

Special Article

How Nurses Perceive Care and Their Relationship with Their Compassion: A Literature Review

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Abstract

Aims: The purpose of the literature review was to investigate the views of nurses on how they perceive nursing care, as well as their relationship to compassion.

Review Methods: The relevant literature was drawn mainly from four databases: Medline, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO, and the Cochrane Central Register of Controlled Trials. Google Scholar was also searched. Searches were limited to English and Greek language publications, from January 2020 - July 2020.

Results: In the modern literature there is no unanimity in what has to do with this term "care" among nurses, nor a widely accepted definition for this concept. There are many nurses who equate the concept of care with the concept of love. There are also many nurses who equate care with understanding. The concepts of "compassion" and "compassionate care" are complex and difficult to define. Usually "compassion" is defined as a core value associated with the complication of emotions. Research shows that compassion is seen to lead to a marked reduction in stress, immediate recovery and improved management of chronic diseases. Research has also shown that nurses who offer this type of care often lead to personal maturation, a marked improvement in self-esteem and self-confidence, and altruistic care delivery. The lack of compassion is directly related to the inability of the health system to fully meet the basic requirements of patients as well as to the deficits in the development of organizational culture in care structures.

Conclusion: Nurses are often called upon to choose between moral justice (principles, legislation, etc.) and the ethics of care (the understanding they gain through their experiences). Therefore, in a caring relationship, freedom and responsibility are presented as vital to ethics and health in the care and treatment of sufferers.

Keywords: Compassion, Self-compassion, Nurses, Nursing Care

Introduction

Nowadays, the goal of healthcare is to provide health services with high efficiency, low cost and high quality. The lack of any increase in efficiency and effectiveness, any reduction in medical errors and any increase in patient satisfaction levels despite the increased budget available for health spending in many countries have made changes in health management mandatory. Factors such as accurate diagnostic and treatment services to meet patients' expectations, a clean and fully equipped hospital, smiling health professionals are

evaluated as quality elements in health. (Bayer, 2018) The attitudes and behaviors of healthcare providers and the past experiences and expectations of acceptable services are the personal perception of quality. The combination of perceived quality with quality at a technical level determines the overall quality level as low or high. According to the service quality model developed by Parasuraman, Zeithaml and ve Berry (1985), perceived service quality is defined as the difference between individuals' perceptions and expectations. On the other hand, experiences,

needs and communication emphasize that they are the important factors that influence people's expectations. (Parasuraman, 1985) As quality becomes an administrative philosophy, some quality management systems have been developed to guide or perform self-monitoring for health institutions in practice. (Yildiz, 2018)

Nurses perform their application roles with dependent and independent functions. Their independent functions include "care" and "help" practices that address problems for which they use their professional knowledge, skills and abilities and which they could solve with their knowledge and skills. (Idvall, 2012) Care is a relationship that begins and develops between at least two people. It is defined as all the positive functions that help a person feel good. It includes care, empathy, health education and counseling, coping behaviors, health care and treatment behaviors, moral support, trust, and many other supportive and supportive behaviors. (Suhonen et al., 2010)

According to Neff (2003), self-compassion is influenced and is open to suffering itself, without avoiding or disconnecting it, creating the desire for relief and healing in a friendly way. It has three interrelated components and each of them has two parts, the presence of a construction and its denial: a) Self-friendliness: To be polite and encouraging when things go wrong in our lives, as opposed to self-judgment. b) Common humanity: Pain and bitterness are part of the human experience as opposed to the feeling of isolation, and c) Caution: Weighted and balanced attention and not excessive recognition of difficult and unpleasant thoughts and experiences. (Neff, 2003) There is scientific evidence that self-compassion is associated with well-being, emotional intelligence, social attachment, life satisfaction, feelings of competence, happiness, optimism and wisdom. (Gracia-Gracia and Oliván-Blázquez, 2017)

A meta-analysis by MacBeth and Gumley (2012) notes that increased self-compassion is associated with a significant reduction in anxiety, depression and stress levels. (MacBeth and Gumley, 2012) Nurses provide care to patients and families who are suffering and that is where emotions increase, playing an important role in the relationship and communication between nurses, patients and families. Thus, awareness and compassion are key components of the care provided by nurses. Self-compassion is the fundamental value of the care provided by nurses as passion, strength, feeling

and hope against illness and despair. However, constantly dealing with the physical and emotional needs of others is very stressful and sometimes nurses ignore the signs of stress and do not take care of their own emotional needs. This can lead to "compassion fatigue," described as the physical, emotional, and mental exhaustion of caring for patients. (Bush, 2009) In addition, after prolonged exposure to trauma and loss, nurses can begin to incorporate their patients' suffering, increasing their stress and emotional stress. (Lombardo and Eyre, 2011)

Aim

Despite the importance of quality nursing care and its relation with nurses' compassion, very few Greek studies have been conducted on this topic, while few have investigated the relationship between them. Thus, it is important to explore the relationship between nursing care and compassion. The aim of this review was to investigate the existing Greek and international bibliography in regard to how nurses' perceive care and their relationship with their compassion.

Search methods

The relevant literature was drawn mainly from four databases: Medline, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO, and the Cochrane Central Register of Controlled Trials. Google Scholar was also searched. Searches were limited to English and Greek language publications, from January 2020 - July 2020. Keywords that were searched: nurses, care, compassion, nurse, compassion fatigue, self-compassion, forgiveness, empathy. Results were exported to Endnote X8.

Results

Nurses' perception of care: Today, the concept of care is a complex international phenomenon, located at the core and heart of the nursing science. In several studies it is referred as a human characteristic, a moral obligation, an interpersonal relationship, a therapeutic intervention while in several cases it is expressed through defined actions, behaviors, attitudes and relationships. (Zyga, 2013). In the modern literature there is no unanimity in what has to do with this term "care" among nurses, nor a widely accepted definition for this concept, with as a basic exception the distinction of care in technical and emotional dimensions. In the modern era, health professionals must delimit and secure to a significant degree their practice in an environment

of financial constraints and focus on health medicine, diagnostic action and treatment tactics, but also focus on the relationship between cost and efficiency. (Weldetsadik, 2019)

At the same time, in several studies there is skepticism but also several concerns from specific health professionals as to whether the concept of "care" is an established value in this field or in moral subordination, which has created several problems in the scientific development of this field. (Thomas et al., 2019)

Although today there are many debates and contradictory perceptions about what care is and who delimits it, most theorists state that this term is often identified with nursing and is inextricably linked to its existence. We should not forget, after all, that several terms in human history, such as love, compassion, forgiveness, kindness, faith, etc. are vague but are directly related to the concept of care. (Stalikas, 2004). For example, there are many nurses who equate the concept of care with the concept of love. The definition of care as love has to do with people who provide care services and primarily with health professionals. More specifically, they refer to both the love that health professionals need to have for their work and the practical love that is vital to show to the people they are called to care for. (Papastavrou et al., 2011)

There are also many nurses who equate care with understanding. In this case, the nurses in their attempt to delimit the term of understanding rely mainly on examples and not on a defined definition. Understanding in this case means understanding the requirements, wants and needs of a person who needs care. In this case, the need for emotional understanding is pointed out, especially for those people who, due to their condition, cannot express the feelings they have. (Kotrotsiou, 2008)

In general, it is important to know that health professionals are for the most part the main contributors to health care as they should be constantly vigilant and offer high quality services especially in modern hospitals. Proper training and skills of these health professionals are vital for the proper practice of this profession. (Ali, 2014)

Parameters of the work environment, such as the numerical competence of these professionals, the method of work organization, the adequacy of infrastructure and opportunities for continuing training, are vital to the method of practicing

nursing interventions, care outcomes as well as and the attitude of these professionals in what has to do with the nursing profession. (Lee, 2015)

The attitude of professionals towards their profession can be assessed based on their personal characteristics (such as age group, gender, training, etc.), their perceptions of their job characteristics (such as salary, staffing, autonomy, stress rate, etc.) as well as the feelings they have about their job (such as lack of satisfaction, lack of support, etc.). These parameters are some of the main factors that play a decisive role in order to develop a negative or positive attitude towards the profession. (Martin, 2016)

Positive attitudes toward the nursing profession are rooted primarily in emotions and values, such as offering and compassion for others, a willingness to help and forgiveness. Also, immediate vocational rehabilitation and safety play a crucial role in what has to do with the formation of positive perceptions about this. (Zyga, 2013)

On the other hand, the negative attitudes in what has to do with this profession are inextricably linked to the unpleasant environment of the hospital, the difficult and unregulated working hours but also the perception that the role of these professionals is inferior and passive compared to the role of physicians. (Stalikas, 2004)

Equally important in these attitudes is the ambiguity of special skills and knowledge but also the inability to make decisions. The clear demarcation of the role of these professionals, the noticeable upward trend of respect for this profession as well as the continuous training play a decisive role, as they become capable of these professionals, in order to offer the patients the highest quality care. (Thomas et al., 2019)

As mentioned above, there is no widely accepted definition of how nurses perceive care, both in the way they understand it and in the way they express it. Most of the time, these health professionals understand proper care as the possibility of empathy, professional competence and continuous improvement, interest, assistance and facilitation of the patient, communication with him, courage to advocate for his requirements and rights as well as taking responsibilities in what has to do with the sufferer while defending his dignity. (Ali, 2014)

At the same time, patients seem to value hardworking, technical care skills more than

nurses and perceive behaviors that prove to be more important to the practice of nursing activities. On the other hand, nurses perceive their psychological skills and expressive or emotional care behavior as more important than patients, leading to the conclusion that nurses may misinterpret the necessity of the emotional aspect of care compared to patients. (Cheruiyot, 2019)

Nurses, through the practice of implementing care behaviors, most often transfer care and convey the feeling of "caring". Caring behaviors are primarily a crucial method of perceiving, evaluating and calculating care. Prior to the presence of defined care behaviors, there was an internal action in each nurse, where personal ideas, values and beliefs are directly related to the knowledge and technical skills that bind these health professionals to their expression. (Reynolds, 2017)

For these health professionals this means that internal traits are important to combine with nursing skills. This action can be accomplished during their training period. The nursing care offered often reflects the knowledge and skills of these health professionals, in order to appreciate the uniqueness of each patient both physically and emotionally, in order to help him in dealing with the management of his condition. (Papastavrou et al., 2011)

In research conducted in recent years, the issue of safety in this form of care has been raised by many nursing students. Each nurse perceives the term of safety differently from those around him. However, as pointed out in several studies of previous years, there are some important common data in this term, as it is understood and accepted in nursing care in the case where there is quality in health services, as for nurses safety means prevention of transmission, avoidance and noticeable reduction of risks, efficient treatment but also the fact that the patient himself experiences the feeling of security in the hospital environment. (Christodoulou, 2012)

Studies also show that many nurses think that caring means touching. This category contains nurses' references to what has to do with the term care as a touch. In this case, they refer to the importance that for them the execution of a nursing operation and especially the basic nursing care where the professionals touch the patients, such as a blow to the back for courage and support. All this is the result of great intimacy. (Kotrotsiou, 2008)

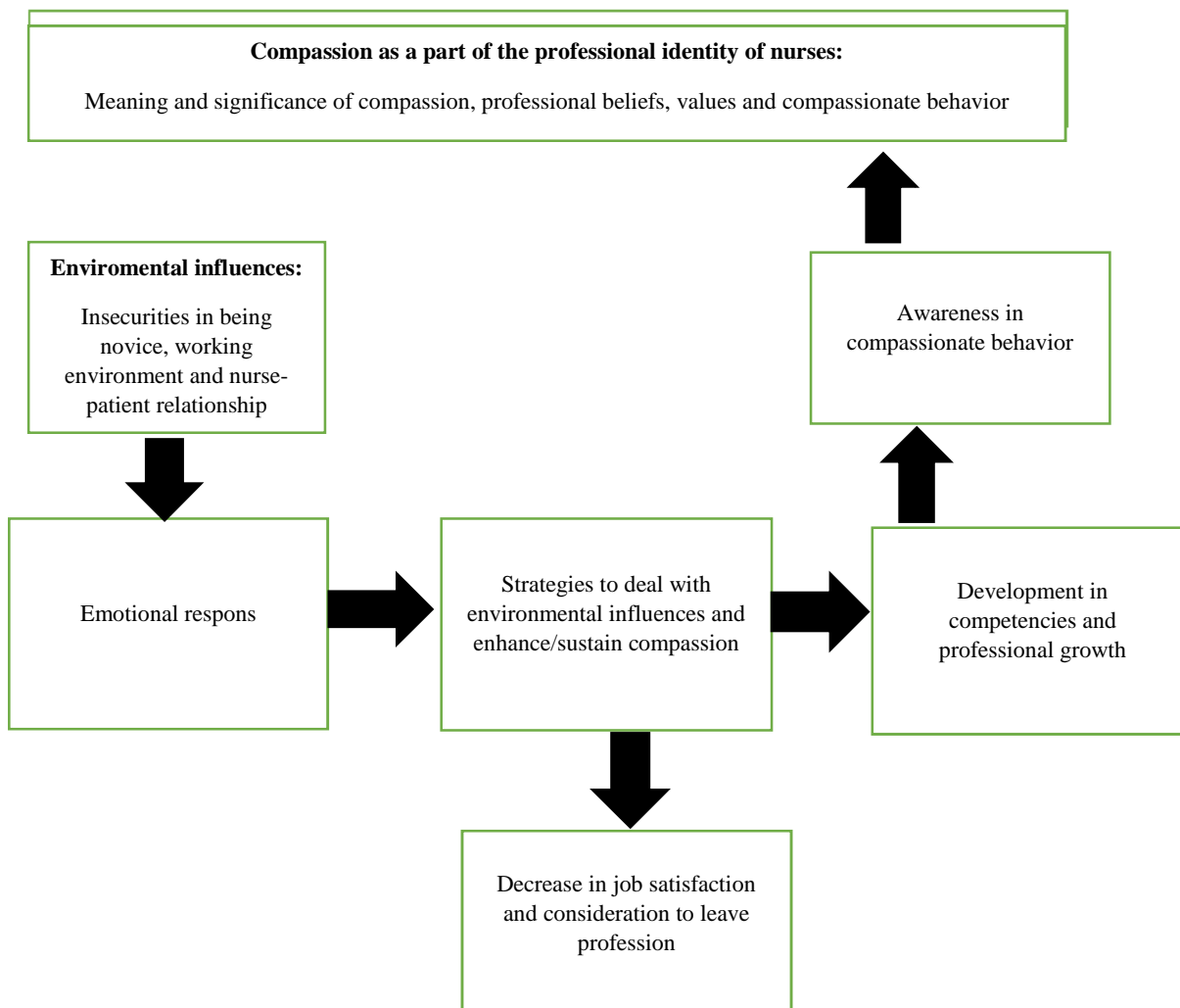
Finally, the issue of communication between these health professionals and the sick has been raised by many. This criterion is emphasized as vital by several studies. For example, research emphasizes that these health professionals often undertake to convey and explain to sufferers complex terms, always focusing on their cognitive and social level, without any tendency to hide or alter their conceptual meaning. Their main purpose is to remain clear, accurate and objective, important features which do not exclude but bring to the surface another form of specific health professionals, that of the patient's advocate. (Christodoulou, 2012)

Nurses and compassion: First of all, it is important to emphasize that today there are some relationships between care and sympathy. Some researchers who have focused on the concept of care also contain other terms, such as sympathy, empathy or even compassion as important data of care. (Sapountzi-Krepia, 2007)

But what is important to know is that compassion is different from caring, as caring has a more important and deeper role in human daily life, it is broader than sympathy in its implementation and implies a more dedicated role with other people and differentiated actions. (Andrews et al., 2020) In recent years, there has been a significant upward trend of global interest from the health sciences for the term compassion and a global approach has been attempted from a variety of perspectives. The need for compassionate care is mainly distinguished from requirements and is perceived by many reports, including the notification of deficits and even basic care in a hospital. (Duarte et al., 2016). This concept is often perceived in the form of differentiated emotions. In understanding compassion as an important emotion, research emphasizes that there is an emotional dimension, which is often reflected in the emotion which includes a mental dimension. (Weldetsadik, 2019). This can be understood from the perception of the spiritual tone, which brings about significant influences and which characteristically penetrates the perceptions of people, their wants and actions in ways that are not always known. This particular mental dimension shows that this concept brings about significant influences and effects on people's daily lives over extended periods of time, not just a defined period of time, and it is possible that there is a significant lack of emotion. (Reynolds, 2017)

Figure 1. Nurses and compassion

(Reprinted from: Nijboer AAJ, Van der Cingel MCJM. Compassion: Use it or lose it?: A study into the perceptions of novice nurses on compassion: A qualitative approach. *Nurse Education Today* 2019, 72: 84-89.)



A typical example is the case of a nurse who shows symptoms of compassion, who not only responds to emotions at the time of the patient's pain, but will also take care of him in a continuous way that may not always be expressed in the sense of emotion. Compassion often contains crucial features, such as virtue, which often leads to concern for the good of others, awareness of the other's pain, and a willingness to take action to alleviate the pain that feels a patient. (Thomas et al., 2019). From the above, it is possible to say that care, compassion and empathy have the potential to promote as a cost to health professionals,

greatly limiting the ability or interest to suffer the suffering of other people. Compassion fatigue is reported in several studies as a secondary memory and a secondary injury while also being directly related to the cost of caring for others with emotional pain. (Table 1.) Research also indicates that the underlying effectiveness of a treatment or care method is the ability to feel, understand and help a sufferer. (Andrews et al., 2020). The concepts of "compassion" and "compassionate care" are complex and difficult to define. Usually "compassion" is defined as a core value associated with the complication of emotions. It believes that

it depends on an individual's ability to develop a compassionate mindset and orientation, which includes characteristics such as attention, awareness, motivation, wisdom, dedication and courage. Compassion has been described as the

most valuable asset of hospitalization, involving the entry and immersion of a patient's experience and senses and participation in activities to alleviate anxiety and distress. (Upton, 2018).

Table 1. Symptoms of compassion fatigue

(Reprinted from: Lombardo B, Eyre C. *Compassion Fatigue: A Nurse's Primer. The Online Journal of Issues in Nursing* 2011, 16 (1), 3.)

WORK RELATED

- Avoidance or dread of working with certain patients
- Reduced ability to feel empathy towards patients or families
- Frequent use of sick days
- Lack of joyfulness

PHYSICAL:

- Headaches
- Digestive problems: diarrhea, constipation, upset stomach
- Muscle tension
- Sleep disturbances; inability to sleep, insomnia, too much sleep
- Fatigue
- Cardiac symptoms: chest pain/pressure, palpitations, tachycardia

EMOTIONAL

- Mood swings
- Restlessness
- Irritability
- Oversensitivity
- Anxiety
- Excessive use of substances: nicotine, alcohol, illicit drugs
- Depression
- Anger and resentment
- Loss of objectivity
- Memory issues
- Poor concentration, focus and judgment

The lack of compassion is directly related to the inability of the health system to fully meet the basic requirements of patients as well as to the deficits in the development of organizational culture in care structures. Mainly in Greece, due to the global financial recession, the inclusion of compassion in the provision of health care by nurses is vital. (Maga, 2016)

Compassion is a very complex term, which primarily includes other equally important values, such as sympathy, empathy and respect. It concerns a deep awareness of the situation that a person is suffering, combined with the will to provide relief. The care of this form is a mental, psychological and spiritual supply of energy, so that the requirements and wishes of the patient are

satisfied to a significant level or to promote well-being. It also has as a basic criterion the controlled emotional participation of nurses (sensitivity to emotions, understanding of meaning, controlled response, etc.). (Martin, 2016)

Research shows that compassion is seen to lead to a marked reduction in stress, immediate recovery and improved management of chronic diseases. In addition, in the case in which a health professional approaches a patient with compassion, he has the opportunity to inspire confidence in him while the patient in turn, feels that the nurse devotes enough time and listens to the problems he has carefully while caring, caring and cares for him. (Lee, 2015) This plays a crucial role in developing a more productive relationship, with a clear influence on

treatment compliance but also a significant change in behaviors. Research conducted on nurses on the main parameters that play a key role in the upward trend of patient confidence, showed that the sense of care and real interest from nurses develops a comfortable and friendly environment. Equally important are good manners and visual communication. (Duarte et al., 2016). An approach that mostly focuses on the sufferer himself who should be treated as a whole is, therefore, important. Nurses should address both the physical and mental needs of sufferers. Research that explored the ways in which nurses feel the pain of the patient during their interaction, showed that these health professionals were able to feel the pain of the patients as much as they sympathized and relieved the pain of the patients, activating their own pain relief in their brain. (Reynolds, 2017). Research has also shown that nurses who offer this type of care often lead to personal maturation, a marked improvement in self-esteem and self-confidence, and altruistic care delivery. Still, in this way it is possible to have a significant upward trend in their satisfaction while at the same time they feel that they are useful for these people and thus the sense of self-realization is stimulated since they achieve their goals. (Stalikas, 2004). Some hypothetical data of compassion that it is important for a nurse to have are the interest, the careful listening of the patient, the general feeling of compassion that he needs to possess as a personality, the tolerance, the explanatory style of communication, the patience, the appreciation but also respect for sufferers, attention to detail as well as familiarity that exists over time. (Toussaint, 2015). The above features are vital in the case in which these health professionals should offer a comprehensive health care. Compassion in this case plays an important role in facilitating patient-centered communication, in cases where the nurse is important to be aware of what has to do with the patient's philosophy and preferences, in which case to report bad news to him or to offer palliative care. (Duarte et al., 2016). Nevertheless, nurses may be called upon to face some significant obstacles or crucial difficulties in dealing with this form of care for sufferers. Similar difficulties may be the inability to make an objective decision-inform the patient, the treatment of a moral dilemma due to the interpersonal relationship that has developed, the personal experiences and beliefs of the nurse himself, the lack of required training in the controlled, participatory stress etc. (Lee, 2015). Some tactics aimed primarily at

ensuring this form of care are primarily supported by other health professionals at the team level as well as changing organizational culture, taking appropriate preventive measures for problems such as stress, or burnout, etc., the exchange of experiences locally or globally, the focus on innovative actions in political stages of implementation, thinking and contemplation in daily practice but also the ability of the nurse to share feelings, experiences as well as positive results with those around of. (Reynolds, 2017). In a study conducted a few years ago, nursing students focused on nurses' feelings about patients. A large percentage of them reported that compassion and interest were among the most crucial features of care. In this research, the term compassion was considered to be love, existence and sharing a person's feelings, the health professional in question doing small things for sufferers as well as understanding the feelings of sufferers. In the same research, some students answered that they perceive this form of care as love and compassion. The same nursing students pointed out that they give more basis to interpersonal quality and most of the time completely ignore the manifestations of technical quality (knowledge, skills, etc.). (Christodoulou, 2012). Research also shows that this form of care is a loving relationship, in which as these health professionals and patients enter, they realize their living together as an intention for holistic care. By caring for example for people with chronic illnesses, through the actions of love, these health professionals have the ability to provide feelings of empathy, awe, concern but also compassion, parameters that are inextricably linked to people and a human condition that focuses on selfless love. (Stalikas, 2004). The basic requirement of sufferers is based on the feeling that these health professionals care for them and thus act more efficiently by gaining more self-esteem, as through their social interactions the feeling of well-being as well as the psychological balance is projected. Demands for self-esteem and compassion are therefore directly related, since no one has the ability to love others in the event that he has not accepted and loved himself first of all. (Reynolds, 2017)

Research shows that from the experiences of nurses through the phenomenon of compassion, it can be seen that they have decisive influences and effects on patients as they first exert effects on their own personality and almost inevitably play a decisive role in human development or

transformation and improvement of human well-being. (Lee, 2015)

Conclusions

Nowadays, the moral interest mainly focuses on the quality of relationships with the main goal of paying attention to the interconnectedness and bridging the duality of moral justice and equality, moral care and compassion. In modern times, these health professionals in the clinical environment often point out that they are faced with several different ethical dilemmas, such as various actions that are important to implement based on ethical guidelines, in relation to those consider as more correct for each case of the patient. (Reynolds, 2017)

Consequently, they are often called upon to choose between moral justice (principles, legislation, etc.) and the ethics of care (the understanding they gain through their experiences). Therefore, in a caring relationship, freedom and responsibility are presented as vital to ethics and health in the care and treatment of sufferers. Through these two values, a constant movement gradually develops between internal and external aspects of ethics since the health and dignity of people is preserved. (Duarte et al., 2016)

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