

Perception of the Care Concept by Nurses and the Factors Influencing Their Perception: A Qualitative Study

Abstract

Background: Caring is a fundamental concept in the nursing discipline. While the term "care" is frequently utilized in nursing literature, its interpretation by nurses is unclear.

Aim: This qualitative study aimed to explore nurses' perceptions of the care concept and the factors influencing these perceptions.

Methods: Employing a qualitative methodology within a phenomenological research design, this study involved 30 nurses from the medical and surgical departments of a university hospital. Purposeful sampling and in-depth semi-structured interviews were utilized for data collection until data saturation was achieved. The "Nurse Identification Form" and "Evaluation Form for Nurses' Perception of the Care Concept" were used to gather data. Content analysis was applied to the audio recordings of face-to-face interviews with the nurses.

Results: The average age of the nurses participating in the study was 29.5 ± 5.89 years, and they had an average of 8 years of nursing experience. The majority were female (26 nurses), and more than half had graduate degrees (18 nurses). Half of the participants worked in internal medicine clinics, while the other half were employed in surgical clinics. The study's findings were categorized into four main themes: definitions of the care concepts by nurses, practitioners of care, factors influencing care, and the significance of care in nursing.

Conclusion: The study concluded that nurses view care as a vital component of the nursing profession. This concept requires further detailed and comprehensive exploration in future research.

Keywords: Care, care concept, nurse, nursing, perception

Güलगün Türk¹, Nesrin Oğurlu²

¹Department of Fundamentals of Nursing, Aydın Adnan Menderes University, Nursing Faculty, Aydın, Türkiye
²Aydın Adnan Menderes University, Aydın Health Services Vocational College, Aydın, Türkiye

Introduction

Nursing is a profession rooted in research, theory, and concepts, with a focus on outcomes derived from its scientific knowledge base.¹ The most significant distinction of the nursing profession from other health disciplines is its foundation on the concept of "care".²⁻⁴ Care is essential for everyone and represents a unique cornerstone for nursing.⁵ It involves the application of nursing knowledge and skills to protect, promote, and improve health, underpinned by values such as empathy, compassion, confidence, and assistance.⁶

Care is a central theme in nursing literature and is considered the discipline's foundation.⁷ Caring is a fundamental duty of nurses.⁸ This involves the application of scientific knowledge to comprehensive patient care, aiming to integrate science and technology with human values. Nurses strive to meet patients' needs, alleviate their issues, empower them, and assess the outcomes. Creating a physical and psychological environment where patients feel comfortable, is crucial to promoting well-being. Care is a subjective concept, encompassing an understanding of patients' feelings, beliefs, situations, attitudes, and expectations. Moreover, it is dynamic and evolves, as the capacity to provide human-centric care develops throughout a nurse's career. Embracing a human perspective towards patients is the most important aspect of care, enabling a holistic approach to patient care and the development of comprehensive care plans that address physical, psychological, social, and spiritual needs of the patient. Key elements of care include establishing therapeutic communication, maintaining bedside presence, empathizing with patients, providing scientifically grounded care, acknowledging the subjectivity and evolving nature of care, respecting patient rights and ethical standards, and

Cite this article as: Türk G, Oğurlu N. Perception of the care concept by nurses and the factors influencing their perception: A qualitative study. *J Educ Res Nurs.* 2024;21(2):161-166.

Corresponding author: Güलगün Türk
E-mail: gturk@adu.edu.tr

Received: March 9, 2023
Accepted: March 22, 2024
Publication Date: June 1, 2024



Copyright@Author(s) - Available online at
www.jer-nursing.org
Content of this journal is licensed under a
Creative Commons Attribution-NonCommercial
4.0 International License.

mastering the art of nursing care. Professional nursing mandates that nurses fundamentally embrace the concept of care in their practice.³

The perception of the care concept is reflective of how nurses understand and interpret care, shaped by their knowledge and experience. Factors such as the quality of vocational education, professional identity, and professional experience can influence nurses' perceptions of care. Well-qualified nursing care involves concern, affinity, encouragement, cheerfulness, politeness, compassion, thoughtfulness, sympathy, empathy, effective communication skills, and respect for others' thoughts.⁹

The importance of effective and reliable care in ensuring successful health service is undeniable. Nurses are responsible for the quality of nursing care, making it crucial to explore their views on care. Evaluating nurses' perspectives on the concept of care can enhance the quality of care delivery. Professional nursing requires that nurses ground their practices in the concept of care. When care is not perceived by nurses as the focal point of their professional practice, nursing risks becoming routine rather than a professional vocation. This perception can negatively impact the view of nursing as a profession, both among nurses themselves and within society.

Numerous studies have examined nursing care practices and behaviors.¹⁰⁻¹² However, there is a lack of qualitative research exploring nurses' perceptions of the concept of care. This study aims to understand how nurses perceive the concept of "care", deemed synonymous with nursing.

Research Questions

1. What is the nurses' perception of the concept of care?
2. What factors influence nurses' perception of the concept of care?

Materials and Methods

This study employed a qualitative methodology within a phenomenological research design. This research adhered to the COREQ (Consolidated Criteria for Reporting Qualitative Research) guidelines.¹³ The COREQ checklist, specifically designed for reporting studies that utilize in-depth interviews and focus group methods, includes 32 items organized under three main headings: research team and reflexivity, study design, and analysis and findings. This checklist facilitates the reporting, evaluation, and interpretation of qualitative research for authors, reviewers, journal editors, and readers.¹⁴

Study Sample

The study employed the maximum diversity sampling method, a purposeful sampling technique, to select the sample.¹⁵ The study sample consisted of 30 nurses working in various departments (infectious diseases, pulmonology, gastroenterology, cardiology, neurology, oncology for medical, and general surgery, ear, nose, and throat (ENT), neurosurgery, orthopedics for surgical) of a university hospital between April and May 2018. Nurses working in intensive care, emergency clinics, and polyclinics were excluded from the study. Factors such as the educational level, years of experience, and department of work of the nurses were considered to ensure a diverse range of data and to enhance the external validity of the study.

Data Collection Tools

The data collection form was developed based on observations about the concept of care and previous studies in the literature.

It comprised two parts: the 'Nurse Introduction Form,' which collected general characteristics of the nurses, and the 'Nurses' Perception of the Care Concept' form.

Nurse Introduction Form

This section included five questions regarding the nurses' age, gender, educational background, years of working experience, the inpatient ward they worked in, and any training received in patient care.

Nurses' Perception of the Care Concept Evaluation Form

This section contained six open-ended questions aimed at exploring how nurses perceive the concept of care. The questionnaire explores various aspects of nursing care, including its definition, practices involved, who should administer it, the type of care provided in different clinics, nurses' perceived competency in delivering care, the impact of perceived limitations, and observations of patient changes post-care. Questions also focused on nurses' feelings after providing care, the contribution of care practices to the nursing profession, and the significance of these practices for the nursing profession.

Data Collection

Data were collected using a semi-structured, individual interview technique. Before starting the interviews, a preliminary interview with a nurse was conducted to ensure the comprehensibility of the 'Nurses' Perception of the Care Concept Evaluation Form'. Based on feedback from this pre-interview, the questions were refined, and the form was finalized with input from two nursing experts. Following this, interviews were scheduled with nurses who consented to participate in the study. An appointment for the interviews was scheduled between the researcher (PhD) and the nurses. Interviews were arranged at times convenient for the nurses and conducted in a quiet room within the clinic to promote external reliability. All interviews were recorded with a voice recorder, with prior consent obtained from the participants for audio recording. One nurse declined audio recording; in this case, brief notes were taken during the interview, and a report was compiled immediately afterward. Each interview lasted approximately 15-20 minutes. Judgmental or biased comments were avoided during the interview. The data collection process concluded once the responses began to repeat.

Research Team

The study was conducted by two female nurses with extensive expertise in nursing fundamentals, holding a PhD and an MSc, respectively. Both researchers have completed several courses on qualitative research, with the second researcher having pursued a qualitative research course during her doctoral studies. There was no prior relationship between the interviewers and the interviewees.

Data Analysis

Two researchers prepared the transcription of the interviews as a Word document on a computer, both during and immediately after each interview. The document spanned 57 pages, formatted with a 12-point font and 1.5 line spacing. Within 24 hours after the interviews, the researchers collaboratively analyzed the data, observing no significant discrepancies between coders. The interview notes and data analyses were conducted in Turkish. All authors concurred with the findings, selecting prominent citations for further analysis. To ensure internal reliability (consistency) of the research, all findings

were presented directly without commentary. Additionally, one of the researchers and two faculty members experienced in qualitative research independently coded the interview data. The data evaluation involved inductive content analysis, starting with a line-by-line reading of the raw data. The analysis proceeded in two phases. In the first stage, the researcher assigned code labels to the meanings observed in the data by reading the text and conceptualizing them (open coding). In the second stage, similar codes were grouped under categories, which were then further consolidated into themes (typological coding). In this manner, themes were formed through the categorization of codes. Guided by these themes, the findings were uncovered, and conclusions were drawn. To ensure the reliability of the content analysis, the analyses were finalized after review by another expert in the field.

Written approval was secured from the Non-Interventional Clinical Research Ethics Committee of the Nursing Faculty at Aydın Adnan Menderes University (Protocol Number: 2018/007; Date: 21. 05. 2017; Approval Number: XVII) and the hospital administration. Nurses participating in the study provide written consent. Prior to recording, participants were informed about the use of voice recording, and their verbal and written consents were obtained. Participants' names were anonymized with numerical codes during the data analysis (e.g., Nurse 1, Nurse 2, ...). The audio recordings were stored on the researcher's laptop, which was always carried with them, using the code names of the participants for anonymity. A password protected the laptop, ensuring the security of the audio recordings.

Results

The average age of the nurses was 29.5 ± 5.89 years, with an average nursing experience of 8 years. The majority were women (26 nurses), with over half (18 nurses) holding graduate degrees. The nurses were evenly split between working in internal medicine clinics and surgery clinics.

The study's findings were organized into four main themes including definitions of the care concepts by nurses, practitioners of care, factors influencing care and the significance of care in nursing.

Theme 1: Definitions of the Care Concepts by Nurses

All nurses interviewed described the concept of care as encompassing various 'nursing interventions,' such as oral care, decubitus care, hair care, body baths, educational initiatives to address knowledge gaps, positioning, and hand-face care, among others.

"Oral care is administered, and regarding hair care, for example, a hair bath is provided for a patient's hygiene. Considerations for pressure sores, pressure monitoring, and positioning the patient to prevent pressure-induced wounds are also integral. All these actions embody care." (Nurse 12)

"We provide oral care to our patients. They often have oral wounds due to their age or the nebulized drugs they use. Complications can occur in the eyes of patients using BIPAP masks, so we provide eye care, although it is very rare; however, we provide oral care all the time, especially since most of our patients are elderly and frequently have pressure injuries, for which we also provide care. Patients may have cracks in their feet due to their age, so we provide foot care as well." (Nurse 13)

"In our clinic, we provide care for pressure injuries, oral hygiene, hand-face care, body care, hair care for long-term inpatients, and perineal care when necessary." (Nurse 25)

When asked to define care conceptually, one-third of the nurses (n=10) described it as a 'Holistic Approach', another third (n=10) as 'ensuring self-care,' and the final third (n=10) as 'practices aimed at enhancing the patient's quality of life and meeting all their needs.'

The opinions of some nurses were as follows:

"I think nursing care is fulfilling all the needs of the patient." (Nurse 13)

"I think care means that nurses completely consider the patient." (Nurse 16)

"Care is providing all the necessary care from A to Z for an individual, especially one who cannot fulfill their own self-care requirements." (Nurse 25)

Theme 2: Practitioners of Care

Half of the nurses (n=15) stated that care should be provided only by nurses, whereas the other half (n=15) stated that care should be performed in collaboration with the team, including staff, physicians, interns, internal medicine and nursing students, conscious patients, and their relatives.

"Who should provide it? I think the nurse should. In our clinic, we encountered the following situation: Eye drops were applied by the patient's relatives instead of by the nurse in another clinic. We hear of such practices. This is not ideal because this practice may not be performed correctly. Medications should be administered to the patient by nurses, not by relatives." (Nurse 5)

"Care should be provided by the nurse herself." (Nurse 14)

"Since some patients are severely ill, care should be provided by staff and nurses together. It is challenging for us to cope alone, especially as women. Two people, staff and nurses, can support each other." (Nurse 15)

"Care should be a joint effort between the nurse and the nursing staff." (Nurse 30)

Theme 3: Factors Influencing Care

The vast majority of the nurses (n=27) participating in the study reported their inability to provide adequate care, while a few (n=3) believed they could. All nurses who felt they could not offer adequate care (n=27) cited the high number of patient-to-nurse ratio as a primary concern. Other factors negatively impacting care included heavy workloads, excessive paperwork, insufficient time and resources, and the lack of professional experience among working nurses.

Some nurses shared their perspectives:

"We can't provide the level of care we would like to. In other words, the high number of patients per nurse, heavy workloads, and insufficient staffing are factors that influence the level of care we provide." (Nurse 6)

"I do not think I can provide it. Obviously, because the ward is so busy. I don't have enough time to attend to patients beyond ensuring their medications and treatments. Therefore, we often delegate tasks like hair care to patients' relatives and instruct them on how to do it. However, we specifically provide decubitus care ourselves. Our priority tasks come first, followed by decubitus care. Ideally, with only five patients, I could offer the best possible care, without involving patients' relatives. Unfortunately, that's not feasible in a clinic with 32 inpatient beds, where there are ten patients per nurse, increasing to 16 during night shifts." (Nurse 10)

"I honestly don't think we manage it well. Let me clarify: I don't believe I do. The reason? Our high patient turnover and the shortage of staff. Each nurse, including during night shifts, is responsible for at least 10 patients. If we could have adequate staffing, if each nurse could focus on just four patients a day, we could provide much better care. We're still trying to provide the best care we can, but in my opinion, that's not enough." (Nurse 18)

Theme 4: The Significance of Care in Nursing

About two-thirds of the nurses (n=21) interviewed emphasized the critical role of care in the professionalism of nursing. Meanwhile, approximately one-third (n=9) equated the importance of care to that of medical treatment, asserting that nursing is synonymous with care. They highlighted that the key distinction between medicine and nursing lies in caregiving, which they believe can expedite the treatment process.

The opinions of some nurses were as follows:

"The entire nursing profession revolves around patient care. We are here to provide the best care possible. That awareness should be universal among us. Effective communication and quality care are essential to completing the treatment process. So, care is fundamental. It is indispensable for us." (Nurse 11)

"Care is a sine qua non for the nursing profession. Even though it might be overlooked occasionally, care practices should be prioritized, followed by treatment and follow-up. It forms the foundation of nursing." (Nurse 25)

"Care is a concept associated with our profession and is an integral part of nursing." (Nurse 28)

"For example, just as doctors are responsible for treatment, we nurses are tasked with providing care. Our main contribution lies in this care. I think our most important difference from other healthcare staff is encapsulated in the concept of 'care'. By providing care for the patients, we demonstrate to the physicians that our role extends beyond treatment, which is important." (Nurse 12)

"In essence, nursing care forms the basis of our profession. While doctors focus on treatment, our domain encompasses care. Caring for patients is essential, not only for their recovery from treatment but also to maintain hygiene and prevent infections. So, I assert that nursing care is as important as treatment itself and should be considered as a whole." (Nurse 20)

Discussion

An accurate understanding and definition of nursing care, as well as its scope, are critical for effective care planning and improving care quality.¹⁶ In this study, nurses primarily defined care as an endeavor of nursing. When asked to define 'care' as a concept, nurses described it as a 'holistic approach,' 'fulfilling self-care needs,' 'practices that improved the patient's quality of life,' and 'meeting the needs the patient cannot meet independently.' These findings suggest that nurses view care as physical nursing interventions and struggle to differentiate between care practices and the concept of care. In research conducted by Tekin¹⁷ on intensive care nurses, it was found that nurses perceived the concept of care as assisting in meeting the physical needs of patients who could not do so themselves. Thomas et al¹⁸ explored nurses' and patients' perceptions of care, revealing that nursing care was often seen as routine practice focused on meeting basic patient needs. Pajnkihar¹⁹ and Corbin²⁰ observed that nurses were not patient-orientated, viewing patients primarily as physical entities and dedicating less time to meeting patients' holistic needs or focusing on care that involves interpersonal relationships. Care extends beyond merely fulfilling the physical needs of patients. Various definitions in nursing literature commonly emphasize the importance of considering the physical, social, psychological, and cultural aspects when meeting an individual's needs.^{4,18-25} However, we observed that nurses who participated in our study tended to define care more narrowly than these literature definitions, viewing it predominantly as physical nursing care. This observation suggests that the prevailing medical model in Türkiye, which has historically dominated nursing care, may influence nurses to perceive patients primarily in physical terms and overlook the importance of individualized and holistic care.

Care represents the primary responsibility that nurses autonomously decide upon, utilizing their professional knowledge and skills. It is their foremost priority and an essential mission. Nurses are tasked with identifying patient needs, and planning, implementing, and evaluating care. In this study, half of the nurses believed that care should exclusively be provided by nurses, while the other half considered that care could be a collaborative effort involving nurses, staff, physicians, trainees, internal medicine and nursing students, conscious patients, and their relatives. The notion that nursing care can be conducted alongside other healthcare personnel and patient relatives raises important considerations. While involving patients and their families in care can improve the patient's compliance with the treatment and cooperation with nurses, nursing care relies on a scientific knowledge base, specialized psychomotor skills, and ethical considerations. Therefore, assuming responsibility for care necessitates professional training and competence. Legally, caregiving falls within the duties, powers, and responsibilities of a nurse, underscoring that it is not a task for the untrained but requires the expertise of a qualified nurse.²⁶ This study suggests that the perception of care as merely 'physical care' among nurses may be influenced by the belief that care can be extended by individuals outside the nursing profession.

Nursing care, which is the foremost priority and duty of nurses, is influenced by many factors including the professional and individual characteristics of nurses, as well as social, political, economic, and institutional factors.²⁶⁻³⁰ Almost all nurses in this study believed that a high patient-to-nurse ratio adversely affects the quality of care. They

also identified factors such as heavy workloads, extensive paperwork, insufficient time and resources, and a lack of professional experience as detrimental to care quality. In their study, Karayurt et al³¹ reported that insufficient staffing, poor communication, and inadequate professional training negatively impacted care. Similarly, Gül and Dinç³² found that perceptions of nursing care among patients and nurses were negatively influenced by an inadequate number of nurses, a high patient load, extensive workloads, long working hours, institutional factors, team communication, the level of nursing education, and the physical environment. Weldetsadik et al³³ also observed that the perceptions of care by physicians and nurses were adversely affected by an insufficient number of nurses and a lack of resources. Our research findings align with those of previous studies, indicating that nurses perceive similar factors as affecting care. Care is an integral component of professional nursing. Recognizing the significance of care in nursing is crucial for embracing and understanding the nursing philosophy.^{34,35} The majority of nurses interviewed in this study believed that care contributes to the professionalization of nursing. Professional care requires knowledge, skills, attitudes, and training. It addresses societal needs, and professionals who are autonomous in practice and responsible for care elevate nursing to professionalism. Therefore, the fact that nurses participating in our study value care underscores its importance for enhancing the level of professionalism and the professional influence within nursing.

Research Limitations

This study was conducted with 30 nurses from a university hospital. Consequently, the findings may not be generalizable beyond the nurses employed at this specific institution.

Conclusion

Our study reveals that all nurses describe the concept of care as nursing interventions, often focusing on physical care. We conclude that nurses struggle to differentiate between care practices and the concept of care itself, yet they acknowledge that care contributes to the professionalization of nursing. It has been observed that nurses dedicate less time to meeting patients' holistic needs and to aspects of care based on interpersonal relationships, with the high patient-to-nurse ratio negatively impacting care.

We recommend that the findings of this study be shared with nurse managers and that training sessions be organized to enhance nurses' care behaviors and their understanding of the care concept. In-ward training aimed at strengthening nurses' perception of care and identifying the factors influencing their understanding of the care concept should be considered. It is particularly important to empower nurses in concepts that are integral to nursing care, such as spirituality, presence, respect, empathy, trust, and conscience. The concept of care required in-depth and comprehensive examination in further research. Since nursing care is informed by education, organized by management, and ought to be grounded in research findings, developing a unified understanding of the care concept across all these domains is essential.

Ethics Committee Approval: This study received approval from the Non-Interventional Clinical Research Ethics Committee of the Nursing Faculty at Aydın Adnan Menderes University (Protocol No: 2018/007; Date: 21. 05. 2017; Approval Number: XVII) and the hospital administration.

Informed Consent: Nurses participating in the study provide written consent.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – G.T., N.O.; Design – G.T., N.O.; Supervision – G.T.; Resource – G.T., N.O.; Materials – G.T.; Data Collection and/or Processing – N.O.; Analysis and/or Interpretation – G.T.; Literature Review – N.O.; Writing – G.T., N.O.; Critical Review – G.T.

Declaration of Interests: The authors have no conflicts of interest to declare.

Funding: The authors declared that this study received no financial support.

References

- Jasmine T. Art, science, or both? Keeping the care in nursing. *Nurs Clin North Am.* 2009;44(4):415-421. [\[CrossRef\]](#)
- Aydın M, Üniversite Hastanesindeki Hastaların Hemşirelik Bakımını Algılayışları. Yüksek Lisans Tezi. Atatürk Üniversitesi; 2014.
- Ghanbari-Afra L, Adib-Hajbaghery M, Dianati M. Human caring: a concept analysis. *J Caring Sci.* 2022;11(4):246-254. [\[CrossRef\]](#)
- Finfgeld-Connett D. Metasynthesis of caring in nursing. *J Clin Nurs.* 2008;17(2):196-204. [\[CrossRef\]](#)
- Dinç L. Concept of care and moral dimension. *Hacettepe Univ Fac Health Sci Nurs J.* 2010;17(2):65-71.
- Göçmen Baykara Z. Assessment of Nurses' Professional Autonomy in Nursing Care: A Qualitative Study. Unpublished dissertation. Ankara University; 2010.
- Dalpezzo NK. Nursing care: a concept analysis. *Nurs Forum.* 2009;44(4):256-264. [\[CrossRef\]](#)
- Dinç L. Ethical responsibilities in nursing services. *Hacettepe Tıp Derg.* 2009;40:113-119.
- Lea A. Nursing in today's multicultural society: a transcultural perspective. *J Adv Nurs.* 1994;20(2):307-313. [\[CrossRef\]](#)
- Aupia A, Lee TT, Liu CY, Wu SV, Mills ME. Caring behavior perceived by nurses, patients and nursing students in Indonesia. *J Prof Nurs.* 2018;34(4):314-319. [\[CrossRef\]](#)
- Yaman Aktaş Y, Karabulut N. Professional values in Turkish undergraduate nursing students and its reflection on caring behaviour. *Kontakt.* 2017;19(2):e116-e121. [\[CrossRef\]](#)
- Papastavrou E, Efstathiou G, Tsangari H, et al. A cross-cultural study of the concept of caring through behaviours: patients' and nurses' perspectives in six different EU countries. *J Adv Nurs.* 2012;68(5):1026-1037. [\[CrossRef\]](#)
- Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *Int J Qual Health Care.* 2007;19(6):349-357. [\[CrossRef\]](#)
- Attepe Özden S, Tekindal M, Gedik TE, Ege A, Erim F, Tekindal MA. Reporting qualitative research: Turkish adaptation of COREQ checklist. *Eur J Sci Technol.* 2022;35:522-529. [\[CrossRef\]](#)
- Şimşek H. Sosyal Bilimlerde Nitel araştırma yöntemleri. 12th ed. Seçkin; 2021.
- Koçak A, Arun Ö. Sampling problem in content analysis studies. *Selcuk Univ Fac Commun Acad J.* 2006;4(3):21-28.
- Tekin V. The Perception of Care Concept of Intensive Care Unit Nurses. Master's thesis. Inonu University; 2017.
- Thomas D, Newcomb P, Fusco P. Perception of caring among patients and nurses. *J Patient Exp.* 2019;6(3):194-200. [\[CrossRef\]](#)
- Pajnkihar M. Is caring a lost art in nursing? *Int J Nurs Stud.* 2008;45(5):807-808. [\[CrossRef\]](#)
- Corbin J. Is caring a lost art in nursing? *Int J Nurs Stud.* 2008;45(2):163-165. [\[CrossRef\]](#)
- Karahan A, Kav S. Professional competency in nursing. *J Hacettepe Univ Fac Nurs.* 2018;5(2):160-168. [\[CrossRef\]](#)
- Bassett C. Nurses' perceptions of care and caring. *Int J Nurs Pract.* 2002;8(1):8-15. [\[CrossRef\]](#)
- Finfgeld-Connett D. Qualitative convergence of three nursing concepts: art of nursing, presence and caring. *J Adv Nurs.* 2008;63(5):527-534. [\[CrossRef\]](#)
- Henderson V. The concept of nursing. 1977. *J Adv Nurs.* 2006;53(1):21-34. [\[CrossRef\]](#)

25. Honinx E, Smets T, Piers R, et al. Agreement of nursing home staff with palliative care principles: a PACE cross-sectional study among nurses and care assistants in five European countries. *J Pain Symptom Manage.* 2019;58(5):824-834. [\[CrossRef\]](#)
26. Efil S, Balaban Sahin S, Yaris Z. Nurses' images of the nursing profession and their caring behaviors. *J Educ Res Nurs.* 2022;19(4):416-421. [\[CrossRef\]](#)
27. Gül Ş. Nursing care in the light of care concept and affecting factors. *Acibadem Univ Health Sci J.* 2019;10(2):129-134.
28. Dubois CA, D'amour D, Brault I, et al. Which priority indicators to use to evaluate nursing care performance? A discussion paper. *J Adv Nurs.* 2017;73(12):3154-3167. [\[CrossRef\]](#)
29. Aiken LH, Sloane DM, Bruyneel L, Van den Heede K, Sermeus W. Nurses' reports of working conditions and hospital quality of care in 12 countries in Europe. *Int J Nurs Stud.* 2013;50(2):143-153. [\[CrossRef\]](#)
30. Ausserhofer D, Zander B, Busse R, et al. Prevalence, patterns and predictors of nursing care left undone in European hospitals: results from the multicountry cross-sectional RN4CAST study. *BMJ Qual Saf.* 2014;23(2):126-135. [\[CrossRef\]](#)
31. Karayurt O, Erol Ursavas F, Iseri O. Examination of the status of nurses to provide individualized care and their opinions. *Acibadem Univ Health Sci J.* 2018;9(2):163-169.
32. Gül Ş, Dinç L. Investigation of nurses' and patients' perceptions regarding nursing care. *J Hacettepe Univ Fac Nurs.* 2018;5(3):192-208.
33. Weldetsadik AY, Gishu T, Tekleab AM, Mekonnen Asfaw Y, Girma Legesse T, Demas T. Quality of nursing care and nurses' working environment in Ethiopia: nurses' and physicians' perception. *Int J Afr Nurs Sci.* 2019;10:131-135. [\[CrossRef\]](#)
34. Göçmen Baykara Z. The concept of nursing care. *Turk J Bioeth.* 2014;1(2):92-99. [\[CrossRef\]](#)
35. Warshawski S, Itzhaki M, Barnoy S. The associations between peer caring behaviors and social support to nurse students' caring perceptions. *Nurse Educ Pract.* 2018;31:88-94. [\[CrossRef\]](#)