

Effect of Nursing Students' Spiritual Values on Their Individualized Care Perceptions

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ABSTRACT:

Purpose: The aim of this study was to determine the effect of nursing students' spiritual values on their individualized care perceptions.

Material and Methods: This descriptive and cross-sectional research was completed with 555 nursing students between February 27 and March 13, 2020. Data were collected using the Personal Information Form, the Spirituality Scale (SS) and the Individualized Care Scale (ICS) (A-Nurse) which were created in line with the literature. Descriptive statistics, Independent Samples T-Test, One-Way ANOVA and Pearson Correlation analysis were used to evaluate the data.

Results: It was found that the mean of score obtained by students from the SS was 23.49±5.07 and the mean ICS (A-Nurse) score was 3.99±0.74. It was discerned that there were statistically significant differences in means of scores obtained by nursing students from the SS and ICS (A-Nurse) on the basis of the variables of gender, place of residence and spirituality level ($p<0.05$). Besides, it was identified that there were weak statistically significant positive associations between the mean of scores obtained from the overall SS and means of scores obtained from ICS (A-Nurse) and its sub-scales ($p<0.01$).

Conclusion: As nursing students have higher spiritual values, their individualized care perceptions are also enhanced. It is recommended to emphasize, inform and increase the awareness of the concepts of "spirituality" and "individualized care" in the education curriculum of nursing students.

Keywords: Spirituality, Individualized care, Nursing student.

Hemşirelik Öğrencilerinin Manevi Değerlerinin Bireyselleştirilmiş Bakım Algılarına Etkisi

ÖZET:

Amaç: Bu araştırmanın amacı, hemşirelik öğrencilerinin manevi değerlerinin bireyselleştirilmiş bakım algılarına etkisini belirlemektir.

Gereç ve Yöntem: Tanımlayıcı-kesitsel nitelikteki bu araştırma, 27 Şubat-13 Mart 2020 tarihleri arasında 555 hemşirelik öğrencisi ile tamamlanmıştır. Veriler, literatür doğrultusunda oluşturulan Kişisel Bilgi Formu, Maneviyat Ölçeği (MÖ) ve Bireyselleştirilmiş Bakım Skalası- A Hemşire Versiyonu (BBS-A) ile toplanmıştır. Verilerin değerlendirilmesinde, tanımlayıcı istatistikler, Student t testi, One-Way ANOVA ve Pearson Korelasyon analizi uygulanmıştır.

Bulgular: Öğrencilerin MÖ puan ortalamasının 23.49±5.07, BBS-A puan ortalamasının ise 3.99±0.74 olduğu belirlenmiştir. Hemşirelik öğrencilerinin cinsiyet, kaldığı yer ve maneviyat düzeyi değişkenleriyle MÖ ve BBS-A skalasından aldıkları puan ortalamaları arasındaki fark istatistiksel olarak anlamlı bulunmuştur ($p<0,05$). Öğrencilerin MÖ ile BBS-A skalası toplam puan ortalaması ve alt boyutları arasında ise pozitif yönde zayıf bir ilişki saptanmıştır ($p<0,01$).

Sonuç: Hemşirelik öğrencilerinin manevi değerleri arttıkça bireyselleştirilmiş bakım algıları da artmaktadır. Hemşirelik öğrencilerinin eğitim müfredatlarında 'maneviyat' ve 'bireyselleştirilmiş bakım' kavramlarının vurgulanması, bilgilendirilmesi ve farkındalıklarının artırılması önerilmektedir.

Anahtar Kelimeler: Maneviyat, Bireyselleştirilmiş bakım, Hemşirelik öğrencisi

INTRODUCTION

In the nursing profession, the focus is placed on the holistic approach which is designed for satisfying patients' individual needs in diverse areas (Sagkal Midilli et al., 2017). As per holistic approach, the individual is a whole with physical, mental, emotional, socio-cultural and spiritual dimensions. The human being has needs to be satisfied at each dimension, and it is necessary to meet these needs so that the human being can be healthful and have high quality of life. Along with the delivery of healthcare to individuals as per the holistic approach, the spiritual dimension of individuals also became as important as other dimensions and the importance of the spiritual care concept became gradually more apparent (Sagkal Midilli et al., 2017; Asgar Pour et al., 2017; Uzelli Yılmaz et al., 2019). The spirituality which is a common phenomenon in the life of people of all age groups in the society is defined as a 'concept covering beliefs, values and practices which influence several aspects of a person's life starting from his/her daily life, add meaning to his/her life, shape his/her viewpoint on events, are characterized as the aspiration to find the final goal of life and to live in this respect (Puchalski et al., 2014; MacDonald et al., 2015; Revathi et al., 2020; Kurt et al., 2020; Mishra, 2020; Willemse et al., 2020). While the spirituality gives people hope, strength, peace and relief, it is also beneficial to them as it enables the individual to have better health, alleviates the pain, ache, depression and anxiety, empowers the individual to come to terms with the disease, raises the quality of life and transforms personal values and the world view (Macit and Karaman, 2019; Erenoglu and Can, 2019). In the nursing literature, the spirituality is defined as the devotion to a religion, the balancing of energy and essential trust, and it is argued that the delivery of spiritual care is the duty of all nurses (Yılmaz and Okyay, 2009; Wu and Lin, 2011; Kavak et al., 2014; Sülü Ugurlu, 2014). As is known, nurses are faced with cases or crisis situations in which people of all ages and with different backgrounds question the meaning and the value of life. How these situations will be perceived depends on the cultural and spiritual values and beliefs of the patient and the nurse (Yılmaz and Okyay, 2009). Therefore, as an

essential member of the health team within the healthcare system, nurses or nursing students should be endowed at professionally desired level with knowledge and practices which would be employed in spiritual care and in the satisfaction of spiritual needs, should have awareness about their own spiritual perspective and should explore their own spirituality (Sagkal Midilli et al., 2017). The spirituality is an indispensable element of the holistic approach and nursing care. Nurses as the care providers should incorporate their own spiritual values into patients' spiritual values and beliefs, get to know about patients' spiritual practices and do their best to provide the individualized care by establishing connections with patients and showing empathy toward patients (Sülü Ugurlu, 2014; Van der Weegen et al., 2019). When the literature was examined, it was determined that the spirituality and spiritual values of nursing students were moderate and high (Çelik İnce and Utaş Akhan, 2016; Erenoglu and Can, 2019; Kobya Bulut and Meral, 2019; Çetintaş et al., 2021).

Individualized care serves as the basis of ethical codes, values and holistic philosophy which encompass nursing planning and practices that are compatible with the person's characteristics, needs, preferences, experiences, emotions, perceptions and views (Papastavrou et al., 2015; Güven Özdemir, 2019; Dogan et al., 2019). Individualized care is also acknowledged as the indicator of care quality which is likely to increase positive patient feedback. It is understood that individualized care improves the patient's coping skills, reduces the patient's dependence and hospital stay, and increases patient satisfaction and quality of life (Zengin Aydın and Büyükbayram, 2020; Toru, 2020). It is asserted that, along with these positive developments observed in patients, the motivation and job satisfaction of nurses also went up (Toru, 2020). When the literature is reviewed, studies on nursing students' perceptions of individualized care are limited. It was determined that students' perception of care was also at a medium level (Doğan et al., 2019; Gülhan Güner et al., 2020). That is why, at institutions offering nursing education, so that the attention will be drawn to the importance of providing individualized care and emphasis is placed on the

awareness of nursing students to universal values in their education in order to assimilate and apply individualized care (Delaney, 2018; Güven Özdemir, 2019; Doğan et al., 2019).

MATERIAL and METHODS

Purpose and Type of the Study

This study was performed for indentifying to what extent individualized care perceptions of nursing students who would play active roles in health facilities during internship activities and after graduation would be affected by their spirituality values. A descriptive and cross-sectional design was used in this study.

Research questions

1. What is the spiritual values and individualized care perceptions level of nursing students?
2. Which factors influence the level of spiritual values and individualized care perceptions in nursing students?
3. Do socio-demographic features of students affect the level of spiritual values and individualized care perceptions?
4. Do nursing students have an impact on spiritual values and individualized care perceptions?

Sampling and participant

The population of the study consisted of all nursing students who were first, second, third and fourth year students at a university (N = 584). The research included nursing students (a) who were receiving nursing education in the spring term of the 2019-2020 academic years, (b) who had no vision or hearing problems (c) who were able and willing to communicate and collaborate (d) who can speak and read Turkish, (e) who agreed to participate in the study. Voluntary participation rate in the study was 95.0% (n = 555).

Data Collection Tools

The data were collected by the Personal Information Form (Köberich et al., 2016; Çelik İnce and Utaş Akhan, 2016; Sagkal Midilli et al., 2017; Asgar Pour et al., 2017; Karayurt et al., 2018; Culha and Acaroglu, 2018; Erenoglu and Can, 2019; Dogan et al., 2019; Macit and Karaman, 2019), the Spirituality Scale

(Demirci and Ekşi, 2017) and Individualized Care Scale – Nurse Version (ICS-A) (Şendir et al., 2010).

The Personal Information Form

The questionnaire was prepared by the researchers according to the literature (Köberich et al., 2016; Çelik İnce and Utaş Akhan, 2016; Sagkal Midilli et al., 2017; Asgar Pour et al., 2017; Karayurt et al., 2018; Culha and Acaroglu, 2018; Erenoglu and Can, 2019; Dogan et al., 2019; Macit and Karaman, 2019). The questionnaire consisted of 16 close-ended questions about the students' socio-demographic features such as age, gender, graduate school, education type, class, place of residence, mother education level, mother profession, father education level, father profession, family income status, working in an income-generating job, getting information about spirituality and spiritual care, where she received the information, her own spirituality identification, the need for individualized care during internships. The questionnaire was pilot tested on a sample group of students (n = 5). All questions were clear.

Spirituality Scale (SS)

'Spirituality Scale' was utilized in 2017 by Demirci and Ekşi for the measurement of the level of spiritual values of students. It is a 5-point Likert-type scale comprised of six items (1 = absolutely inappropriate, 5 = absolutely appropriate). The original version of the scale has no sub-scale. The minimum score to be obtained from the scale is 6 points whilst the maximum score is 30 points. High scores to be obtained from the scale indicate that individuals are highly spiritual. Cronbach's Alpha Coefficient calculated for the original version of the scale was 0.88. In this study, Cronbach's Alpha Coefficient was found as 0.89 for the scale.

Individualized Care Scale (A - Nurse)

The scale was developed in 2005 by Suhonen et al. in order to evaluate nurses' views on individualized care in the healthcare setting. A Turkish version of the scale was created in 2010 by Şendir et al. The scale is composed of two parts, and the first part evaluates nurses' perceptions toward supporting patient's individuality in healthcare initiatives (ICS-A-Nurse) while the second part assesses nurses' perceptions

toward individualizing the care of patients (ICS-B-Nurse). In this study, ICS-A-Nurse was used. It is a 5-point Likert-type scale composed of 17 questions and scored as in the following: 1= I absolutely disagree, 2= I partially disagree, 3= neither agree nor disagree, 4= I partially agree; 5= I absolutely agree. ICS-A-Nurse has three sub-scales, that is, clinical situation (A1-A7), personal life situation (A8-A11) and decisional control over care (A12-A17). The minimum score to be obtained from the overall ICS-A-Nurse and each of its sub-scales is 1 point whereas the maximum score is 5 points. High scores demonstrate that nurses highly supported the individuality of patients during their nursing practices in general. Cronbach's Alpha Coefficient was calculated for the scale as 0.88 in the study by Suhonen et al. (2005) and as 0.77 in the study by Şendir et al. (2010). In this study, Cronbach's Alpha Coefficient was found as 0.94 for the scale.

Data Collection

Data was collected in 27 February-13 March 2020. The Personal Information Form, the SS and the ICS-A was conducted to the all students on different days. Before starting the questionnaire application, students were informed about the purpose of the research and their written and verbal consents were obtained. It was said that the survey application was voluntary and they could leave the study whenever they wanted. The questionnaires were applied in the classroom environment of the students at the end of the lesson. The data collection time took approximately 15-20 minutes for each student.

Statistical Analysis

Data analysis was performed using SPSS 21.0 (Statistical Package for the Social Sciences, Chicago, Illinois). The Shapiro-Wilk test was used to determine the normal distribution of the data. Descriptive statistics, Independent Samples T Test in paired groups, One-Way ANOVA test in more than two groups were used in data analysis. Pearson Correlation Analysis was used to determine the relationship between SS and ICS- (A-Nurse). Two-sided p value <0.05 was considered significant for all analyzes.

Ethical Approval

Before data collection, Ethics committee approval was gained from the Ethics Committee of Non-Interventional Clinical Studies of Burdur Mehmet Akif Ersoy University (Decision Number: GO 2020/26). Written permission was obtained from the school administration where the study was conducted. Written and verbal consent was obtained from the students included in the study. In addition, a written permission was obtained from the scale owners to use the scale.

RESULTS

Upon the examination of descriptive characteristics of students, it was found that, of all students, 52.4% were aged 20-21 years, 67.9% were female and 64.0% were graduates of an Anatolian High School, 63.4% were enrolled in daytime education, 37.8% were the first year students, 45.8% lived in apartments, 62.7% were from families whose income equaled expenditures, 93.0% had some form of a job, 22.5% were presented with information on the spiritual care and 64.8% of those obtaining information on spiritual care had this information during nursing education. Moreover, it was discerned that 42.9% of students asserted that they had medium level spirituality, and it was ascertained that 93.7% of them thought that, while providing nursing care during internship, individual-specific care should be given to patients rather than performing standard care practices (Table 1). Table 1 displayed the comparison of means of scores obtained by nursing students from the SS and ICS-A on the basis of nursing students' descriptive characteristics. It was found that there were no statistically significant differences in means of scores obtained by nursing students from the SS and ICS-A on the basis of nursing students' age, type of graduated high school, education type, class year, family income level, employment status, acquirement of information on the spiritual care and thinking that individual-specific care should be given to patients rather than performing standard nursing practices while providing nursing care during internship ($p>0.05$). First, it was ascertained that the mean of scores obtained from the SS by female students was higher than the one obtained by male

students, and this difference was statistically significant ($p=0.000$). Likewise, the mean of scores obtained from the SS by nursing students living in apartments and dormitories was higher than the one obtained by nursing students living at home, and this difference was statistically significant ($p=0.019$). Moreover, the mean of scores obtained from the SS by nursing students categorizing their spirituality at medium, high and very high levels was higher than the one obtained by nursing students categorizing their spirituality at low level, and this difference was statistically significant ($p=0.000$) (Table 1). Second, it was found that the mean of scores obtained from the ICS-A by female students was higher than the one obtained by male students, and this difference was statistically significant ($p=0.000$). Similarly, the mean of scores obtained from the ICS-A by nursing students living in apartments and at home was higher than the one obtained by nursing students living in dormitories, and this difference was statistically significant ($p=0.001$). Besides, the mean of scores obtained from the ICS-A by nursing students categorizing their spirituality at medium, high and very high levels was higher than the one obtained by nursing students categorizing their spirituality at low level, and this difference was statistically significant ($p=0.000$) (Table 1). Table 2 exhibited the means of scores obtained by nursing students from the SS and the ICS-A. It was identified that means of scores obtained by nursing students from the SS and the ICS-A and its clinical situation, personal life situation and decisional control over care sub-scales were successively 23.49 ± 5.07 , 3.99 ± 0.74 , 3.85 ± 0.77 , 3.97 ± 0.90 and 4.11 ± 0.82 points (Table 2).

Table 3 showed the relationship between means of scores obtained by nursing students from the SS and the ICS-A. As per this table, it was ascertained that there were weak statistically significant positive relationships between mean scores of the SS and mean scores of the ICS-A and its sub-scales (Table 3).

DISCUSSION

Protecting and improving health, preventing diseases and alleviating pain are nurse's tasks. Providing individualized care as well as paying attention to the spiritual dimension of each

individual is also an element of nurse's tasks (Sülü Ugurlu, 2014; Çelik İnce and Utaş Akhan, 2016; Korkut Bayındır and Biçer, 2019). Findings of this study which was performed for identifying the effect of nursing students' spiritual values on their individualized care perceptions were discussed in this part. First, in the current study, the mean of scores obtained by nursing students from the overall SS was found as 23.49 ± 5.07 points. Along with this result, it is thought that students taking part in the study had high level spiritual values and attributed importance to the issue of spirituality. There is no other study performed with the same spirituality scale which was used in this study, however, as per studies performed with different spirituality scales by Çelik İnce and Utaş Akhan (2016), Esendir and Kaplan (2018), Erenoglu and Can (2019), Çelik et al. (2014), Uzelli Yılmaz et al. (2019), Macit and Karaman (2019) mean scores obtained from spirituality scales were at high levels and were ascertained consecutively as 64.99 ± 6.15 , 47.70 ± 9.95 , 52.02 ± 6.99 , 53.40 ± 5.33 , 47.98 ± 7.93 and 54.48 ± 4.69 points. This finding of the current study is similar to findings in the relevant literature, and it might have also been affected by students' religious beliefs, cultural values and empathy skills. Moreover, it is supposed that this positive finding can be associated with the delivery of nursing education through holistic care philosophy. It can be asserted that the nurse or nursing student who has high level spirituality perception and spirituality values will provide patients with moral support in this respect and will contribute to patients' treatment processes by adopting a more optimistic approach. Furthermore, it can be claimed that the nurse/nursing student will have positive effects on the satisfaction of the nursing service they provide and on the effectiveness and efficiency of the health institutions. Second, in the current study, it was ascertained that the mean of scores obtained by female students from the SS was higher than the one obtained by male students, and this difference was statistically significant. As per the evaluation of study results, the emergence of this difference might have been related to the fact that the majority of employees were women in the nursing profession and women nurses could be emotionally more

sensitive in their attitudes toward patients.

Table 1. Comparison of the descriptive characteristics of the nursing students with the Spirituality Scale and Individualized Care Scale (A-Nurse) (n=555)

Descriptive characteristics	%	Spirituality Scale		Individualized Care Scale (A-Nurse)	
		Mean± Standard Deviation	Test statistics p value	Mean± Standard Deviation	Test statistics p value
Age*					
18-19 years	23.6	22.85±5.23	1.118	4.02±0.74	1.840
20-21 years	52.4	23.79±4.63	0.341	3.93±0.77	0.139
22-23 years	20.0	23.36±5.90		4.05±0.71	
24 years and above	4.0	23.95±5.08		4.26±0.52	
Gender**					
Female	67.9	24.21±4.68	6.422	4.11±0.68	4.046
Male	32.1	21.95±5.52	0.000	3.75±0.81	0.000
Type of Graduated High School*					
Science High School	4.5	22.08±5.71	0.884	3.98±0.82	0.025
General High School	5.6	22.87±4.83	0.449	4.00±0.73	0.995
Anatolian High School	64.0	23.58±5.04		3.99±0.73	
Occupational High School	25.9	23.65±5.07		4.00±0.76	
Education Format**					
Daytime Education	63.4	23.48±5.19	0.013	4.03±0.75	0.745
Evening Education	36.6	23.51±0.75	0.943	3.92±0.73	0.074
Class Year*					
First Year	37.8	23.36±4.77	0.431	4.03±0.75	2.390
Second Year	24.3	23.37±4.94	0.731	3.89±0.77	0.068
Third Year	20.2	23.41±5.51		3.93±0.82	
Fourth Year	17.7	24.02±5.37		4.13±0.56	
Place of Residence*					
Home ^a	15.3	22.10±6.01	3.984	3.92±0.86	6.704
Apartment ^b	45.8	23.87±4.87	0.019	4.12±0.65	0.001
Dormitory ^c	38.9	23.53±4.81	c, b>a	3.87±0.78	b>c
Family Income Level*					
Income below expenditure	19.6	22.64±5.59	2.592	3.89±0.89	2.592
Income equal to expenditure	62.7	23.84±4.85	0.076	4.05±0.67	0.079
Income above expenditure	17.7	23.17±5.14		3.91±0.81	
Employment Status**					
Yes	7.0	22.51±5.73	0.927	3.88±0.89	1.366
No	93.0	23.56±5.01	0.212	4.00±0.73	0.336
Acquirement of information on the spiritual care**					
Yes	22.5	23.55±5.66	4.207	4.10±0.79	1.375
No	77.5	23.47±4.89	0.881	3.96±0.73	0.078
The source of information on the spiritual care (n=125) *					
During nursing education	64.8	23.69±5.74	0.405	4.16±0.77	1.437
In-service training	8.0	20.32±5.14	0.750	4.17±0.66	0.235
Congress, symposium in the area of healthcare	14.4	22.22±4.73		3.74±0.71	
Publications in the area of healthcare	12.8	24.06±6.74		4.13±1.01	
How do you characterize the level of your spirituality?*					
Low level ^a	4.3	19.04±7.32	16.863	3.40±0.93	14.084
Medium level ^b	42.9	22.50±4.98	0.000	3.84±0.75	0.000
High level ^c	41.1	24.36±4.48	b, c, d>a	4.14±0.65	b, c, d>a
Very high level ^d	11.7	25.69±4.63	c, d>b; d>c	4.21±0.73	c, d>b
Do you think that individual-specific nursing care should be given to patients rather than performing standard nursing practices while providing nursing care during internship?***					
Yes	93.7	23.58±4.98	2.371	4.00±0.74	0.215
No	6.3	22.14±6.18	0.103	3.92±0.71	0.546

[*] One-Way ANOVA, [**] Independent Samples T-Test

Table 2. Means of scores obtained by nursing students from the Spirituality Scale and the Individualized Care Scale (A-Nurse) and its sub-scales

	Min	Max	Mean	Standard Deviation
Spirituality Scale	6	30	23.49	5.07
Individualized Care Scale (A-Nurse)	1	5	3.99	0.74
Clinical Situation	1	5	3.97	0.77
Personal Life Situation	1	5	3.85	0.90
Decisional Control Over Care	1	5	4.11	0.82

Table 3. Relationship between nursing students' mean scores of the Spirituality Scale and the Individualized Care Scale (A-Nurse) and its sub-scales

		Clinical Situation	Personal Life Situation	Decisional Control Over Care	Individualized Care Scale (A-Nurse)*
Spirituality Scale*	p	0.000	0.000	0.000	0.000
	r	0.249	0.236	0.230	0.262

* Pearson correlation

As a matter of fact, the sensitivity of female nurses toward emotional issues and their ability to share their emotions with patients more successfully than male nurses, their feelings of compassion toward others and their responsiveness to the needs of others were highlighted in the relevant literature (Wong et al., 2008; Macit and Karaman, 2019). In the relevant literature, studies performed on nurses and nursing students demonstrated that being female affected the spirituality, spiritual care and spiritual support perception (Yılmaz and Okyay, 2009; Çelik İnce and Utaş Akhan, 2016; Erenoglu and Can, 2019; Macit and Karaman, 2019). In the relevant literature, contrary to the finding of this current study, there are studies indicating that the gender variable had no effect on the spirituality, spiritual care and spiritual support perception levels (Asgar Pour et al., 2017; Esendir and Kaplan, 2018). Even if there are divergences in study results, it is still inferred that the dominance of nursing profession by women is likely to play a crucial role in raising the spiritual care perception levels.

Third, in the current study, it was discerned that means of scores obtained by students living in apartments and dormitories were higher than the one obtained by students living at home and this difference was statistically significant. Literature support compatible with our study result could not be reached. It is thought that this contradiction between two studies arises from the fact that only a

small number of students live at home. Besides, it can be deduced that students living in apartments and dormitories have high level spirituality as they have the opportunity to evaluate the nursing care which they provide during internship practices by brainstorming about it with each other from the standpoint of holistic nursing care.

Fourth, in the current study, it was ascertained that means of scores obtained from the SS by nursing students characterizing the level of their spirituality as medium, high and very high were higher than the one obtained by nursing students characterizing the level of their spirituality as low, and this difference was statistically significant. It is an anticipated outcome that students with high level of spirituality would obtain high scores from the SS. It can be supposed that, as well as religious beliefs and cultural values advocated by nursing students themselves, nursing students' information base which was developed by virtue of the educational content on holistic care in the nursing curriculum was effective in enhancing the spirituality of nursing students, raising their awareness about the spiritual care and promoting their positive perceptions of the spirituality. Actually, the fact that 64.8% of nursing students obtained information on the spiritual care during the nursing education serves as a sign in this respect. Also in the literature, it was asserted that nurses or nursing students who had courses on the spiritual care had higher spirituality and spiritual care

perception levels and were better able to satisfy individuals' spiritual care needs (Wu and Lin, 2011; Gallison et al., 2013; Çelik İnce and Utaş Akhan, 2016; Sagkal Midilli et al., 2017). The result of this current study is similar to results in the relevant literature.

Fifth, in the current study, it was identified that means of scores obtained by nursing students from the ICS-A and its clinical situation, personal life situation and decisional control over care sub-scales were successively 3.99 ± 0.74 , 3.85 ± 0.77 , 3.97 ± 0.90 and 4.11 ± 0.82 points. When the literature is examined, it was determined that the mean ICS-A total score ranged from 3.72 ± 0.80 to 4.09 ± 0.53 ; clinical situation sub-dimension mean score ranged from 3.88 ± 0.84 to 4.29 ± 0.53 ; personal life situation sub-dimension ranged from 3.24 ± 1.11 to 3.88 ± 0.89 , and decisional control over care sub-dimension mean score ranged from 3.82 ± 0.89 to 4.07 ± 0.63 (Papastavrou et al., 2015; Karayurt et al., 2018; Dogan et al., 2019). As per these results, it is an expected outcome that students with limited practical clinical experience would obtain low mean scores from the clinical situation sub-scale. However, it is thought that obtaining similar or high mean scores from personal life situation and decisional control over care sub-scales is pleasing as it signifies that nursing students attained higher awareness about these two issues within the context of nursing education. Moreover, a good quality individualized care affects patients' feedback on the care positively (Karayurt et al., 2018). In previous studies, it was ascertained that individualized care raised the patient satisfaction, affected patients' perceptions positively and enhanced the life quality of patients (Suhonen et al., 2012; Pasli Gurdogan et al., 2015; Weldam et al., 2017; Karayurt et al., 2018). Therefore, it is inferred that the high level individualized care perception of nurses and nursing students is important to the enhancement of care quality.

Sixth, in the current study, it was identified that the mean of scores obtained by female nursing students from the ICS-A was higher than the one obtained by male students and this difference was statistically significant. The study by Suhonen et al. ascertained that there was a statistically significant difference in individualized care perceptions of nurses on the

basis of the gender variable (Suhonen et al., 2011). In the relevant literature, there are studies contradicting the finding of the current study by suggesting that the gender variable had no effect on the individualized care perceptions of nurses or nursing students (Tok Yıldız et al., 2018; Dogan et al., 2019; Zengin Aydın and Büyükbayram, 2020). Even if there are diverging views in the relevant literature in terms of the effect of gender variable, it is supposed that this divergence stemmed from the high number of women in nursing profession and the effect of roles imposed on women.

Seventh, in the current study, it was ascertained that the mean of scores obtained from the ICS-A by nursing students living in apartments was higher than the one obtained by nursing students living in dormitories and this difference was statistically significant. The study by Dogan et al. found that the mean of scores obtained from the ICS-A by participants living at home with their families was higher than those obtained by participants living at home alone or with roommates, and it was expounded that living with families might have affected individualized care perceptions which were transformed by nursing care activities alongside nursing students' beliefs, values, emotions, thoughts, preferences, experiences and perceptions (Dogan et al., 2019). As it is discerned in previous studies, students' living settings affect their individualized care perceptions.

Eighth, in the current study, it was found that the mean of scores obtained from the SS by nursing students categorizing their spirituality at medium, high and very high levels was higher than the one obtained by nursing students characterizing their spirituality at low level, and this difference was statistically significant. Besides, in the study, it was ascertained that there were weak statistically significant relationships between mean scores obtained from the SS scores and mean scores obtained from the ICS-A and its sub-scales. It was deduced that nursing students with high level spirituality and spiritual care perceptions had also high level individualized care perceptions. The study by Asgar Pour et al. indicated that there was a weak statistically significant positive relationship between the individualized care and the spirituality and

spiritual care, and participants with high level individualized care perceptions had also high level spiritual care perceptions (Asgar Pour et al., 2017). The study by Yılmaz and Okyay stated that nurses obtained the highest scores from the individualized care sub-scale of the spirituality scale and this situation was related to the individualized care approach in the nursing education (Yılmaz and Okyay, 2009). Moreover, the study by Can and Acaroglu demonstrated that high level of nurses' professional value perceptions affected their individualized care perceptions positively (Can and Acaroglu, 2015). Furthermore, the study performed by Dogan et al. for analyzing the relationship between nursing students' individualized care perceptions and moral sensitivity levels argued that high level of sensitivity of nurses was a positive result which benefited the patient in terms of supporting patient's decision-making process in his/her own care along with his/her knowledge-based beliefs, thoughts, and emotions (Dogan et al., 2019). The result of this current study is similar to results of studies in the relevant literature.

CONCLUSION

In this study, it was found that, as nursing students' had higher spiritual values, their individualized care perceptions were also enhanced. In light of these results, it is recommended that educational programs such as training courses and seminars should be organized for ensuring that nursing students would better understand the incorporation of the spiritual care into individualized care, that is to say, into the holistic care philosophy and they would have higher levels of awareness about the topic, courses which would sufficiently cover concepts of the spirituality and individualized care should be included into the basic curriculum for nursing students, shortcomings should be eliminated in order to raise the level of information of nursing students, awareness of nursing students should be raised and opportunities should be created to assure that nursing students could provide their patients with spiritual care, and nursing students should be supported.

Acknowledgment

The authors would like to thank all the participants.

Conflict of Interest

The authors declare that they have no conflict of interest.

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