention, the mean score of job conflict in the intervention group significantly decreased compared to the control group and before the intervention (p = 0.003, p = 0.008, and p<0.001, respectively). Implementing a conflict management program increased the tendency to use a collaborative style compared to the control group (p = 0.02). Tendency to this style in the intervention group increased fifteen days and one month after the workshop compared to before the course (p <0.001).

Conclusion: Findings showed that the implementation of conflict management programs for nurses leads to a reduction in job conflicts among them. Further studies are suggested to explain the role of conflict management program implementation in the functioning of the health system.

Keywords: Conflict Resolution, Nursing, Intervention Study, Iran

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Introduction

Conflict is the lack of agreement between two or more groups, which is accompanied by the conscious effort of individuals to prevent other people from achieving their goals. The existence of conflict in the organization is natural and inevitable. Many individual and organizational factors lead to organizational conflict. Individual factors include differences in personality, values, attitudes, tastes, information, abilities, skills, experiences of individuals, and organizational factors include limited or shared resources, ambiguity in roles and tasks, poor communication, differences in Organizational goals, organizational culture and regulations are created. Mouton and Blake, Kilmann and Thomas, and Rahim proposed five conflict management styles, including competition, avoiding, accommodation, compromise, and collaboration, taking into account the two dimensions of self-satisfaction when confronted with conflict. Nurses are always in conflict due to the nature of nursing work, type of tasks, work environment stress, patient support role, and interaction with different groups. Factors such as high workload and shortage of nurses, increasing knowledge and development of nursing roles, unclear job descriptions, weak communication between medical staff and nursing lead to conflict in nurses. Studies have shown that the rate of conflict among Iranian nurses is moderate. The rate of conflict between nurses in the emergency department of Iran University of Medical Sciences is moderate and the intensive care unit of selected hospitals in Guilan University of Medical Sciences is moderately high. Increasing conflict management is effective in improving the quality of patient care. In the research of Torabipour et al, which was performed on 70 nursing managers of selected hospitals in Ahvaz, nursing managers used the styles of solution orientation (collaboration and compromise), non-confrontation (accommodation and avoidance), and control (competition). In another study, Ghasemiani showed that the level of conflict between nurses is moderate and the use of solution-oriented, non-confrontational, and control strategies are the most important approaches in dealing with internal conflicts. Another study in 2011 in Egypt found that conflict management training reduces conflict between nurses and patients, increases patient participation, and increases the quality of patient care. Studies on conflict and conflict resolution styles are more descriptive. Due to the lack of conflict management training program in the training program of nursing students and in-service courses for nurses in the clinic, high occupational conflict of nurses, the need for knowledge and understanding of conflict management for nurses, and the lack of empirical study in this field, we decided to evaluate the extent of the conflict and the styles used to resolve the conflict between nurses by implementing a conflict management program.

Methodology

This study was an experimental study that was performed in selected wards of Shahid Kamyab Hospital in Mashhad in two groups of intervention and control in 2019 and 2020. The study population included all nurses working in Shahid Kamyab Hospital in Mashhad who was working in this hospital at the time of the study. The sample consisted of nurses working in surgery wards 1, 2, orthopedics, and neurosurgery of Shahid Kamyab Hospital in Mashhad (except emergency and intensive care units) who were selected from the study population according to the inclusion criteria. Inclusion criteria included having a bachelor's and master's degree in nursing, having at least 6 months of clinical experience, no history of attending a conflict management training workshop, no understood and treated mental health problems, and having moderate to high levels of conflict. Therefore, 65 nurses completed the Dobrin Occupational Conflict Questionnaire and participated in our project. Among them, 5 of them were excluded from the study due to the low level of job conflict and 60 employed nurses who met the inclusion criteria were selected as the research sample. From the four general wards of Shahid Kamyab Hospital that had the characteristics of the research unit, two wards were randomly selected (drawing) as the intervention group and two wards as the control group. Then, nurses with inclusion criteria entered the study with written informed consent in two groups of 30 intervention and control. Questionnaires of demographic information, Dobrin job conflict, and Thomas-Kilmann conflict styles were completed by the intervention and control groups at the beginning of the study. The Dobrin Occupational Conflict Questionnaire for nurses had 20 two-choice...
questions that were scored based on mostly positive and negative answers. In this questionnaire, a score of +1 is considered for the answers that mostly agree and a score of zero is considered for the answers that mostly disagree, therefore, the range of job conflict scores of individuals is between 0-20. The interpretation of the questionnaire results is a low conflict if the sum of scores is less than and equal to 3, the level of conflict is moderate if the sum of scores is between 4 and 14, and the level of conflict in a person was high if the scores was greater than and equal to 15.

In Aliabadi and Khakpour's (2013) research, exploratory factor analysis was used to validate this questionnaire, and Cronbach's alpha coefficient for the questionnaire was 0.81, which is acceptable. Validity of the questionnaire was confirmed, by seven faculty members of Mashhad School of Nursing and Midwifery. The Thomas & Kilman (1974) Conflict Styles Scale is designed to measure five styles of conflict resolution: competition, compromise, avoidance, collaboration, and accommodation. This tool consists of 30 pairs of sentences (A and B) and the subject is obliged to choose one of the two sentences A or B of each item as an option that is more in line with their moods when faced with conflict. Obviously, the individual's score level indicates the type of style chosen when confronted with conflict. The reliability coefficients of this scale, according to Thomas and Kilmann, are as follows: Internal consistency coefficients (based on the halving method) for five styles are equal to the competition (0.71), compromise (0.43), avoidance (0.62), collaboration (0.65), and accommodation (0.58); In this method, the average alpha coefficient is 0.60 and in the retest method it is reported to be about 0.64. The interpretation of the questionnaire has a table that includes five conflict management styles, each column in which the number of answers is more than the person indicates his conflict style. There is no correct answer in this questionnaire, which means that by choosing either A and B, each person determines his / her conflict style, and each of the conflict management styles may be appropriate in the situation. A conflict management workshop was held for the intervention group for 6 hours. Topics discussed in the workshop include the definition of power, sources of power, policy definition, the relationship between power and politics, applications of power, conflict definition, types of conflict, conflict-related theories, conflict factors, stages of the conflict, conflict management, and its styles, management strategies Conflict, Constructive Consequences of Conflict, Strategies for Stimulating and Creating Constructive Conflict in the Organization, New Attitudes to Conflict, and Principles and Techniques of Negotiation. One week after the workshop, two intra-departmental sessions (two groups of 15 people and 2 sessions for each group) were held, which was feedback from the conflict management workshop. For the intervention group, fifteen days after the end of the second session and one month later, the Dobrin job conflict questionnaire and Thomas and Kilman conflict management styles were completed again. There was no intervention in the control group and fifteen days after the workshop and intra-departmental sessions of the intervention group and one month later, the job conflict questionnaire and conflict management styles were completed again. Data analysis was performed using valid statistical tests and SPSS software version 16. Among the ethical issues observed in this research was the approval of the research in the ethics committee, obtaining permission from the officials of Mashhad School of Nursing and Midwifery to start the research, obtaining informed written consent from the research units to participate in the study, assuring the research units to keep the information confidential.

Result

A total of 30 participants were included in each intervention and control group. The two groups were homogeneous in terms of demographic characteristics. The intervention group includes surgical departments one (17 patients; 56.7%) and surgery two (13 patients; 43.3%), and the control group included men's orthopedic wards (14 patients; 46.7%) and neurosurgery (16 patients; 53.3%). The effect of the intervention on nurses' job conflict was determined by Dobrin Job Conflict Questionnaire and based on this, job conflict in the two groups of intervention and control in different situations before and after the intervention and over time were compared with each other. The analysis showed although the mean score of job conflict before the intervention was higher in the intervention group, the two groups of intervention and control were not significantly different from each other. But fifteen days after the intervention and one month after the intervention, the mean of job conflict in the intervention group decreased
significantly compared to the control group. The intra-group comparison showed that the effect of time in the intervention group was significant in terms of nurses’ job conflict (P≤0.001). The results of the Bonferroni post hoc test showed that there was a significant difference in the intervention group in the stages “before and fifteen days after the intervention” and “before and one month after the intervention” (P≤0.001). Analysis of variance with repeated measures for the control group showed no effect of time on nurses’ competitive conflict resolution style score (P = 0.73). The interaction between time and group was also significant (P≤0.001). In the next step, the effect of implementing a conflict management program on the use of different conflict resolution styles among nurses was investigated. The five styles discussed included competition, collaboration, compromise, avoidance, and accommodation. The use of these styles was measured in three stages before the intervention, fifteen days after the intervention, and one month after the intervention. Also, intra-group comparison using conflict resolution styles time-dependent was performed for both intervention and control groups. Outputs shown, after the implementation of the conflict management training program, no difference was observed between the use of competition, compromise, and accommodation styles in intergroup and intragroup surveys. The use of collaboration style to resolve conflicts among nurses after the implementation of the conflict resolution training program in the intervention group in the long-term (one month after training) compared to the control group showed an increase (p=0.02). Also, the tendency to use the collaboration style in the intervention group increased significantly fifteen days after training and one month after training compared to before training and holding a conflict resolution course (p≤0.001). But this tendency was not observed within the control group over time (p = 0.41). Although after holding the conflict resolution course, the use of avoidance style in any of the measurements did not show a significant difference between the intervention and control groups, the Intra-group analysis showed that in the intervention group, the tendency to use the avoidance style has decreased significantly fifteen days after the conflict resolution training course and one month after it, compared to before the course (p = 0.002 and p = 0.001 respectively). In order to determine the effect of intervening and contextual variables on job conflict score in the fifteen days after the intervention, a two-way analysis of variance was used. Also, before performing this statistical test, the variables of age, work experience, and working hours were statistically classified. The results of this test showed that none of the variables has a significant effect on job conflict, either directly or reciprocally. Therefore, none of these variables had a confounding role in job conflict (p> 0.05).

Conclusions

The findings of our study showed that the implementation of a conflict management program among the nursing community leads to a reduction in job conflicts among them. The findings also showed that nurses’ tendency to choose a collaborative style and their lack of inclination to choose an avoidance style to resolve their conflicts has increased over time after the implementation of the conflict resolution management program. Although the findings showed the positive effect of holding conflict resolution sessions on conflict among nurses, the effectiveness of this conflict reduction on improving the quality of treatment and patient satisfaction with the level of services provided by nurses requires further studies.

Acknowledgment

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Conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this paper.
تأثیر اجرای برنامه مدیریت تضاد بر میزان تعارض شغلی و سیکت‌های حل تعارض

پرستاران

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کلیدواژه‌ها:
حل تضاد، پرستاری، مطالعه داخلی، ایران

چکیده

در این مطالعه، اثرات اجرای برنامه مدیریت تضاد بر میزان تعارض شغلی و سیکت‌های حل تعارض پرستاران این واحد تحقیق به‌منظور کاهش تعارض شغلی و افزایش سطح تولید توان و ارزش کاری پرستاران مطالعه و کنترل شد. در خصوص این امر، در مرحله اجرایی، این برنامه در بالاترین درجه در محدوده پزشکی سیستم سلامت استان می‌گردد.

مقدمه

تضاد نیوی تاکنون بین دو یا چند گروه است که با ناشی آگاهی افراد برای جلوگیری از ماده‌های سایر افراد به اهداف همراه ایست، وجود تضاد در سازمان امکان پذیر بوده و غیرقابل اجتناب است (1). عوامل فردي و سازمانی

بحث

سیره منجر به ایجاد تعارض سازمانی می‌شود. عوامل فردی تضاد به دلیل نفوذ در شخصیت، ارزش‌ها، تجربه‌ها، تاثیرات، اقلام‌ها، مهارت‌ها و تجربه‌های افراد (2) و عوامل سازمانی شامل کلاس، حضور نیازهای ایجاد شده باید، اشتراک مبتنی بر نشان و وضعیت، ارتباطات ضعیف، تفاوت در اهداف، فرهنگ سازمانی و مقررات
اجرای برنامه مدیریت تضاد، میزان تضاد و سبک‌های مورد استفاده برای حل تضاد در پرستاران ارتباطی کنیم.

2. روش تحقیق

این مطالعه از نوع تجربی بود که در بخش‌های منتخب بیمارستان شهرداری مشهد در دو گروه مداخله و کنترل در سال‌های 1993 و 1994 انجام شده بود. کلیه پرستاران شاغل در بیمارستان مشهد که در زمان انجام پژوهش در این بیمارستان مشغول به کار بودند، جامعه بروزه را تشکیل دادند. نمونه پژوهش شامل پرستاران شاغل در بخش‌های جراحی، اورژانس، اورژانس واژنور و جراحی انگشتان بیمارستان شهرداری مشهد (به همراه مراقبت از کارگاه‌های هلال احمر و پرستاران بیمارستان) برای انتخاب شدن می‌پرداخته بود. این مطالعه شامل دو گروه بود: گروه مداخله و گروه کنترل.

نتایج: نتایج این مطالعه نشان داد که سطح تطابق و تضاد در پرستاران ارائه‌دهنده خدمات در بخش‌های مختلف بیمارستان مشهد، مایع‌تر بوده و برای برقراری روابط مناسب بین پرستاران، بهترین روش استفاده از روش‌های چندگانه، انسجام و همکاری می‌باشد.

اثرات: انتخاب روش‌های مناسب برای برقراری روابط مناسب بین پرستاران، بهبود کیفیت خدمات در بیمارستان و رضایت پرستاران می‌تواند جایگزین رخ‌دهانگی و بهبود سلامت جامعه شود.

کتابخانه علوم پزشکی سوزور، فروردین و اردیبهشت 1400، دورة 29، شماره 172
مسئولین دانشکده پرستاری و مامایی مشهد برای آغاز همگن بودند. مشخصات دموگرافیک پرستاران شرکت‌کننده در دو گروه مداخله و کنترل در جدول 1 آورده شده است. گروه مداخله شامل بدخیمان گروهی بیک (۱۷ نفر؛ ۱۵/۷۲ درصد)، و گروه کنترل شامل بدخیمان اروپیدی مردان (۱۴ نفر؛ ۱۴/۶۸ درصد) بود.

۱۷۴
جهان، ازبین نقش‌بندی و نیازمندیهای ملی و نیازمندیهای برقراری بستگی کننده در مطالعه

<table>
<thead>
<tr>
<th>شماره</th>
<th>مطالعه</th>
<th>کنترل</th>
<th>جنسیت</th>
<th>سن</th>
<th>تعداد</th>
<th>پرداخت</th>
<th>نحوه اجرای برنامه</th>
<th>تأثیر</th>
<th>میزان کار در ماه (ساعت)</th>
<th>میزان سالهای کار (سال)</th>
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4 آزمون 1. تست‌پذیر، 2. آزمون تی، 3. آزمون کاوه

اثر مداخله بر تعارض شغلی برستان در طریق برنامه تعارف شغلی دو اجرای تغییراتی و تغییراتی اساس تعارض شغلی در دو گروه مداخله و کنترل در حالاتی مختلف بیش و پس از در جدول 2 از آورده شده است:

| شماره | تعارف شغلی | انحراف معیار | مطالعه | کنترل | مشخصات دموگرافی برستان شرکت کننده در مطالعه | گروه | مسیره | 
|-------|-------------|--------------|---------|--------|---------------------------------------------|------|
| 1     |             |              |         |        |                                             |      |

نمره سیک حل تعارض رقابتی برستان را نشان داد (P=0.37 در 0.05). همچنین تأثیر متقابل زمان و گروه نیز معنی دار بود (P<0.001). در گام بعدی به بررسی تأثیر اجرای برنامه مدیریت تضاد بر میزان استفاده از سبک‌های مختلف حل تعارض در میان برستان برخاسته شد. بنابراین مورد بحث شال واقعی مطالعه، اجتناب و سازش می‌شود. میزان استفاده از سبک‌های مختلف حل تعارض در میان زمان برخاسته کنترل اجتیادی در جدول 3 از آورده شده است.

به‌عنوان یک نشان دهنده در جدول 1، میزان تلاش برای افزایش اعتماد و ازبین برقراری بستگی کننده در مطالعه به‌منظور گروه کنترل در مراحل

<table>
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جدول ۳. تأثیر اجرای برنامه مدیریت تضاد بر میزان استفاده از سیک‌های مختلف حل تعارض در میان پرسنسل

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<th>رقابت</th>
<th>همکاری</th>
<th>مصالحه</th>
<th>اجتناب</th>
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<td>۴/۶۸ ± ۲/۸۰</td>
<td>p &lt; ۰/۰۱</td>
<td>۶/۶۸ ± ۲/۸۰</td>
<td>p &lt; ۰/۰۱</td>
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repeated anova

*p < ۰/۰۱**
در خصوص هدف اختصاصی اول پژوهش که تعبیر تأثیر اجرای برنامه مدیریت تغییر در میزان تعامل شغلی پرستاران می‌باشد، این الگوی مطالعه شناخته شده‌اند که میزان تغییر شغلی پرستاران در گروه مداخله نسبت به گروه کنترل پایان‌روز سپس از مداخله و یک ماه سپس از مداخله به‌طور آزمون‌داری کاهش یافته بود به‌طوری‌که این تغییرات ممکن است در مصرف تغییراتی به‌طور به‌درستی در برگزاری دوره آموزشی حلال تغییر داده نشده باشد. در مسیره اجرای نشان داده شد که پس از آموزش به‌طور کلی نسبت به مدت دوباره در حالت پایان‌روز سپس از مداخله و یک ماه سپس از مداخله در مصرف شغلی نسبت به مدت ارائه، کاهش یافته بود.

جدول ۲: نشان دادن سایر اثرات آزمون‌های درون‌و خارج‌گرایی در حالت پایان‌روز سپس از مداخله و یک ماه پس از آموزش

در مدت دوباره در حالت پایان‌روز سپس از مداخله و یک ماه پس از آموزش نشان دادند که در حالت پایان‌روز سپس از مداخله و یک ماه پس از آموزش نشان دادند که در حالت پایان‌روز سپس از مداخله و یک ماه پس از آموزش
مداخله در طی زمان‌ها پس از مداخله گسترش هرچند که این کاهش نسبت به گروه کنترل معنی‌دار نبود. با یادآوری به این، دانش‌های متعددی در زمینه تاثیرات آن و تأثیر آن بر سلول‌های واحدی که در این مطالعه استفاده شده بودند، همگی از طرف دیگر در بر گرفته شده بودند.

در مطالعه حاضر، بررسی‌های ضروری برای ایجاد استفاده از این سیستم در پیشرفت آدم‌شناسی و سلامت در زمینه مسئله‌های مختلف از جمله عوامل موثر بر محیط زندگی انسان و سلامت، انجام شد.

در این مقاله، مطالعه‌ای در مورد اثرات مهیاری و آرامش بر سلامت و محیط زیست انسان، انجام شد و نتایج آن به‌طور کلی به گروه کنترل نسبت به گروه کنترل معنی‌دار نبود.

در این مطالعه، به عنوان نتیجه‌گیری، این است که مداخله در طی زمان‌ها پس از مداخله گسترش هرچند که این کاهش نسبت به گروه کنترل معنی‌دار نبود. با یادآوری به این، دانش‌های متعددی در زمینه تاثیرات آن و تأثیر آن بر سلول‌های واحدی که در این مطالعه استفاده شده بودند، همگی از طرف دیگر در بر گرفته شده بودند.
محدودیت‌های پژوهش

شرايط كاری و احتمال پژوهش می‌تواند بر نحوه باسخگونی آنها به پرستارانها تأثیرگذار باشد؛ از این رو سعی شده است، ابزارهای مطالعه برای تکمیل در اختیار آنها قرار گیرد. از COVID-19 صورت پذیرفته، به منظور رعایت بروز گوته بهداشتی کارگاه‌های آموزشی و جلسات دوره‌ی خصی در محل سالن کنفرانس می‌باشد.

References