

Original Article

Determination of Senior Nursing Students' Perceptions of Individualized Care and Empathic Tendencies

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Abstract

Background: An important aspect of patient safety is the safe medication administration to patients. Although preventive measures have been integrated in practice, deviations from medication safety still exist. To minimise medication errors' occurrence, organisations and nurses continuously develop the clinical field with practices and interventions to ensure maintenance of safety.

Aim: To discuss the original research evidence about nursing medication safety practices which are related to (a) nurses' characteristics, skills and competencies, (b) clinical processes and (c) clinical environment.

Design and methods: This is a discussion article that draws on original research evidence about medication safety practices in clinical nursing practice. Literature retrieved from searches in databases: PUBMED, BNI, CINAHL, Wiley Online library and ScienceDirect. Specific inclusion and exclusion criteria were set.

Results and Discussion: The medication safety practices concerned nurses' characteristics (knowledge, experience), skills and competencies (e.g. self-awareness and vigilance), clinical processes (e.g. additional 'Rights' to the traditional '5 Rights'), and clinical environment (e.g. ward design).

Conclusion and Implications: Each of the safety practices is significant and contributes to patient safety in a unique way. The heart of all medicine safety practices is their practicality, simplicity, effectiveness, positive contribution to improve the safety culture and the learning outcomes for all clinical teams. Any of the mentioned practices can be used as initiative or resource for either the frontline or senior management nurses to integrate them in their own practice on a ward level, hospital policies, clinical environments and shape the future of medication safety culture.

Keywords: Registered nurses, nursing, medication errors, medication administration, medicine safety, clinical nursing practice, preventive measures, prevention

Introduction

The independent function of the nursing profession and one of its most important concepts is care. Caregiving covers all of the beliefs, values, attitudes, and actions included in all functions of helping the individual to protect and promote their health and to improve it in case of a deviation from health (Toru, 2020). Today, the tendency to use standardized protocols that ignore a patient's

individuality has become widespread in the provision of nursing care (Jeffrey, 2016). Quality care is only possible with individualized care that takes into account the individual's characteristics, beliefs, values, needs, and preferences and allows their involvement (Jeffrey, 2016; Pazar, Demiralp, & Erer, 2017). When it comes to the individual's health/illness status and needs, individual differences cannot be ignored. This requires individualized nursing care (Suhonen, Stolt, & Charalambous, 2019). Socio-demographic

characteristics alone are not enough to provide individualized care. Therefore, in addition to socio-demographic information, nurses should give priority to the preferences and needs of individuals when planning care (Rose, 2018).

To qualify nursing care as individualized, it should be developed together with the individual, it should be unique to them, and they should know that they can make decisions on their own will (Suhonen, Stolt & Charalambous, 2019). Nurses who have adopted an individualized care approach are aware that their patients are unique individuals in their own right. They carry out their care plans together with the individual, taking into account their experiences, behaviors, thoughts, and perceptions. In this way, the nurse can better understand the patient's situation and recognize the problems that may develop acutely (Ceylan & Eser, 2016).

It is known in the literature that individualized care reduces the patient's anxiety and improves self-care skills, symptom management, adherence to treatment, and quality of life. Individualized care contributes to health care costs by reducing medical errors, infections, deaths, and the use of health services (Cho et al., 2015; Peacock-Johnson, 2018). It also increases nurses' job satisfaction and motivation (Suhonen et al., 2013; Suhonen et al., 2012).

Although the positive results of individualized care for patients and nurses are clear, some studies have shown that nurses do not consider individualized care principles and do not integrate them into their nursing care plans (Rodríguez-Martín et al., 2016; Suhonen et al., 2013). Some of the factors affecting the provision of individualized care by nurses include the type and size of the hospital, the number of nurses, role ambiguity, heavy workload, communication between team members, age of nurses, level of their education, professional experience, professional values, and communication skills (Rodríguez-Martín et al., 2016; Suhonen et al., 2012).

One of the most important factors in achieving individualized care is to establish empathic communication with the patient (Manchester, 2018; Terezam, Reis-Queiroz & Hoga, 2017). Empathy is the process of putting oneself in the place of the other person, looking at events from his/her point of view, understanding that

person's feelings and thoughts correctly, and conveying this situation. The empathic tendency is defined as the desire to understand and help another person (Dokmen, 2019). Empathic communication is a vital element in all nursing activities and is a key element of human-oriented holistic and humane nursing care. When nurses approach patients with an empathetic attitude, they can identify their needs more accurately, understand them better, and obtain positive results from their nursing interventions (Beauvais, Andreychick & Henkel, 2017; Manchester, 2018).

Determination of nurses' perceptions of individualized care and related factors is important as it can contribute to the development of strategies to increase the quality of care services. Empathy is also an important component for the achievement of individualized care. A review of the literature indicated that there was no study that investigated nursing students' empathic tendencies and individualized care perceptions. Therefore, this study was conducted to determine nursing students' perceptions of individualized care and empathic tendencies, to investigate the relationship between these two variables, and to identify factors affecting perceptions of individualized care.

Research questions:

1. What are nursing senior students' perceptions of individualized care?
2. What are senior nursing students' empathic tendency levels?
3. Is there a relationship between senior nursing students' perceptions of individualized care and their empathic tendencies?

Methodology

Design and setting: A descriptive and correlational study design was used in this study. It was conducted at a foundation university between May 2021 and June 2021. The study was planned to determine senior nursing students' perceptions of individualized care and empathic tendencies.

The study group: This study was carried out with 77 senior nursing students who were at a foundation university and who were selected with purposive sampling.

Data collection tools: Data were collected via a Personal Information Form, the Individualized Care Scale-A-Nurse, and the Empathic Tendencies Scale.

Personal Information Form: This form was created by the researchers and consists of 8 questions about the participants' age, gender, the high school they graduated from, previous employment in a health institution, and previous caregiving status.

The Empathic Tendencies Scale (ETS): This scale was developed by Dökmen (1988) to evaluate the tendency of people to empathize in daily life. Eight items (3,6,7,8,11,12,13,15) of the scale, which was designed as a Likert-type scale and consisted of 20 items, are reversed. Individuals are asked to mark one of the numbers from 1 to 5 next to each item and indicate to what extent they agree on the opinion indicated by the item. Items with positive expressions are scored from "completely inappropriate" (1 point) to "completely appropriate" (5 points), while reversed items are scored between "completely inappropriate" (5 points) and "completely appropriate" (1 point). The lowest and highest total scores that can be obtained are 20 and 100, respectively. The scale has no cutoff value. A high total score shows a high empathic tendency (Pazar et al., 2017). In this study, Cronbach's alpha value was found as 0.74.

The Individualized Care Scale-A- Nurse (ICS-A-Nurse): This scale was developed by Suhonen et al. in 2007 to determine the views of nurses about individualized care (Suhonen et al., 2010). The adaptation of the scale to Turkish community was conducted by Acaroglu et al. in 2010 (Acaroglu et al., 2011). It is a five-point Likert-type scale consisting of 17 items, and it has three sub-dimensions: "clinical status", which includes the individual's feelings, responses, and the mean they attach to their illness/health status and their perceptions of care to support their individuality in matters related to their care needs; "personal life status", which takes into account individual differences, such as individuals' habits based on their values and beliefs, preferences, and hospital experiences; and "decision-making control", which includes behavioral perceptions that reflect the individual's feelings, thoughts, and wishes and support their involvement in decisions about their own care (Suhonen et al., 2010). Each item is scored using one of the following options: "strongly disagree, 1 point", "slightly disagree, 2 points", "undecided, 3 points", "slightly agree, 4 points", and "strongly agree, 5 points". Scores that can be obtained from the overall "ICS-A-Nurse" and its sub-dimensions are between 1 and 5. Items

that make up the "clinical status" dimension are 1, 2, 3, 4, 5, 6, and 7. Items on the "personal life status" dimension are 8, 9, 10, and 11. The items on the "decision-making control" on care sub-dimension are 12, 13, 14, 15, 16, and 17 (Suhonen et al., 2010). The scores of these sub-dimensions are calculated by dividing the sum of the item scores on a sub-dimension by the number of items. High scores indicate that nurses have a high perception of supporting patients' individuality (Acaroglu et al., 2011). Cronbach alpha coefficient of the scale was found to be 0.91.

Data collection method: The link to data collection tools was sent to the students via email, and the data were collected through an online questionnaire.

Ethical Aspects: At the outset, the approval of the ethics committee was obtained. Students' consent was obtained before the questionnaire was administered.

Data analysis: The study data were analyzed on IBM SPSS statistical software package. The descriptive data of the study were represented by arithmetic mean and standard deviation values, minimum and maximum numbers, and percentages. The relationships between the variables were analyzed by Mann Witney and Spearman Correlation Coefficient, and the reliability of the scales was analyzed by using Cronbach's alpha coefficient. $P < 0.05$ was taken as the statistical significance level.

Results: Of the students in the study, 83.8% were female, 10.8% were graduates of health vocational high schools, and mean age was 23.53 ± 3.15 years. Also, 71.6% of the students had not worked in any health institution before, 82.4% had not given long-term care to anyone before, and 86.5% had chosen the nursing profession willingly (Table 1). The mean score of the students was 73.16 ± 9.39 from the overall Empathic Tendencies Scale, 4.58 ± 0.47 from the Individualized Care Scale-A-Nurse, 4.63 ± 0.47 from the Clinical Status sub-dimension, 4.50 ± 0.64 from the Personal Life Status sub-dimension, and 4.58 ± 0.51 from the Decision-Making Control on Care sub-dimension (Table 2).

Female students' mean scores from the Individualized Care Scale-A-Nurse, the clinical status sub-dimension, the personal life status sub-dimension, and the decision-making control on care sub-dimension were significantly higher ($p < 0.05$). The mean score of the students who had graduated from a health vocational high school

from the personal life status sub-dimension was significantly lower ($p < 0.05$; Table 3).

A moderate, significant positive correlation was found between students' scores from the Empathic Tendency Scale and the Individualized Care Scale and the clinical status sub-dimension ($p < 0.05$). A

weak, significant positive correlation was found between their scores from the Empathic Tendency Scale and the personal life status and decision-making control on care sub-dimensions ($p < 0.05$; Table 4).

Table 1. Distribution of Students' Descriptive Characteristics

Descriptive Characteristics		n	%
Gender	Female	62	83.8
	Male	12	16.2
The high school that was graduated	Health Vocational High School	8	10.8
	Other High Schools	66	89.2
Status of working in a health institution before	Yes	21	28.4
	No	53	71.6
Status of giving long-term care to someone before	Yes	13	17.6
	No	61	82.4
Status of choosing the nursing profession	Willingly	64	86.5
	Unwillingly	10	13.5
Age		Mean	SD*
		23.53	3.15

*SD: Standart Deviation

Table 2. Students' Mean Scores from the Perceptions of Individualized Care and Empathic Tendency Scales

	n	Mean	SD*	Min.	Max.
Empathic Tendency Scale	74	73.16	9.39	50.00	99.00
Individualized Care Scale	74	4.58	0.47	2.82	5.00
Clinical Status	74	4.63	0.47	3.00	5.00
Personal Life Status	74	4.50	0.64	2.50	5.00
Decision-Making Control on Care	74	4.58	0.51	2.50	5.00

*SD: Standart Deviation

Table 3. Comparison of the Students' Scores from the Individualized Care Scale by their Descriptive Characteristics

Descriptive Characteristics		Individualized Care Scale		Clinical Status		Personal Life Status		Decision-Making Control on Care	
		Mean	SD****	Mean	SD	Mean	SD	Mean	SD
Gender	Female	4.63	0.47	4.67	0.47	4.55	0.58	4.63	0.51
	Male	4.36	0.44	4.44	0.40	4.23	0.88	4.35	0.42
Z*		-2.303		-2.230		-1.341		-2.361	
p**		0.021		0.026		0.180		0.018	

The high school that was graduated	HVHS***	4.51	0.32	4.79	0.26	4.00	0.69	4.54	0.26
	Other high schools	4.59	0.49	4.61	0.48	4.56	0.62	4.59	0.53
Z		-1.138		-.770		-2.606		-1.040	
p		0.255		0.441		0.009		0.299	
Status of working in a health institution before	Yes	4.49	0.56	4.54	0.56	4.40	0.72	4.48	0.63
	No	4.62	0.43	4.66	0.43	4.53	0.61	4.63	0.45
Z		-0.929		-0.730		-0.517		-0.772	
P		0.353		0.465		0.605		0.440	
Status of giving long-term care to someone before	Yes	4.57	0.32	4.59	0.38	4.44	0.67	4.64	0.36
	No	4.58	0.50	4.64	0.49	4.51	0.64	4.57	0.53
Z		-0.885		-0.769		-0.783		-0.118	
p		0.376		0.442		0.434		0.906	
Status of choosing the nursing profession	Willingly	4.61	0.45	4.65	0.45	4.54	0.61	4.61	0.49
	Unwillingly	4.42	0.61	4.53	0.61	4.25	0.82	4.42	0.61
Z		-0.497		-0.181		-0.986		-0.870	
p		0.619		0.856		0.324		0.384	

*Z: Mann Whitney U; **p<0.05; ***HVHS: Health Vocational High School; *****SD: Standart Deviation

Table 4. The Relationship Between Students' Scores from the Empathic Tendency Scale and Individualized Care Scale

Scale and its' Sub-dimensions		Empathic Tendency Scale
Individualized Care Scale	r*	0.441
	p**	0.000
Clinical Status	r	0.462
	p	0.000
Personal Life Status	r	0.379
	p	0.001
Decision-Making Control on Care	r	0.337
	p	0.003

*r: Spearman correlation; p<0.05

Discussion: Individualized care has been defined as “a type of nursing care that takes into account the individual characteristics and preferences of healthy/sick individuals and promotes the consideration of the patient's thoughts in decision-making” (Suhonen et al., 2010). The reason for the existence of the nursing profession and its most important element is care (Can & Acaroglu, 2015). Each individual has different experiences, values, and background, which makes them privileged, and care should be offered by taking these characteristics into account (Oner Altiok, Şengun, & Ustun, 2011). Today, the tendency to use standardized protocols that ignore

the individuality of the healthy/sick individuals in practicing nursing care has become widespread (Karayurt, Ursavas, & Iseri, 2018). This study reveals senior nursing students' perceptions of individualized care, their empathic tendency levels, and the relationship between them. In the study, students were found to have a high level of individualized care perception. This finding is consistent with some studies in the literature (Cetin & Cevik, 2021; Ciftci, Aras, & Yildiz, 2021; Dogan, Tarhan, & Kurklu, 2019; Guner, Ovayolu, & Ovayolu, 2020). Studies conducted with nurses have shown that nurses' perception of individualized care is similar to that of nursing

students (Avci & Alp Yilmaz, 2021; Can & Acaroglu, 2015; Guven Ozdemir & Sendir, 2020). This result can suggest that nursing students' perceptions of individualized care formed during their education. In their study on determining the levels of individualized care perceptions of nurses working in different countries and comparing the differences between them, Suhonen et al. (2011) found that nurses' individualized care perceptions were at a good level, but that there were differences between countries. It is thought that this difference may be due to different nursing roles, care processes, and health systems in the countries.

The examination of the mean scores obtained from the sub-dimensions of the scale indicated that the highest mean score was obtained from the clinical status sub-dimension and the lowest from the personal life status sub-dimension. The clinical status sub-dimension includes the individual's feelings and responses regarding the health/illness status, the meaning they attach to it, and the care perceptions to support their individuality in matters related to their care needs (Acaroglu & Sendir, 2012). A review of the literature indicated that the clinical status sub-dimension scores were high in other studies conducted with nursing students, but they were below the average in this study (Cetin & Cevik, 2021; Ciftci et al., 2021; Dogan et al., 2019). It is thought that this difference was due to individual characteristics, personal experiences, and educational differences. Decision-making control over care sub-dimension, which yielded a very close mean score to the clinical status sub-dimension, includes behavioral perceptions that reflect the individual's feelings, thoughts, and wishes and support their involvement in decisions about their care. According to the results in the literature, unlike this study, student nurses got the highest score from the decision-making control sub-dimension (Cetin & Cevik, 2021; Dogan et al., 2019). However, the mean score obtained in our study was higher than scores in other studies (Cetin & Cevik, 2021; Ciftci et al., 2021; Dogan et al., 2019). According to this result, we can say that nursing students care that patients should have a say in their care. The third most perceived care behavior by nursing students was personal life status, which takes into account individual differences such as habits, preferences, and hospital experiences relating to the values and beliefs of the individual. In studies conducted to

determine the individualized care perceptions of nurses and nursing students, it was determined that the personal life status sub-dimension scores were lower than the scores obtained from other sub-dimensions (Avci & Alp Yilmaz, 2021; Cetin & Cevik, 2021; Guven Ozdemir & Sendir, 2020). The highest score that can be obtained from the overall ICS-A-Nurse Scale and its sub-dimensions was 5. Considering this total score, students' mean scores from all of the sub-dimensions were 4 and above, and these scores were considered high. With this respect, it was concluded that nursing students considered the individual's characteristics, care preferences, and perception of the disease while giving care and that they thought that the individual should have a say in decisions about their care. The results of the study revealed that nurses generally supported the individuality of patients during their care practices.

One of the most important components of individualized care is to establish empathic communication with the patient (Beauvais, Andreychick & Henkel, 2017; Manchester, 2018). Therefore, the relationship between the empathic tendency levels of nurses and their perceptions of individualized care was investigated in this study, and it was determined that senior nursing students had high levels of empathic tendencies. This finding is similar to the findings of other studies that were conducted to investigate the empathic tendencies of nursing students (Ergun et al., 2019; Ustundag et al., 2018). The empathic tendency is generally a personality trait, but it can also be developed through education (Jeffrey, 2016). Empathic tendency enables the nurse to reach the patient and understand them impartially by planning the care according to their feelings, thoughts, values, habits, and preferences while giving care to the patient (Manchester, 2018; Ustundag et al., 2018). In this study, a moderate, significant positive correlation was found between nursing students' empathic tendencies and their perceptions of individualized care. There was no study in the literature that examined nursing students' empathic tendencies and perceptions of individualized care. However, the findings of studies conducted with nurses and the findings of this study support each other (Avci & Alp Yilmaz, 2021; Guven Ozdemir & Sendir, 2020). In the literature, empathy is considered the most important component of helping relationships and is often a part of the helping process (Riess, 2017). When nurses use an empathic approach, they can

understand patients and identify their needs better. In this way, individualized care is supported.

When students' perceptions of individualized care were examined in line with their descriptive characteristics, it was determined that the perception of individualized care changed by gender. Female students' perceptions of individualized care were higher than those of male students. Due to the social and cultural characteristics that we have, male and female students go through different socialization processes. Since these socialization processes impose different gender roles on men and women, it is thought that females' perception of individualized care is higher because they have higher maternal, emotional, and empathetic sensitivities.

Conclusion: Senior nursing students had a high level of individualized care perceptions and empathic tendencies. Students with high empathic tendencies had high perceptions of individualized care. Students' perception of individualized care showed a change only by gender factor among other descriptive characteristics. It is recommended to implement approaches that will improve and change male students' perceptions of individualized care in the curriculum. According to our study, students graduate with the awareness of the importance of individualized care. This result may be due to courses, such as effective communication, critical thinking, and positive psychology, in the undergraduate nursing curriculum and students' one-on-one study with guide teachers who use individualized care practices during clinical practice. To maintain this, in-service education studies on individualized care and empathy can be conducted in clinical environments. With various congresses, seminars, workshops, and case studies, this subject can be studied continuously. It is recommended that factors affecting nurses' empathic tendency and perceptions of individualized care in the clinical setting should be investigated regularly and that regulatory-preventive practices should be implemented. It is recommended that more comprehensive national and international studies be conducted and analyzed in terms of different variables to measure senior students' perceptions of individualized care.

Limitation: During the COVID-19 pandemic process, students' theoretical lessons were given through distance education, and their clinical practices were completed with make-up lessons by

taking extra precautions. However, due to the extraordinary conditions, some limitations were experienced in the clinical field. Students had to spend less time in the patient rooms due to the necessity of complying with the social distance within the scope of the transmission measures of the COVID-19 disease. Due to contact and respiratory tract precautions, patient contact decreased except for patient care practices, and some protective equipment such as masks and face shields were used during care practices. For this reason, the practice of important components of effective listening and communication, such as holding the patient's hand, making eye contact, and therapeutic touch, were limited. Due to these reasons, empathic tendency and individualized care behaviors may have been affected by the COVID-19 pandemic conditions and the arrangements made in the clinical practice environment. These factors could not be evaluated within the scope of this study. In further studies, it is recommended to investigate the effects of the COVID-19 pandemic on empathic tendency and individualized care with a larger sample.

Implications for Nursing Practice: One of the most important responsibilities of nurses includes planning and implementing care by respecting the individuality and preferences of patients. Including individualized care practices in the care plan of patients affects patient outcomes positively. The empathic approach is indispensable for patient-nurse communication and individualized care. Empathic tendency and individualized care should be taught to nurses during their school life. Therefore, this study examines the relationship between senior nursing students' empathic tendencies and perceptions of individualized care. The findings of the study make a significant contribution to the consideration of empathy and individualized care in nursing education programs.

References

- Acaroglu, R., Suhonen, R., Sendir, M., & Kaya, H. (2011). Reliability and validity of Turkish version of the Individualized Care Scale. *J Clin Nurs*, 20(1-2), 136-145.
- Acaroglu, R., & Şendir, M. (2012). The scales for assessment of individualized care. *Florence Nightingale Journal of Nursing*, 20(1), 10-16.
- Avcı, D., & Alp Yılmaz, F. (2021). Association between Turkish clinical nurses' perceptions of individualized care and empathic tendencies. *Perspectives in Psychiatric Care*, 57(2), 524-530.

- Can, S., & Acaroglu, R. (2015). Relation of professional values of the nurses with their individualized care perceptions. *Florence Nightingale Journal of Nursing*, 23(1), 32-40.
- Ceylan, B., & Eser, I. (2016). Assessment of individualized nursing care in hospitalized patients in a university hospital in Turkey. *Journal of nursing management*, 24(7), 954-961.
- Cho, E., Sloane, D. M., Kim, E. Y., Kim, S., Choi, M., Yoo, I. Y., Aiken, L. H. (2015). Effects of nurse staffing, work environments, and education on patient mortality: An observational study. *Int J Nurs Stud*, 52(2), 535-542.
- Cetin, S. P., & Cevik, K. (2021). The relationship between individualized care perceptions and compassion level of nursing students. *Journal of Ankara Health Sciences*, 10(1), 57-70.
- Ciftci, B., Aras, G. N., & Yildiz, O. (2021). Examining the correlation between intercultural sensitivity and individualized care perception of nursing students. *Nurse Education Today*, 102, 104937.
- Dogan, P., Tarhan, M., & Kurklu, A. (2019). The relationship between individualized care perceptions and moral sensitivity levels of nursing students. *Journal of Education and Research in Nursing*, 16(2), 119-124.
- Dokmen, U. (2019). *Communication conflict and empathy*. İstanbul: Remzi Bookstore.
- Ergun, S., Duran, S., Reyhan, I., Suruculer, H. K., & Caliskan, T. (2019). Empathic tendencies and empathic skill levels of nursing students: A descriptive and cross-sectional study. *Journal of Health Sciences of Kocaeli University*, 5(3), 150-155.
- Guner, S. G., Ovayolu, O., & Ovayolu, N. (2020). Examination of nursing students' status' on individualized care. *E-Journal of Dokuz Eylul University Nursing Faculty*, 13(2), 74-81.
- Güven Özdemir, N., & Sendir, M. (2020). The relationship between nurses' empathic tendencies, empathic skills, and individualized care perceptions. *Perspectives in Psychiatric Care*, 56(3), 732-737.
- Jeffrey, D. (2016). Empathy, sympathy and compassion in healthcare: Is there a problem? Is there a difference? Does it matter? *Journal of the Royal Society of Medicine*, 109(12), 446-452.
- Karayurt, O., Ursavaş, F. E., & Iseri, Ö. (2018). Examination of the status of nurses to provide individualized care and their opinions. *Acibadem University Health Sciences Journal*, 2, 163-169.
- Manchester, A. (2018). Teaching nurses the skills of empathy. *Kai Tiaki: Nursing New Zealand*, 24(11), 37-37.
- Oner Altıok, H., Sengun, F., & Ustun, B. (2011). Care: Concept analyse. *E-Journal of Dokuz Eylul University Nursing Faculty*, 4(3), 137-140.
- Pazar, B., Demiralp, M., & Erer, İ. (2017). The communication skills and the empathic tendency levels of nursing students: A cross-sectional study. *Contemporary Nurse*, 53(3), 368-377.
- Peacock-Johnson, A. (2018). Nurses' perception of caring using a relationship-based care model. *J Comp Nurs Res Care*, 3(128), 1-5.
- Riess, H. (2017). The science of empathy. *Journal of patient experience*, 4(2), 74-77.
- Rodríguez-Martín, B., Stolt, M., Katajisto, J., & Suhonen, R. (2016). Nurses' characteristics and organizational factors associated with their assessments of individualized care in care institutions for older people. *Scandinavian Journal of Caring Sciences*, 30(2), 250-259.
- Rose, P. M. (2018). Patients' characteristics informing practice: Improving individualized nursing care in the radiation oncology setting. *Supportive Care in Cancer*, 26(10), 3609-3618.
- Suhonen, R., Charalambous, A., Stolt, M., Katajisto, J., & Puro, M. (2013). Caregivers' work satisfaction and individualized care in care settings for older people. *J Clin Nurs*, 22(3-4), 479-490.
- Suhonen, R., Efstathiou, G., Tsangari, H., Jarosova, D., Leino-Kilpi, H., Patiraki, E., Papastavrou, E. (2012). Patients' and nurses' perceptions of individualized care: An international comparative study. *Journal of Clinical Nursing*, 21(7-8), 1155-1167.
- Suhonen, R., Gustafsson, M. L., Katajisto, J., Välimäki, M., & Leino-Kilpi, H. (2010). Individualized care scale–nurse version: A Finnish validation study. *Journal of Evaluation in Clinical Practice*, 16(1), 145-154.
- Suhonen, R., Papastavrou, E., Efstathiou, G., Lemonidou, C., Kalafati, M., da Luz, M. D., Leino-Kilpi, H. (2011). Nurses' perceptions of individualized care: An international comparison. *J Adv Nurs*, 67(9), 1895-1907.
- Suhonen, R., Stolt, M., & Charalambous, A. (2019). Supporting individualised nursing care by leadership. In *Individualized Care (195-205)*: Springer.
- Terezam, R., Reis-Queiroz, J., & Hoga, L. A. K. (2017). The importance of empathy in health and nursing care. *Revista Brasileira de Enfermagem*, 70, 669-670.
- Toru, F. (2020). Key point of nursing practices: Individualized care. *Journal of Adnan Menderes University Health Sciences Faculty*, 4(1), 46-59.
- Ustundag, H., Bayar, N., Yılmaz, E., & Turel, G. (2018). Empathic tendency levels and problem solving skills of nursing students. *Journal of Health Sciences and Professions*, 5(2), 227-235.