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ORIGINAL ARTICLE

Examination of Nursing Students' Individual Values and Perceptions of Individualized Care

Hemşirelik Öğrencilerinin Temel Değerleri ve Bireyselleştirilmiş Bakım Algılarının İncelenmesi

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ABSTRACT

Background/Aims: This study was conducted to determine the relationship between nursing students' values and perceptions of individualized care (IC).
Methods: This descriptive and correlational study consisted of all nursing students (n=205) studying at a foundation university in the 2021-2022 academic year, and 194 students selected by using the G* Power (3.1.9.2) program to determine the sample number were included in the study. Data were collected using a Student Information Form, the Portrait Values Questionnaire (PVQ), and the Individualized Care Scale-Nurse Version and analyzed on the SPSS 24 software package.
Results: The mean age of the participants was 20.37±1.23, 91.8% were female and 28.3% were second-grade students. It was seen that the participants got a total score average of 4.97±0.43 from the PVQ, and the highest score from the sub-dimensions of universality, respectively. It was determined that the mean ICS-A total score was 4.33±0.74, and the decision-making scores of the patient were high (4.40±0.78). While a positive relationship was determined between the ICS-A sub-dimensions and the PVQ sub-dimensions, there was a statistically significant difference, especially in the mean scores of the PVQ and ICS-A sub-dimensions of the PVQ and ICS-A scales for girls compared to boys ($p<0.05$).
Conclusion: It was found that participants got the highest scores on the universality sub-dimension of the PVQ. This value emphasizes equality and justice in the provision and maintenance of care. Fair and equitable distribution of resources to all individuals is the basic principle in individualized care. These results are important as they show that nursing students, the nurses of the future, can provide individualized nursing care.

Keywords: Individual values, Individualized nursing care, Nursing student

ÖZ

Amaç: Bu araştırma, hemşirelik öğrencilerinin bireysel değerleri ile bireyselleştirilmiş bakım algıları arasındaki ilişkiyi belirlemek amacıyla yapıldı.
Yöntem: Tanımlayıcı ve ilişki arayıcı olan bu çalışmaya 2021-2022 eğitim-öğretim yılında bir vakıf üniversitesinde öğrenim gören tüm hemşirelik öğrencileri (n=205) ve örneklem sayısını belirlemek için G* Power (3.1.9.2) programı kullanılarak seçilen 194 öğrenci dahil edildi. Veriler, Öğrenci Bilgi Formu, Portre Değerler Ölçeği (PDÖ) ve Bireyselleştirilmiş Bakım Ölçeği (BBS-A Hemşire Versiyonu) kullanılarak toplandı ve SPSS 24 paket programında analiz edildi.
Bulgular: Katılımcıların yaş ortalaması 20,37±1,23 olup, %91,8'i kadın, %28,3'ü 2. sınıf öğrencisidir. Katılımcıların PDÖ'nün toplam puan ortalaması 4,97±0,43, alt boyutlarından en yüksek puanı evrensellik alt boyutundan aldığı görüldü. BBS-A toplam puan ortalaması ise 4.33±0.74 olduğu ve hastası ile ilgili karar verme puanlarının yüksek olduğu saptandı (4,40±0,78). BBS-A alt boyutları ile PDÖ alt boyutları arasında pozitif yönlü bir ilişki belirlenirken, özellikle kızların erkekler göre PDÖ ve BBS-A ölçeklerinin alt boyut puan ortalamalarının daha yüksek ve istatistiksel olarak anlamlı fark saptandı ($p<0.05$).
Sonuç: Öğrencilerin PDÖ alt boyutlarının en üst düzeyde evrensellik olduğu görüldü. Bu değerler, bakımın sağlanması ve sürdürülmesinde eşitlik ve adaleti vurgulamaktadır. Bireyselleştirilmiş bakımda adalet ve kaynakların tüm bireylere eşit dağılımı temel ilkedir. Bu sonuçlar geleceğin hemşireleri olan hemşirelik öğrencilerinin bireyselleştirilmiş hemşirelik bakımı sağlayabileceklerini göstermesi açısından önemlidir.

Anahtar Sözcükler: Bireysel değerler, Bireyselleştirilmiş hemşirelik bakımı, Hemşirelik öğrencisi

Introduction

Values are the products of what is generally believed, desired, and accepted as a criterion for behavior (1). They both regulate the life of individuals in society and direct their behaviors in professional life. They have a facilitating effect on decision-making, especially in conflicting situations, and influence the individual's personality in terms of ethical, socio-economic, mental, political, physical, aesthetic, and religious aspects (2). Values possessed by an individual can be classified according to the theoretical approach that deals with them. In this context, Schwartz, one of the social scientists who classify values in detail, considers values in 10 dimensions: self-direction, stimulation, hedonism, achievement, power, security, conformity, universality, benevolence, and tradition (3). In this system of values, the values that the individual has can be listed and the individual can act in line with these values in his/her social and individual life (3-5). The values of an individual not only direct his/her life but also function as an infrastructure in the formation of professional values. During vocational education, the individual must complete his/her education by adopting the values specific to the profession (4).

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When individual and professional values overlap, the quality of nursing practices increases. Professional and individual values must complement each other in nursing, which is directly concerned with human and human life (6) because nursing puts people at the center of nursing care. Nurses provide health care services by evaluating the values, beliefs, attitudes, family, and environment of the individual for whom they provide care. They aim to help people with a humanistic and holistic perspective (7, 8). They can give individualized care only when they approach the healthy/sick individual with this philosophy. Therefore, they both care about the values of the individual who they provide healthcare services for and reflect their individual and professional values in nursing care (9, 10). To ensure that these values are reflected in nursing care as a whole, it is very important to know how nursing students perceive individuality in care. There are many studies in the literature on the examination of individual values, professional values, and care perceptions of nursing students with different variables separately (4, 10-12). Studies conducted with nursing students using Schwartz's portrait values questionnaire have shown that students' benevolence and universality values are high (4, 12, 13). Many factors affect individualized care (2, 5, 14). In studies showing the relationship between values and individualized care, benevolent people and people with high moral values and feelings of compassion also have high perceptions of individualized care (13, 15, 16). Professional values combined with personal values are the basis of nursing practice. For this reason, this study was carried out to examine the relationship between nursing students' individual values and individualized care perceptions, considering that values are effective in the formation of professional values and that nurses' values are undeniable in individualized care.

Answers to the following questions will be sought in the study:

• What is the level of nursing students' values and perceptions of individualized care?

• What variables affect nursing students' values and perceptions of individualized care?

• Is there a relationship between nursing students' values and perceptions of individualized care?

Methods

Study design

This descriptive and correlational study was conducted to examine the relationship between nursing students' values and perceptions of individualized care.

Population and sample of the study

The population of the study consisted of 205 1st, 2nd, 3rd, and 4th-grade nursing students attending a foundation university faculty of health sciences department of nursing in the fall semester of the 2021-2022 academic year and agreed to participate in the study. The nursing students' individualized nursing care affected their values. Within this context, students have the maturity to make interpretations by analyzing IC and values. A positive relationship between the IC perceptions of nursing students and their professional values levels at the r=0.20 level was proposed. It was determined that at least 193 people should be included in the study, based on the number of samples made in the G* Power (3.1.9.2) program with a 5% alpha margin of error (two-way) and 80% power. The sample, on the other hand, included 194 students determined with the simple random sampling method. Inclusion criteria for the nursing students were actively attending university and willing to participate in the study.

Data collection

Study data were collected by using a Student Information Form, the Portrait Values Questionnaire, and the Individualized Care Scale-Nurse Version.

Student Information Form

This form was prepared by the investigators following a review of the literature (4,12,15,17). It included a total of four questions about the descriptive characteristics of students, such as age, sex, school year, and willingly choosing the nursing profession.

Portrait Values Questionnaire (PVQ)

This scale was developed by Schwartz et al. to determine participants' value preferences. It was adapted to Turkish by Demirutku and Sümer and its reliability and validity studies were performed. The Turkish form of the scale consists of 40 items. It is a 6-point Likert-type scale with evaluation options ranging between "1" totally like me and "6", at all like me. The scale includes 10 sub-dimensions (1: Power, 2: Achievement, 3: Hedonism, 4: Stimulation, 5: Self-direction, 6: Universality, 7: Benevolence, 8: Tradition, 9: Conformity, and 10: Security), and each item of the scale is associated with one of these 10 sub-dimensions (18). There are between two and six items in each dimension. Low scores on a question indicate that the ratio of having that value is high. The questionnaire was adapted for Turkish university students. Both internal consistency and test–retest reliability coefficients were calculated for ten value types. Cronbach's alpha coefficient varied between 0.58 and 0.82 in the first application and 0.61 and 0.84 in the second application, and the test-retest reliability varied between 0.65 and 0.82. In this study, Cronbach's alpha coefficient was determined as 0.87 (19).

Individualized Care Scale-Nurse Version (ICS-A-nurse)

The scale was adapted to Turkish society by Şendir et al. It consists of two dimensions. The first one supports the individuality of patients in nursing care practices (ICS-A-nurse), and the second is used to evaluate the level of nurses' perceptions of individualization of patient care (ICS-B-nurse). The first part of the scale was used in this study. The ICS includes individual patient characteristics in the clinical situation caused by hospitalization (seven items), each patient's personal life situation before hospitalization (five items),

and each patient's decisional control (information, involvement, and decision-making) over their care (seven items) (9,15). This scale consists of 17 items with responses based on a 5-point Likert-type scale. It includes three subscales: clinical situation (items 1, 2, 3, 4, 5, 6, and 7); personal life situation (items 8, 9, 10, and 11); and decisional control over care (items 12, 13, 14, 15, 16, and 17). Higher scores indicate that the nurse's perception of supporting the individuality of healthy individuals or those with medical conditions is also high. In this study, Cronbach's alpha coefficient of the ICS-A-nurse was 0.93 for the total scale, 0.94 for the clinical situations sub-dimension, 0.89 for the personal life situations sub-dimension, and 0.93 for the decisional control over care sub-dimension (7).

Data Collection

Data collection forms were distributed to the students and collected after completion. Before collecting the data, the investigators explained the purpose, content, scope, and duration of the study, as well as what was expected from the students. After the briefing, data were collected in places where students spent their free time (canteen, reading room, etc.).

Data analysis

SPSS 25 for Windows software package was used to analyze the data. Medians, minimum and maximum values, and arithmetic means [standard deviation (SD)] was used for ordinal data evaluation. Frequency and percentage values were used for nominal data evaluation. The Kolmogorov-Smirnov test was used to determine the normality of distributions. As some distributions were non-normal, non-parametric methods were used for their statistical analysis. The Mann-Whitney U test was used to compare qualitative variables between two groups. The Kruskal-Wallis test was used to compare variables in more than two groups. The Bonferroni adjusted Mann-Whitney test was used to identify the group that caused the difference found with secondary multiple comparison analysis when the differences between the parameters of more than 2 groups were found statistically significant. Spearman correlation analysis was used to determine the correlation between the scales. Significance was set at $p < 0.05$.

Ethics of the study

Before the study, written approval was obtained from the ethics committee of a foundation university faculty of medicine (12.11.2021/39281). Student participants were informed about the aims and benefits of the study, and their roles were explained. All the students agreed to participate in the study and submitted a written consent form. No names were entered on the data collection forms, and they were kept separately from the consent form to protect the anonymity of the students. The research was conducted by the principles of the 2008 Helsinki Declaration.

Results

Demographic characteristics

Sociodemographic characteristics of the nursing students were as follows: the mean age was 20.37± 1.23 years; 58.2% were in the 20-21 age group; 91.8% were female; 28.3% were second-grade students; 80.4% chose the nursing department willingly (Table 1).

Table 1. Sociodemographic characteristics of the students (N=194)

Individual Characteristic (N=194)	n	%
Age range (years)	X□±SD=20.37±1.23/years	
18-19	45	23.2
20-21	113	58.2
22-23	36	18.6
Gender		
Female	178	91.8
Male	16	8.2
Grade		
1st	37	19.1
2nd	55	28.3
3rd	53	27.3
4th	49	25.3
Choose the nursing department willingly		
Yes	156	80.4
No	38	19.6

The effect of students' characteristics on their values, the Portrait Values Questionnaire, and the Individualized Care Scale-Nurse Version

The examination of the relationship between participants' mean scores on the Portrait Values Questionnaire and its sub-dimensions according to their characteristics indicated that there was no statistically significant difference between the mean Portrait Values Questionnaire scores according to age and gender variables ($p>0.05$). However, the examination of the scores according to school grade indicated that the mean score of the 1st, 2nd, and 3rd grade-students on the conformity sub-dimension of the Portrait Values Questionnaire was higher than the scores of 4th-grade students and the difference was statistically significant ($\chi2=11.329$, $p=0.010$). It was also determined that the mean scores of the participants who had chosen the nursing profession willingly on the power ($Z=-2.014$, $p=0.044$) and achievement ($Z=-1.987$, $p=0.047$) sub-dimensions of the Portrait Values Questionnaire were lower than the scores of those who had not and that the difference was statistically significant (Table 2).

Table 2. Investigation of the relationship between nursing students' individual characteristics and Portrait Values Scale and Individualized Care Scale-A (N=194)

Individual Characteristics		Portrait Values Scale (PVQ)											Indivudualized Care Scale-A (ICS-A-nurse)			
		Power	Achievement	Hedonism	Stimulation	Self-Direction	Univarsalism	Benevolence	Tradition	Comformity	Security	Total Score	Clinical Situation	Personal Life	Decision Control	Total Score
		x̄±S.D.											x̄±S.D.			
		4,36±0,95	4.77±0.84	5.16±0.71	4.86±0.71	5.26±0.55	5.37±0.56	5.05±0.67	4.38±0.78	4.90±0.69	5.25±0.55	4.97±0.43	4.32±0.78	4.23±0.81	4.40±0.78	4.33±0.74
Age	18-19 (n=45)	4.36±0.97	4.77±0.92	5.11±0.69	4.94±0.71	5.22±0.56	5.27±0.50	5.20±0.65	4.46±0.64	5.04±0.56	5.27±0.43	4.99±0.43	4.33±0.68	4.26±0.80	4.41±0.73	4.34±0.68
	20-21 (n=113)	4.34±0.94	4.77±0.85	5.20±0.73	4.84±0.70	5.30±0.54	5.37±0.57	5.00±0.68	4.32±0.84	4.87±0.76	5.24±0.60	4.97±0.44	4.32±0.78	4.26±0.78	4.42±0.77	4.34±0.73
	22-23 (n=36)	4.44±0.96	4.78±0.72	5.10±0.67	4.81±073	5.18±0.57	5.41±0.59	5.02±0.66	4.45±0.72	4.81±0.61	5.29±0.52	4.97±0.43	4.27±0.89	4.15±0.92	4.39±0.86	4.28±0.85
	T (X^2/p)*	χ2=0.700 p=0.705	χ2=0.109 p=0.947	χ2=1.744 p=0.418	χ2=0.680 p=0.712	χ2=1.831 p=0.400	χ2=3.518 p=0.172	χ2=3.567 p=0.168	χ2=0.083 p=0.959	χ2=2.688 p=0.261	χ2=0.139 p=0.933	χ2=0.039 p=0.981	χ2=0.161 p=0.923	χ2=0.317 p=0.853	χ2=0.054 p=0.973	χ2=0.084 p=0.959
Gender	Female (n=178)	4.33±0.96	4.75±0.85	5.19±0.71	4.88±0.71	5.28±0.55	5.39±0.53	5.08±0.64	4.38±0.76	4.90±0.70	5.28±0.53	4.99±0.43	4.39±0.72	4.32±0.76	4.49±0.71	4.41±0.69
	Male (n=16)	4.71±0.71	5.03±0.69	4.79±0.56	4.64±0.67	5.03±0.53	4.99±0.69	4.73±0.92	4.31±1.03	4.93±0.61	4.92±0.61	4.83±0.43	3.51±0.89	3.28±0.71	3.56±0.95	3.48±0.81
	T (Z/p)**	Z=-1.407 p=0.159	Z=-1.189 p=0.234	Z=-2.651 p=0.008	Z=-1.194 p=0.233	Z=-1.907 p=0.057	Z=-2.432 p=0.015	Z=-1.391 p=0.164	Z=-0.101 p=0.920	Z=-0.044 p=0.965	Z=-2.430 p=0.015	Z=-1.316 p=0.188	Z=-4.076 0.000	Z=-4.923 0.000	Z=-4.443 0.000	Z=-4.574 0.000
Grade	1th (n=37)	4.31±0.9	4.64±0.90	5.09±0.78	4.90±0.73	5.12±0.64	5.33±0.49	5.11±0.68	4.47±0.72	5.00±0.58	5.21±0.51	4.96±0.44	4.34±0.70	4.36±0.67	4.46±0.71	4.38±0.66
	2nd (n=55)	4.60±0.95	4.99±0.80	5.13±0.67	4.93±0.69	5.34±0.51	5.31±0.52	5.01±0.71	4.33±0.84	4.98±0.68	5.28±0.53	5.02±0.43	4.22±0.77	4.13±0.89	4.33±0.77	4.24±0.76
	3rd (n=53)	4.13±0.97	4.63±0.84	5.31±0.73	4.88±0.73	5.33±0.52	5.49±0.61	5.18±0.62	4.43±0.85	4.98±.79	5.27±0.58	5.01±0.46	4.30±0.0	4.24±0.89	4.44±0.92	4.34±0.85
	4th(n=49)	4.39±0.83	4.78±0.82	5.08±0.67	4.72±0.68	5.19±0.55	5.27±0.58	4.91±0.66	4.30±0.67	4.65±0.61	5.24±0.57	4.89±0.40	4.41±0.69	4.26±0.72	4.43±0.68	4.39±0.65
	T (X^2/p)*	χ2=6.623 p=0.085	χ2=7.466 p=0.058	χ2=6.031 p=0.110	χ2=2.091 p=0.554	χ2=4.132 p=0.248	χ2=7.809 p=0.051	χ2=4.711 p=0.194	χ2=1.683 p=0.641	χ2=11.329 p=0.010	χ2=0.781 p=0.854	χ2=3.454 p=0.327	χ2=2.426 p=0.489	χ2=1.532 p=0.675	χ2=1.693 p=0.638	χ2=1.237 p=0.744
Choose the nursing department willingly	Yes (n=156)	4.29±0.95	4.72±0.84	5.14±0.71	4.84±0.72	5.23±0.54	5.35±0.55	5.07±0.64	4.39±0.79	4.93±0.69	5.22±0.56	4.96±0.45	4.35±0.79	4.27±0.81	4.44±0.78	4.36±0.75
	No (n=38)	4.63±0.90	4.96±0.82	5.25±0.72	4.94±0.67	5.36±0.59	5.35±0.58	4.97±0.78	4.32±0.74	4.77±.68	5.38±0.45	5.03±0.39	4.19±0.67	4.09±0.81	4.33±0.77	4.21±0.68
	T (Z/p)**	Z=-2.014 p=0.044	Z=-1.987 p=0.047	Z=-1.055 p=0.291	Z=-0.671 p=0.502	Z=-1.484 p=0.138	Z=-0.146 p=0.884	Z=-0.476 p=0.634	Z=-0.582 p=0.561	Z=-1.463 p=0.144	Z=-1.567 p=0.117	Z=-0.907 p=0.364	Z=-1.806 p=0.071	Z=-1.704 p=0.088	Z=-1.029 p=0.303	Z=-1.739 p=0.082

*X^2=Kruskal-Wallis H testi, **Z=Mann Whitney U Testi, p<0.05

Table 3. Examining the relationship between the students' Portrait Values Scale and the Individualized Care Scale-A (N=194)

		Indivudualized Care Scale-A (ICS-A)			
		Clinical Stiuation	Perso-nal Life	Decision Control	Total Indi-vudualized Care Sca-le-A Scores
Portrait Values Scale (PVQ)					
Power	rho	0.045	0.010	0.011	0.033
	p	0.535	0.892	0.877	0.646
Achie-vement	rho	0.088	-0.003	-0.003	0.039
	p	0.223	0.968	0.966	0.586
Hedo-nism	rho	0.339	0.311	0.380	0.359
	p	0.000*	0.000*	0.000*	0.000*
Stimula-tion	rho	0.300	0.324	0.269	0.326
	p	0.000*	0.000*	0.000*	0.000*
Self-Di-rection	rho	0.331	0.290	0.300	0.340
	p	0.000*	0.000*	0.000*	0.000*
Univar-salism	rho	0.370	0.315	0.388	0.387
	p	0.000*	0.000*	0.000*	0.000*
Benevo-lence	rho	0.263	0.267	0.291	0.303
	p	0.000*	0.000*	0.000*	0.000*
Tradition	rho	0.139	0.198	0.117	0.169
	p	0.053	0.006*	0.105	0.018*
Comfor-mity	rho	0.131	0.182	0.217	0.184
	p	0.069	0.011*	0.002*	0.010*
Security	rho	0.322	0.263	0.300	0.322
	p	0.000*	0.000*	0.000*	0.000*
Portrait Values Scale (PVQ)	rho	0.351	0.314	0.327	0.361
	p	0.000*	0.000*	0.000*	0.000*

* Spearman Correlation Test (rho), p<0.05

When participants' mean scores on the total ICS-A-nurse and its subscales were analyzed according to their characteristics, it was found that there was no statistically significant difference in terms of age, school grade, and choosing the nursing department willingly (p>0.05).

The mean score obtained by female students on the personal life situation subscale of the ICS-A-nurse was higher than that of male students, and the difference was statistically significant (p<0.05).

The relationship between portrait values and individualized care perceptions among nursing students

Table 3 shows the relationship between nursing students' mean scores on the Portrait Values Questionnaire and the Individualized Care Scale. Firstly, when we examine the compatibility between the scales, the model fit index for the first scale was χ2/SD=1.313 and the model fit index for the second scale was χ2/SD=1.888. It was determined that the relevant model fit indices for the two scales were at an appropriate level. It was determined that there was a statistically significant relationship between the Portrait Values Questionnaire and the Individualized Care Scale and its sub-dimensions (r=0.361). Also, a statistically significant relationship was found between the Portrait Values Questionnaire and the clinical situation sub-dimension (r=0.351), the personal life situation sub-dimension (r=0.314), and the decisional control over care sub-dimension (r=0.344). A statistically significant positive difference was found between the mean scores on the hedonism, stimulation, self-direction, universality, benevolence, and security sub-dimensions of the Portrait Values Questionnaire and the mean scores on the clinical situation and decisional control over care sub-dimensions (p<0.05). A statistically significant positive difference was determined between the participants' mean scores on the hedonism, stimulation, self-direction, universality, benevolence, tradition, conformity, and security sub-dimensions of the Portrait Values Questionnaire (p<0.05) (Table 3).

Discussion

The main purpose of this study was to determine the individual values of nursing students according to the Portrait Values Questionnaire and to evaluate their perceptions of individualized care according to these values. In the literature, although there are studies on nursing students' perceptions of individualized care and the factors affecting them, there is limited research into the relationship between Schwartz's portrait values and individualized care (4,12). In this sense, this research will contribute to the literature on the relationship between nursing students' values and their perceptions of individualized care. In this study, the three most important values of nursing students were found as power, tradition, and achievement, respectively. When students' perceptions of individualized care were examined, it was seen that their mean score on the decisional control over care sub-dimension was high. At the same time, female participants' mean scores on the sub-dimensions of the Individualized Care Scale were higher than those of male students.

According to Schwartz's theory, an individual can have more than one value and shape his/her life in line with these values (20). In this study, it was determined that nursing students got the highest mean scores on the universality, self-direction, and hedonism sub-dimensions of the Portrait Values Questionnaire. The tendency of the students toward the value of universality involves characteristics, such as understanding, valuing, and protecting people, being tolerant of them, wishing for their well-being, and protecting nature (broad-mindedness, wisdom, social justice, equality, desiring peace in the world, desiring a beautiful world, being in harmony with nature, and protecting the environment) (4, 18). This shows that they have a suitable personality to adopt contemporary nursing philosophy. The second value of the nursing students was self-direction. This value expresses independent choice of thought and action, creativity, and exploration. Nursing is a health discipline consisting of science and art (18, 19).

For this reason, nursing education aims to teach nursing students critical thinking, creativity, and analytical thinking skills. The fact that students have this value system shows that they can offer individualized care. The third value of nursing students was hedonism. Hedonism is a type of value derived from the satisfaction of the individual's needs (4). Hedonism means getting pleasure from life. Nursing is a profession with high spiritual satisfaction. Those who prefer this profession are happy to help other people and care about the happiness of others for their happiness. It was determined that our students had these values at the forefront, which showed that they tended to maintain social traditions and that they had the values of universality, equality, justice, and the protection of humanity at a high level, which means accepting each individual as they are. In light of these findings, it was found that nursing students had the general characteristics of Turkish society (4, 11, 21) and that they were also suitable for the nursing profession, which puts the individual at the center of nursing care. Also, the results showed that they could be members of a socially accepted profession and were open to innovations. In another study in which the same scale was used to determine the individual values of nursing students, it was seen that benevolence, universality, self-direction, conformity, and stimulation were the top-five ranking values (12). In this study, benevolence took the first place and it was followed by universality and self-direction together.

Individualized nursing care is defined as nursing activities designed specifically for healthy/sick individuals to achieve desired results in care (15). For this reason, it is very important to provide individualized care for individuals in the evaluation of the quality of healthcare services (22). In the study, it was determined that nursing students' perceptions of individualized care were at a high level. When compared with the results of other studies in the literature, students' mean score on the scale was similar (7, 14). Some similar research findings (5, 15, 17) have shown that nursing students and nurses have a high level of individualized care perception. Considering the mean scores on the sub-dimensions of the ICS-Nurse, it was determined that students got the highest mean score on the decisional control over care sub-dimension of the Individualized Care Scale (4.40±0.78), which reflects individuals' feelings, thoughts, and wishes and includes behavioral perceptions that support their participation in decisions about their care. Decision-making can be defined as choosing the most appropriate solution among the possible ways to solve a problem (11). Decision-making also has a complex structure that includes intelligence and intellectual and cognitive actions and requires the use of critical thinking skills (23). In studies conducted to determine the sub-dimensions of the ICS-Nurse, the highest perception of individualized care has been in the decisional control over care sub-dimension, which has been followed by clinical situation and personal life situation sub-dimensions, which is consistent with the findings of this study (24-26). This finding of the study shows that while providing care, students care that the healthy/sick individual should have a say in their care.

The mean scores of the students on the Portrait Values Questionnaire and Individualized Care Scale were examined according to their characteristics. When the factors affecting individual values were examined, it was determined that there was no relationship between individual values and students' gender, age, and choosing the profession willingly. However, some studies in the literature have shown that variables such as age, gender, school year, family status, and choosing the profession willingly are effective (4, 12). Although the results of the present research were different from those in the literature, the absence of statistically significant differences, especially according to gender and age, showed that students had universal values. The fact that the mean scores of 1st, 2nd, and 3rd-grade students on the conformity sub-dimension of the Portrait Values Questionnaire were high can be associated with the fact that professional knowledge, skills, and experiences related to behaviors such as avoiding actions that may harm another individual and violating social norms and self-control have not adequately developed at desired levels yet.

The examination of students' mean scores on the total ICS-Nurse and clinical situation, decisional control over care, and personal life situation sub-dimensions according to their characteristics indicated that there was no statistically significant difference between the scores according to age, school grade, and choosing the nursing profession willingly. This finding of the study shows that the perception of individualized care is independent of environmental factors. There was a significant difference between gender and the perception of individualized care, which suggests that female nurses care more about patients' having a say in their care than male nurses.

A positive statistical difference was found between students' mean scores on the hedonism, stimulation, self-direction, universality, benevolence, and security sub-dimensions of the Portrait Values Questionnaire and their mean scores on the clinical situation, personal life situation, and decisional control over care sub-dimensions of the ICS-Nurse. Hedonism involves one's happiness with their behaviors and attitudes. Self-direction expresses creativity, freedom, independence, curiosity, and one's ability to choose goals (27, 28). The significant correlation between the mean scores of the students on the security sub-dimension and the sub-dimensions of the ICS suggested that nursing students could both evaluate the healthy/sick individuals in holistically and decide on their attitudes and behaviors in line with professional rules and practices. Universality reflects the belief that there should be equality and justice for the whole world and people and that all living things deserve a livable world. The basic philosophy of the nursing profession is to believe that all people have the right to benefit equally from healthcare, not only when there is a deviation from the disease. It is pleasing to find a significant relationship because this philosophy constitutes the main element

in individualized care (4). The value of benevolence indicates attitudes, such as helpfulness, honesty, loyalty, and responsibility. The essence of nursing is to help the individual. The nurse performs this action by evaluating all of his/her actions and behaviors with all the dimensions of the individual. Therefore, this value is important in terms of reflecting the conformity of nursing behaviors. Security shows the value of the individual, family, community, and being healthy and clean. Determining a significant relationship between the values of nursing students, who adopt the principle of not harming the care of the healthy/sick individual, and each sub-dimension of the individualized care scale shows that recognizing the individuals' individuality, respecting their beliefs and thoughts, and taking into account their active participation in care are behaviors that make them happy. Stimulation includes concepts such as excitement and novelty (19). This concept also forms the essence of nursing attitudes and behaviors because each individual is different, special, and unique. Each person's care needs are different. Therefore, being intertwined with people is an exciting source of motivation for students. There was statistically significant difference between the personal life situation of the students and their tendency towards traditions and conformity. The value of tradition describes behavior patterns, group solidarity, and respect and loyalty as symbols of the culture in which the individual lives (27). Nursing is a profession with its own professional rules and culture. Students who choose this profession are integrated into this culture during their nursing education. The most important behavior of this culture is giving care in line with the nursing philosophy (7, 17, 20). Therefore, it was seen that nursing students adopted the nursing culture and philosophy in harmony with their values. A statistically significant difference was determined between the conformity sub-dimension of the Portrait Values Questionnaire and the decisional control over care sub-dimension of the ICS-Nurse. The purpose of the conformity value is to avoid actions that will make the other person upset and to stay away from actions that may harm others (18). The determination of a positive correlation between students' mean scores on the personal life situation and decisional control over care sub-dimensions of the ICS-Nurse is a positive finding. This relationship is a reflection of the altruism and conformity that are found in the professional values of nursing students, and their manifestation as the evaluation of healthy/sick individuals' thoughts and beliefs in individualized care and giving importance to cooperation with the patient is the desired outcome.

Limitations of the study

This study has some limitations. First of all, the fact that the results are based on self-report is not an expert assessment. Second, the result of this research cannot be generalized because it was conducted in a single center.

Conclusion

It was determined that the first three individual values of nursing students were universality, self-direction, and security, respectively and that their perceptions of individualized care were high. In addition, it was observed that there was a significant relationship between nursing students' values and their perceptions of individualized care. It can be recommended that starting from the basic education level, students' awareness about basic values that are important in choosing a profession should be raised, the relationship between professional practices and values should be grasped, and that the importance of values and the relationship between nursing and values should be included in the curriculum.

Author Contributions

Conception And Design; GÖA,BD, Data Collection And And/Or Proessing: GÖA, NT, BD, Analysis And/ Or Interpretation: GÖA, NT, Writing; GÖA, TA, Critical Review; GÖA, NT, TA

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