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NURSING AND MIDWIFERY STUDENTS' PERCEIVED CARE BEHAVIORS AND EMPATHY TENDENCIES

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ABSTRACT

This study aims to determine nursing and midwifery students' care behaviors and their empathic tendencies. 252 students (188 nursing, 64 midwifery) were participated to this study. Most of the students participating in this study are women (201 women, 51 men). In this study, 'Socio-Demographic Survey Form', 'Caring Assessment Questionnaire (Care-Q)' and 'Empathic Tendency Scale' were conducted as data collection tools. The data were analyzed using descriptive statistics, Kruskal Wallis test and Mann-Whitney U test. Results indicated that there was no significant difference between male and female students in terms of their empathy tendencies. In addition, although empathy tendencies of nursing students were higher than midwifery ones, there was no significant difference between nursing and midwifery students in terms of their empathy tendencies. A significant mean difference was found between the empathy tendencies of the students who chose the profession willingly and unintentionally. Not surprisingly, the empathy tendency of the students who chose their professions willingly was higher than those who do not. Whether the students' empathy tendencies change according to their grade levels was also investigated. No significant difference was found between the empathic tendencies of 2nd-3rd grade, 3rd-4th grade and 2nd-4th grade students. It is noteworthy that the 2nd grade students' empathy tendency was found to be higher than the other class of students. No significant mean difference was found between female and male students in terms of their perception of care behavior for each subgroup

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of Care-Q and total Care-Q scores. On the other hand, significant mean difference was found between nursing and midwifery students in terms of total Care-Q scores in favor of nursing students. In addition, significant mean difference was found between those students for each 'accessibles' and 'explains and facilitates' subgroups of Care-Q in favor of nursing students. There was no significant mean difference between the students' perceptions of care behavior according to their career choice. In other words, students' willingness/eager or random selection (career preferences) of their department they are studying had no impact on their care evaluation behaviors. Students' perceptions of care behavior were examined according to their department and significant mean difference was determined between the 2nd-3rd grade and 3rd-4th grade students in terms of the accessibility sub-dimension of Care-Q test.

STRUCTURED ABSTRACT

Introduction

Nursing and midwifery are one of the professional disciplines where mutual human relationships are most intense. Empathy tendencies of nurses and midwives, which are an important part of the health system, are very important in terms of patient care and health. Therefore, it is important to identify and develop the empathy tendencies of nurses and midwife candidates. This study aimed to determine nursing and midwifery students' perceived care behaviors and their empathic tendencies. In addition, it was also sought to answer the questions whether the empathy tendencies and perceived care evaluation behaviors of nursing and midwifery students changed according to their gender, department, career preference and grade levels.

Empathy skills are very valuable in terms of establishing an important relationship between nurse, midwife and patient. These skills should be gained during the undergraduate education and developed by clinical practices (Wu, Larrabee, & Putman, 2006). The main responsibility of nursing and midwifery professions is the act of establishing professional relationships with healthy/sick individuals and performing quality care activities. The empathic skills of nurses and midwives are closely related to the quality of care (Ioannidou&Konstantikaki, 2008; Karakaya, 2001). In the provision of health services, it is important for nurses and midwives who have effective interpersonal skills to understand patients' needs when they cannot express themselves clearly (Freshwater & Stickley, 2004). Therefore, the current study, which aims to determine nursing and midwifery students' care behavior and empathic tendency, contributes to the related literature.

Method

A total of 252 students, 188 of them nursing, 64 of midwifery were participated to this study. 201 of the participants were female and 51 were male. 'Socio-Demographic Survey Form' developed by researchers of the current study, 'Caring Assessment Questionnaire (Care-Q)' developed by Larson (1981) and 'Empathic Tendency Scale' developed

by the Dökmen (1988) were used as data collection tools. Caring Assessment Questionnaire (Care-Q)' and 'Empathic Tendency Scale' were Likert type scales. Since the current data of the study did not provide a normal distribution, Kruskal Wallis test which is a non-parametric counterpart of the one-way analysis of variance was used in this study.

Findings and Conclusion

The data were analyzed using descriptive statistics, Kruskal Wallis test and Mann-Whitney U test. Results indicated that there was no significant difference between male and female students in terms of their empathy tendencies. In addition, although empathy tendencies of nursing students were higher than midwifery ones, there was no significant difference between nursing and midwifery students in terms of their empathy tendencies. As expected, there was a significant difference between empathy tendencies of students who chose their profession voluntarily and unwillingly. Empathy tendency of students who willingly chose their profession was higher than those who unwillingly chose. It has also been investigated whether empathy tendency of students has changed according to class level. There was no significant difference between the empathic tendencies of 2nd-3rd grade, 3rd-4th grade and 2nd-4th grade students. It was noted that the empathy tendency of 2nd grade students was higher than that of other students.

There was no significant difference between female and male students in terms of their perceived care behavior for each Care-Q subgroup and total Care-Q scores. On the other hand, a significant difference was found between nursing and midwifery students in terms of total care-Q scores and 'accessibles' and 'explains and facilitates' subgroups of Care-Q i in favor of nursing students. However, there was no significant difference between nursing and midwifery students perceived care behavior according to their career choice. In other words, students willing or random selection of their departments did not have a significant effect on their care evaluation behaviors. The students' perceptions of care behavior were also examined according to their grade levels and a significant mean difference was found between the 2nd-3rd grade and 3rd-4th grade students in terms of 'accessibility' subscale of Care-Q test. It was observed that the higher the class level, the more patients they care for. The reason for this may be the increase in the care evaluation score as the practice of care application behavior increases.

Recommendations

Students can be provided with opportunities to develop empathy skills and care behaviors during their training. The courses that help develop nursing and midwifery students' care and empathy skills should be included throughout the entire undergraduate education program to be more effective because the existence of these concepts in the curriculum are as important as how empathy and care behaviors are improved on one's behavior. For this purpose, updating curricula in the field of health education may be needed to increase the course hours and contents involving these concepts.

Keywords: Empathy, Care Behavior, Nursing, Midwifery, Gender, Care-Q.

HEMŞİRELİK VE EBELİK ÖĞRENCİLERİNİN ALGILANAN BAKIM DAVRANIŞLARI VE EMPATİ EĞİLİMLERİ

ÖZ

Bu çalışma hemşirelik ve ebelik öğrencilerinin bakım davranışlarını ve empatik eğilimlerini belirlemeyi amaçlamaktadır. Çalışmaya 252 öğrenci (188 hemşirelik, 64 ebelik) katılmıştır. Bu çalışmaya katılan öğrencilerin çoğunu bayanlar oluşturmaktadır (201 kız, 51 erkek). Bu çalışmada very toplama aracı olarak ‘Sosyo-Demografik Anket Formu’, ‘Bakım Değerlendirme Anketi (Care-Q)’ ve ‘Empatik Eğilim Ölçeği’ uygulanmıştır. Veriler; betimleyici istatistikler, Kruskal Wallis testive Mann-Whitney U testi kullanılarak analiz edilmiştir. Sonuçlar, kız ve erkek öğrenciler arasında empati eğilimleri açısından anlamlı bir fark olmadığını göstermiştir. Ayrıca, hemşirelik öğrencilerinin empati eğilimlerinin ebelik bölümünde okuyan öğrencilere göre daha yüksek olmasına rağmen, hemşirelik ve ebelik öğrencileri arasında empati eğilimleri açısından anlamlı bir fark bulunamamıştır. Mesleğini isteyerek ve istemeden seçen öğrencilerin empati eğilimleri arasında anlamlı bir fark bulunmuştur. Beklendiği üzere, mesleklerini isteyerek seçenlerin empati eğilimi istekli olmayanlardan daha yüksek çıkmıştır. Öğrencilerin empati eğilimlerinin sınıf seviyelerine göre değişip değişmediği de incelenmiştir. 2.-3. sınıf, 3.-4. Sınıf ve 2.-4. Sınıf öğrencilerinin empati eğilimleri arasında anlamlı bir fark bulunamamıştır. Ancak, 2. Sınıf öğrencilerinin empati eğiliminin diğerlerinden daha yüksek olduğu dikkat çekmektedir. Kız ve erkek öğrenciler arasında her bir bakım davranışı algısı alt grubu ve toplam bakım davranışı (Care-Q/Bakım-Q) puanları açısından anlamlı bir fark bulunamamıştır. Öte yandan, hemşirelik ve ebelik öğrencileri arasında toplam Care-Q/Bakım-Q puanları bakımından hemşirelik öğrencilerinin lehine anlamlı bir fark bulunmuştur. Ek olarak, bakım davranışı ölçeğinin ‘ulaşılabilirlik’ ve ‘açıklamalar ve olanaklar’ alt boyutlarında hemşirelik ve ebelik öğrencileri arasında hemşirelik öğrencileri lehine anlamlı bir fark bulunmuştur. Öğrencilerin kariyer tercihlerine göre bakım davranış algıları arasında anlamlı bir fark bulunmamıştır. Diğer bir deyişle, öğrencilerin okudukları bölümleri isteyerek ya da rastgele seçmelerinin (kariyer tercihleri) bakım değerlendirme davranışları üzerinde hiçbir etkisi olmamıştır. Ayrıca, öğrencilerin bakım davranış algıları sınıf seviyelerine göre incelenmiş ve 2.-3. sınıf ile 3.-4. Sınıf öğrencileri arasında Care-Q/Bakım-Q testinin ‘ulaşılabilirlik’ alt boyutu açısından anlamlı bir fark tespit edilmiştir.

Anahtar Kelimeler: Empati, Bakım Davranışı, Hemşirelik, Ebelik, Cinsiyet, Bakım-Q.

1 Introduction

Nurses are involved in health protection, improvement and patient care. The concept of care has been defined by many nursing theorists and care practices are the basis of nursing (Demir, Karayurt&Dramalı, 2002).

According to Henderson, ‘*nursing is to help healthy or sick individuals to protect their health during their treatment or to help them to die in peace*’. The nurse maintains this assistance until the

individual has got enough strength, desire/willingness or knowledge to be able to continue his or her life without medical assistance (Henderson, 1966).

Cortis and Kendrick (2003) described *care* as a human characteristic, a feeling, interpersonal dynamic, therapeutic process, and expressed it as the characteristics of moral obligation care. Finfgeld and Connett (2008) in their meta-analysis study have reported the *care* as a structured interpersonal process with a contextual nature, structured with sensitivity, close relationship, and specialist nursing practice

There are many factors that shape caring behaviors. One of them is the empathy. *Empathy* is defined as the understanding of individual's feelings and thoughts and exchanging the right messages by putting oneself in another's place (Tabak, 2003; Dökmen, 1994).

Dökmen (1994) defined empathy in two aspects as *empathic tendency* and *empathic skill*. Empathic skill refers to the individual's ability to empathize (Dökmen, 1994). *Empathic tendency* refers to the individual's potential for empathy and can be defined as the ability to understand the feelings of the client and the ability to be influenced by emotional experiences, and the desire to help (Cevahiret al., 2008; Manav, 2008; Mete & Çerçek, 2005). It is stated that people with empathic tendencies behave more benign to people (Öz, 1998). Acquiring empathic tendency, which is one of the factors affecting the level of help ability in the daily life of the individual, requires a long process (Öz, 1998).

The main responsibility of both professions is the act of helping and they perform the quality maintenance activities carried out by this activity through the professional relationship with healthy/sick individuals. In this sense, the empathic skills of nurses and midwives are closely related to the quality of care (Ioannidou&Konstantikaki, 2008; Karakaya, 2001). In the provision of health services, it is important for nurses and midwives who have effective interpersonal skills to understand patients' needs when they cannot express themselves clearly (Freshwater & Stickley, 2004).

Nurses and midwives having high empathic skills respect the individual whom s/he cares for by considering him as unique, indispensable, unique will increase/improve the quality of care and strengthen the communication between the individual and the nurse by enabling the individual to trust the nurse. Failure to understand the needs of the person/individual in care by the nursing staff with low empathic skills leads to the inability to meet the needs of him/her. This situation will prevent the achievement of the purpose of individual care and its success (Mercer & Reynolds, 2002; Mete & Çerçek, 2005; Tutuk, Al, & Doğan, 2002). Research shows that nurses who care for patients by using empathic skills are more helpful to their patients than those who cannot (Özcan, Oflaz, & Çiçek, 2008).

Empathy skills are very valuable in terms of establishing an important relationship between nurse, midwife and patient. These skills should be gained during the undergraduate education and developed by clinical practices (Wu, Larrabee, & Putman, 2006). This study, which aims to determine nursing and midwifery students' care behavior and empathic tendency, contributes to the related literature.

2 Methods

2.1 Design

The study was conducted as correlational and descriptive.

2.2 The Sample of the Study: The sample of the study consisted of 748 nursing and midwifery students studying at the faculty of health sciences of a state university. The data of the study were collected in the spring term of 2017-2018. 352 students (who were in practice or absenteeism) and 182 students who did not volunteer to participate in the study were excluded from the current study. The aim of the study was explained to the participants and their informed consent

was obtained. It took an average of 25 minutes for participants to complete their data collection tools. The questionnaire responses of 52 participants who did not complete the questionnaires were excluded from the study and the survey results of 252 participants were evaluated.

2.3 Ethical Dimension of Research: The permission was obtained from the Ethics Committee of the Non-Invasive Research Ethics Committee of Munzur University and the written permission was obtained from the Faculty of Health Sciences of Firat University where the research was conducted. After obtaining the necessary legal permissions, verbal and written informed consent was obtained from the students who agreed to participate in the current study.

2.4 Data Collection Tools: In this study, Socio-Demographic Survey Form, Caring Assessment Questionnaire (Care-Q) and Empathic Tendency Scale were conducted.

Socio-Demographic Survey Form: The Socio-Demographic Survey Form prepared by the researchers consists of 13 questions. The related questions presented in Table 1 include participants' age, gender, department, marital status and etc.

Caring Assessment Questionnaire (Care-Q): The Care Assessment Questionnaire (Care-Q) was developed by Larson in 1981 and consists of 50 items including care behaviors. The sub-dimensions of the scale include; '*accessibles*' (6 items), '*explains and facilitates*' (6 items), '*comfort*' (9 items), '*anticipates*' (5 items), '*trusting relationships*' (16 items), '*monitors and follows through*' (8 items). It is a 7-point Likert type scale from 'never' to 'always' (Larson, 1981). The validity and reliability analysis of this questionnaire was performed by Eskimez and Acaroğlu (2012) and Cronbach's alpha coefficient was determined to be 0.97. The Cronbach alpha coefficients of the subscales of this questionnaire ranged from 0.84 to 0.95. In the current study, the same Cronbach's alpha coefficients for the whole data was found to be 0.90 and Cronbach alpha coefficients of the subscales of Care-Q ranged from 0.86 to 0.90.

Empathic Tendency Scale: The scale including 20 items, which was developed by Dökmen (1989), was prepared in order to measure the emotional sensitivity of the individual in relation to the events. It is a 5-point Likert type scale from 'strongly agree' to 'strongly disagree'. The reliability of this instrument was found to be 0,78 by Dökmen(1988).

2.5. Analysis of Data: The data were analyzed using descriptive statistics, Kruskal Wallis test and Mann-Whitney U test. The statistical analysis was performed using SPSS.

RESULTS

A total of 252 people participated in this study. Approximately, 80 % of them were women, 96 % of them were single, 97 % of them were between the years of 17 and 21, 67 % of them were belong to elementary family. Descriptive statistics of the participants were presented in Table 1.

Table 1: Descriptive statistics of the participants

Variables	Female		Male		Std. Dev.	
Gender	201		51		0,402	
Marital Status	Single		Married			
	243		9		0,185	
Class	2 nd Grade	3 rd Grade	4 th Grade			
	100	92	60		0,782	
Age	Between 17-20 years	Between 21-24 years	Between 25-28 years	Aged 28 and over		
	96	148	7	1	0,554	
Family	Elementary Family		Extended Family	Broken Family		
	167		77	6	0,575	
Child bench	1 st Child	2 nd Child	3 rd Child	4 th Child	5 th Child and after	
	76	72	48	23	33	1,848
Graduated School	Medical Vocational High School	Anatolian High School/Science High School	Public High School	University	Other	
	6	181	54	1	10	0,850
Career Choice	Willingly		Random			
	151		101		0,491	
Hospitalization	Yes		No			
	84		165		0,492	
Patient Care Giving Experience (Before Profession)	Yes		No			
	103		146		0,514	
Patient Care Receiving Experience (Before Profession)	Yes		No			
	86		163		0,495	
Patient Care Giving and Receiving Negative Experience (During Professional Training)	Yes		No			
	77		172		0,481	
Care is primary task of the nursing	Yes		No			
	197		54		0,426	

Before interpreting the data, normality assumption was tested for empathy_total, care_total and subgroups of Care-Q scores for ANOVA. Kolmogorov-Smirnov normality test results were

$p < 0.05$ except for care_total value. Since normality assumption violated, Kruskal Wallis which is non-parametric counterpart of the ANOVA was performed (Can, 2018).

Empathy Tendency Scale Results

Table 2: Students' empathy tendency with respect to gender

Gender	N	Mean Rank	df	χ^2	p
Female	201	127,21	1	0,094	0,760
Male	51	123,72			

As you see from the Table 2, there was no significant mean difference between the female and male students in terms of their empathy tendency. In addition, though nursing students' empathy tendency was greater than midwifery ones, no significant mean difference was found between them with respect to their empathy tendency (See Table 3).

Table 3: Students' empathy tendency with respect to their department

Departments	N	Mean Rank	df	χ^2	p
Nursing	188	128,78	1	0,724	0,395
Midwifery	64	119,81			

In Table 4, there was a significant mean difference between the empathy tendencies of the students who chose their profession willingly and unwillingly as expected. Of course, the empathy tendency of the students who chose their professions willingly was higher than those who do not.

Table 4: Students' empathy tendency with respect to their career choice

Career Choice	N	Mean Rank	df	χ^2	p
Willingly	151	138,45	1	10,157	0,001
Unwillingly	101	108,63			

Whether the students' empathy tendencies change according to their grade levels was also investigated. As shown in the Table 5, no significant difference was found between the empathic tendencies of 2nd-3rd grade, 3rd-4th grade and 2nd-4th grade students. It is noteworthy that the 2nd grade students' empathy tendency was found to be higher than the others.

Table 5: Students' empathy tendency with respect to their grade

Grade	N	Mean Rank	df	χ^2	p	Sign. Difference
2 nd Grade	99	131,70	2	1,989	0,05	-
3 rd Grade	92	117,59				
4 th Grade	60	129,50				

Caring Assessment Questionnaire (Care-Q) Results

Care-Q mean scores reflecting students' perceptions of care behavior and the distribution of findings on the frequency of care behaviors were presented at the below tables.

In the following Kruskal Wallis analysis in which caring assessment behavior of students were examined according to gender indicated that there was no significant mean difference between female and male students in terms of their perception of care behavior for each subgroup of Care-Q and total Care-Q scores (See Table 6).

Table 6: Caring assessment behavior of students according to gender

Care-Q Subgroups	Gender	N	Mean Rank	df	χ^2	p
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Accessibles	Female	201	127,20	1	0,093	0,761
	Male	51	123,73			
Explains and Facilitates	Female	201	125,44	1	0,212	0,645
	Male	51	130,70			
Comforts	Female	201	126,80	1	0,016	0,898
	Male	51	125,33			
Anticipates	Female	201	125,61	1	0,147	0,701
	Male	51	129,99			
Trusting Relationship	Female	201	124,27	1	0,928	0,335
	Male	51	135,27			
Monitors and Follows Through	Female	201	125,95	1	0,056	0,812
	Male	51	128,66			
Total Care-Q	Female	201	125,62	1	0,144	0,704
	Male	51	129,96			

In addition, students' perceptions of care behavior were examined according to their department and significant mean difference was found between students studying nursing and midwifery departments in terms of total Care-Q scores in favor of nursing students. When the subgroups of Care-Q with respect to the department that students are studying were examined, significant mean difference was found between nursing and midwifery students for each 'accessibles' and 'explains and facilitates' subgroups in favor of nursing students (See Table 7).

Table 7: Caring assessment behavior of students according to their department

Care-Q Subgroups	Department	N	Mean Rank	df	χ^2	p
Accessibles	Nursing	188	134,33	1	8,556	0,003
	Midwifery	64	103,51			
Explains and Facilitates	Nursing	188	133,08	1	6,040	0,014
	Midwifery	64	107,18			
Comforts	Nursing	188	130,87	1	2,662	0,103
	Midwifery	64	113,67			
Anticipates	Nursing	188	130,85	1	2,648	0,104
	Midwifery	64	113,72			
Trusting Relationship	Nursing	188	131,32	1	3,236	0,072
	Midwifery	64	112,35			
Monitors and Follows Through	Nursing	188	131,42	1	3,390	0,066
	Midwifery	64	112,05			
Total Care-Q	Nursing	188	133,16	1	6,175	0,013
	Midwifery	64	106,95			

Furthermore, students' caring assessment behavior according to their career choice was examined. Table 8 demonstrated that there was no significant mean difference between the students' perceptions of care behavior according to their career choice.

Table 8: Caring assessment behavior of students according to their career choice

Care-Q Subgroups	Career Choice	N	Mean Rank	df	χ^2	p
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Accessibles	Willingly	151	128,23	1	0,212	0,645
	Unwillingly	101	123,92			
Explains and Facilitates	Willingly	151	131,02	1	1,452	0,228
	Unwillingly	101	119,74			
Comforts	Willingly	151	132,03	1	2,175	0,140
	Unwillingly	101	118,23			
Anticipates	Willingly	151	124,48	1	0,291	0,589
	Unwillingly	101	129,52			
Trusting Relationship	Willingly	151	126,77	1	0,005	0,942
	Unwillingly	101	126,09			
Monitors and Follows Through	Willingly	151	128,12	1	0,187	0,665
	Unwillingly	101	124,08			
Total Care-Q	Willingly	151	128,18	1	0,201	0,654
	Unwillingly	101	123,99			

In Table 9, Mann-Whitney U tests demonstrated that there was a significant mean difference between the 2nd-3rd grade and 3rd-4th grade students in the Care-Q test in terms of the accessibility sub-dimension.

Table 9: Caring assessment behavior of students according to their grade

Care-Q Subgroups	Grade	N	Mean Rank	df	χ^2	p	Sign. Difference
Accessibles	2 nd Grade	99	131,40	2	7,551	0,05	2 nd -3 rd Grade 3 rd -4 th Grade
	3 rd Grade	92	110,24				
	4 th Grade	60	141,26				
Explains and Facilitates	2 nd Grade	99	126,30	2	0,016	0,05	-
	3 rd Grade	92	126,34				
	4 th Grade	60	124,98				
Comforts	2 nd Grade	99	130,16	2	1,271	0,05	-
	3 rd Grade	92	119,22				
	4 th Grade	60	129,53				
Anticipates	2 nd Grade	99	126,23	2	0,513	0,05	-
	3 rd Grade	92	122,46				
	4 th Grade	60	131,05				
Trusting Relationship	2 nd Grade	99	130,48	2	0,627	0,05	-
	3 rd Grade	92	122,85				
	4 th Grade	60	123,43				
Monitors and Follows Through	2 nd Grade	99	134,40	2	3,069	0,05	-
	3 rd Grade	92	116,11				
	4 th Grade	60	127,30				
Care-Q Total	2 nd Grade	99	128,33	2	0,688	0,05	-
	3 rd Grade	92	121,05				
	4 th Grade	60	129,74				

4 Discussion

Health and health care services have an important place in human life. Nursing care services constitute a large part of the service given to patients within health institutions and directly affect patient satisfaction (Demirtap, 2004; Ulus, 2004). One of the important factors determining the patient satisfaction is to provide the best information and communication between the patient, his/her relatives

and the health care worker. Interpersonal communication is highly effective and should be based on empathetic grounds in gaining and maintaining positive health behavior (Akgöz&Karavuş, 2005). The fundamental aspect of the kind relationship between the nurse and the patient is empathy. It is only possible to empathize with understanding the individual and their problems and to increase patient satisfaction by providing an effective service (Cringler, 1984; Arnold, 1999).

This study aimed to determine nursing and midwifery students' care behaviors and their empathic tendencies. In the current study, there was no significant mean difference between female and male students in terms of their empathy tendency. In the study of Sütçü (2009) which evaluated the factors that affect the empathic skills of nurses, it was found that the empathic tendencies of nurses did not change according to gender. On the other hand, Coşkun (2011) assessed the empathic skill levels of nurses working in internal diseases and surgical services and found a significant difference between females and males in terms of their empathic tendencies in favor of female nurses.

In the current study, though nursing students' empathy tendency was greater than midwifery ones, no significant mean difference was found between them with respect to their empathy tendency. When the literature is reviewed; in the studies conducted to determine whether the empathy skills of nursing students develop with education, nursing education was found to be effective in the development of empathic skills (Pek et. al. 2001; Tutuk, Ali, Doğan, 2002; Yıldırım, Yazıcı&Pek, 1997). Cevahir et al. (2008) showed that midwifery students' empathy skills are dependent on their grade level. For instance, in the current study it was determined that 4th class students taking mental health course and 1st grade students taking general and vocational courses intensively have better empathy skills than the ones studying in the intermediate grade levels.

A significant mean difference was found between the empathy tendencies of the students who chose their profession willingly and unintentionally. Not surprisingly, the empathy tendency of the students who chose their professions willingly was higher than those who did not. The studies conducted with nurses supported the current results that the nurses who chose their profession willingly had higher empathic tendency levels than who did not. In this case, it can be said that choosing the profession willingly can/would affect the empathic tendency positively (Çiçek, 2006; Tunç, Gitmez&KrespiBoothb, 2014).

It was also investigated whether the empathy trends of the students varied according to their grade level. No significant difference was found between the empathic tendencies of 2nd-3rd grade, 3rd-4th grade and 2nd-4th grade students. It is noteworthy that the 2nd grade students' empathy tendency was found to be higher than that of the other grade levels. The studies conducted with nursing students emphasized that the empathy skill scores of the students increased in parallel with the nursing education (Mete &Çerçek, 2005). Pek et al. (2001) stated that students' empathy skills improved from 1st to 4th grade each year. On the contrary, in the study conducted with nursing undergraduate students, the mean empathy skill score of the first-year students was 148.10, and the fourth-grade students were determined as 175.52 (Yıldırım et. al., 1997). On the other hand, some studies indicated that empathic skills cannot be improved by education (Hodges, 1991).

Care is a process based on the relationship between the healthy/patient individual and the nurse. It provides the individual relief by supplying with the basic needs that the individual needs with a holistic approach (Dökmen, 1988, 1994). In this study, there was no significant mean difference was found between female and male students in terms of their perception of care behavior for each subgroup of Care-Q and total Care-Q scores. On the other hand, significant mean difference was found between nursing and midwifery students in terms of total Care-Q scores in favor of nursing students. In addition, significant mean difference was found between those students for each 'accessibles' and 'explains and facilitates' subgroups of Care-Q in favor of nursing students. In the findings of the study, the reason why nursing students have high care points is that the nursing profession is due to the holistic view of the patient without age or gender. In addition, the results of the study conducted by

Birimoglu and Ayaz (2015) support the findings of the current study. They emphasized that providing care behavior is the primary duty of nursery students and that is accomplished by the professional knowledge and experience of the nurse and nurses have an independent role in this behavior.

The individual's willingness to pursue a profession allows him/her to fulfill the functions related to the profession by adopting the responsibilities and behaviors specific to the profession and to get satisfaction from the service provided (Çınar, et. al., 2011; Şirin, et. al., 2008). In the current study, when students' caring assessment behavior according to their career choice was examined, no significant mean difference was found between the students' perceptions of care behavior according to their career choice. In other words, students' willingness/eager or random selection (career preferences) of their department they are studying had no impact on their care evaluation behaviors. It is also promising to be aware of the professional responsibilities of the students who prefer the profession of nursing and midwifery willingly or randomly.

The perception of care behavior increases as individuals perform the care role. In the studies conducted with nursing students, the students' perceptions of care behavior who participated in the care of their family members before starting their undergraduate education were found to have a high level of care (Birimoglu&Ayaz, 2015; Cunningham et al.2016). In the current study, students' perceptions of care behavior were examined according to their department and significant mean difference was determined between the 2nd-3rd grade and 3rd-4th grade students in terms of the accessibility sub-dimension of Care-Q test. It was observed that the higher the class level, the more patients they care for. The reason for this may be the increase in the care evaluation score as the practice of care application behavior increases.

Recommendations

Courses help to improve care and empathy skills of nursing and midwifery students should be studied not only in the first year of Communication Course but also throughout the four years of undergraduate education program. Students can be provided with opportunities to develop empathy skills during their training. In order to develop effective empathy skills, education models should be student-centered, the courses developing emphatic communication skills using role model techniques should be included in the training program and also it is necessary to increase the course hours for such practices. In addition, it has been shown that perceptions of care behaviors are influenced by factors such as choice of profession and experience of care. According to the results of current study; it is recommended to ensure that students prefer the profession willingly; to ensure the continuity of positive care behaviors during the nursing education, to gain cognitive, affective and psycho-motor skills covered by the concept of care.

Conflict of Interest Statement

The authors declare that there is no conflict of interest in relation to the study presented. However, it should be noted that the results of the study were presented at the 1st International Social and Applied Sciences Congress (Çevik-Durmaz et. al. 2019).

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