

## The Investigation of Nurses' Sociotropy and Autonomy Personality Features in the Context of Emotional Habitus

Hemşirelerin Sosyotropi ve Otonomi Kişilik Özelliklerinin Duygusal Habitus Bağlamında İncelenmesi

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### ABSTRACT

The study was designed to investigate of nurses' sociotropy and autonomy personality features in the context of emotional habitus.

The study was carried out in accordance with the qualitative research design and was supported by quantitative data. Information Form, Sociotropy-Autonomy Scale were applied to 10 nurses. Also, semi-structured thorough individual interviews were made with them.

Seven nurses have voluntarily chosen their profession and the others are not. Five nurses stated that nursing is appropriate for their personal character. Six nurses stated that nursing influenced the positive development of personal character. According to the findings, nurses who have developed autonomous personality characteristics and chose willingly the profession did so since it is a profession that is compatible with their individual identities or their primary habitus. Nurses claimed that the nursing profession suited their personalities also reported that the profession had a positive effect on their personalities. The findings revealed the significance of developing both autonomy and sociotropy personality characteristics. The nurses reported that their nursing profession brought them with sociotropy personality characteristics. If there are differences between the social identities of nurses and their nursing identities (the emotional habitus examined in this study), nurses tend to adopt the identity of the nursing profession. The nurse is motivated in this manner because he/she enjoys this different habitus, which makes his/her life, communication, and nursing career simpler. These advantages drive his/her to adopt this different habitus and incorporate it into his/her social identity. In this context, the researchers' investigation of nurses' personality traits in the context of their emotional habitus will positively affect the quality of care.

**Keywords:** Nurse, Emotional Habitus, Sociotropy, Autonomy, Personality Feature

### ÖZ

Araştırma, hemşirelerin sosyotropi ve otonomi kişilik özelliklerinin duygusal habitus bağlamında incelenmesi amacıyla tasarlanmıştır.

Araştırma nitel araştırma desenine uygun olarak yürütülmüş ve nicel verilerle desteklenmiştir. 10 hemşireye Tanıtıcı Bilgi Formu, Sosyotropi-Otonomi Ölçeği uygulanmıştır. Ayrıca hemşirelerle yarı yapılandırılmış derinlemesine bireysel görüşmeler yapılmıştır.

Katılımcı hemşirelerden yedisi mesleğini gönüllü olarak seçmiş, diğer üçü seçmemiştir. Beş hemşire hemşireliğin kişisel karakterlerine uygun olduğunu ifade etmiştir. Altı hemşireyse, hemşireliğin kişisel karakter gelişimini olumlu etkilediğini belirtmiştir. Otonomi kişilik özelliği gelişmiş ve mesleği isteyerek seçen hemşireler, bireysel kimliklerine uygun yani birincil habitusları ile uyumlu bir meslek olduğu için hemşirelik mesleğini seçmişlerdir. Hemşirelik mesleğinin kişiliklerine uygun olduğunu belirten hemşireler, hemşirelik mesleğinin olumlu bir şekilde kişiliklerini etkilediğini belirtmişlerdir. Çalışmada hem otonomi hem sosyotropi kişilik özelliğini birlikte geliştirmenin önemi gözler önüne serilmiştir. Hemşireler hemşirelik mesleğinin kendilerine sosyotropi kişilik özelliğine ait olan özellikler kazandırdığını belirtmişlerdir. Hemşirelerin sosyal kimlikleri ile hemşirelik kimlikleri (bu çalışmada incelenen duygusal habitus) arasında farklılıklar varsa hemşireler hemşirelik mesleğinin kimliğini benimseme eğilimindedir. Hemşireyi bu şekilde yönlendiren şey bu farklı habitusu sevmesi, hayatını, iletişimini, hemşirelik mesleğini yapmayı kolaylaştırmasıdır. Bu bağlamda araştırmacıların hemşirelerin kişilik özelliklerini duygusal habitusu bağlamında değerlendirmesi bakım kalitesini olumlu yönde etkileyecektir.

**Anahtar Kelimeler:** Hemşire, Duygusal Habitus, Sosyotropi, Otonomi, Kişilik Özelliği

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## INTRODUCTION

Personality characteristics of an individual might have an effect on how they make career decisions. Some individuals would prefer work in positions where they are exposed to more stress, while others would prefer to work in professions with less stress.<sup>1</sup> Studies have shown that nursing is also a stressful profession.<sup>2,3</sup> In this regard, it is important to determine the personality characteristics nurses possess. According to Beck et al.;<sup>4</sup> Beck (1983) mentions two personality dimensions in their cognitive theory; autonomy and sociotropy (social belonging). Autonomy emphasizes the individual's need for independence, the preserving and increasing personal rights, and the attainment of set goals. Personal achievement and failure are important for individuals who possess a high level of autonomy. Individual autonomy brings self-acquaintance, power sharing, and independence. Sociotropy refers to one's need for positive relationships with others. It is important to seek approval from others for individuals with high levels of sociotropy personality characteristics. These individuals are able to maintain positive self-images as long as they continue to be approved, loved, respected, and deemed important by those who matter to them.<sup>4</sup>

Autonomy personal traits must be high for nurses to effectively accomplish their roles and responsibilities in the health system.<sup>5,6</sup> It is believed that nurses with a high level of autonomy would take a more active role in satisfying professional criteria. In this context, autonomy will provide nurses with self-acquaintance, independence, and power sharing, as well as the ability to define the nursing dimension in the care they provided, make conscious choices, identify a care strategy, maintain authority with responsibility, and deliver intentional and controlled care that is not based on chance and retains external forces under control. As a result, a nurse who is aware of her emotions, thoughts, and behaviors will be able to perceive herself as competent while

providing care and will be able to use her autonomy by developing new attitudes toward new circumstances.<sup>7-9</sup> In order for nurses to take on a role in the health system as a member of a health discipline with professional characteristics and to provide comprehensive and effective care to the individuals they serve, they must develop a sense of professional belonging (for example, being able to interact positively with others, participating in joint activities and liking to aid others, attaching importance to the smooth functioning of interpersonal relationships) in addition to their autonomy personality characteristics.<sup>10-12</sup> Since the focus of care is the nurse's dedication to the profession<sup>13</sup> and care studies necessitates investigating notions of emotional labor, individual and professional self and identity, such as comprehending others, empathizing, and feeling what others feel as well as making practices on these notions.<sup>13,14</sup> In this sense, the concept of habitus, defined by Bourdieu, is beneficial for working on nursing identity since it is a social topography that brings identity to groups and a temperament suitable for the circumstances to actors.<sup>15-17</sup> This is because nurses display emotional labor to caregivers through their nursing identities.<sup>18</sup>

Habitus should include the ability and competence necessary to cope with daily nursing practices as well as the adoption of professional identity and goals. These abilities and competences are nursing values, empathy, interest in patient needs, holism, caring and all that.<sup>19-21</sup> However, while it may seem that 'loving care' cannot be accomplished in theory and in an idealized habitus, in fact, habitus, in practice, allows nurses to manage their own and others' emotions, to express appropriate emotions, that is, to display emotional labor and cope with emotional labor.<sup>18,22</sup>

This sort of habitus, according to Bourdieu, is a secondary habitus constructed on the primary habitus forming in the family's social environment as from early

childhood.<sup>16, 17</sup> The habitus that nurses acquire throughout their education and career is constructed in the primary habitus of caregivers, namely their own knowledge and experience.<sup>23</sup> Primary habitus affects an individual's point of view, decision-making, and outlook on life, and secondary and professional habitus.<sup>24</sup> It is shaped by the students' own primary habitus and has an affective property. Secondary habitus refers to the inclinations of a professional culture that are built on students' personal identities.<sup>25</sup> Consequently, habitus refers to the qualities shared by individuals with similar identities and predisposes members of a group to share actions.<sup>16, 17</sup> Therefore, the nurse habitus indicates the qualities shared by the nurse identity and assures that the nursing identity is maintained.<sup>14, 19</sup>

Secondary, professional habitus is an identity that individuals may choose, and the behaviors necessitated by this identity should be included into the individual's range of actions. Because students' social and familial backgrounds, personal choices, and experiences in life should prepare and predispose them in advance to be the ideal candidate for the profession and for adaptation to secondary, professional habitus.<sup>25, 26</sup> Students, for example, may connect with the leading nurses by reflecting on their own experiences, may reinforce their inherent qualities by adopting and internalizing them, and convert them into their new values, personal traits, and professional identities by reinforcing them with their existing values, personal traits, and professional identities.<sup>20</sup>

Although the idealized professional or secondary habitus is logical, rational and objective, the realized habitus anticipates a sense of belonging. patient-nurse interaction develops with the ability of nurses to figure out human behavior and communication, as well as caring practice knowledge and commitment to professional values. This is because professional identity also leads to emotional commitment in the caring professions.<sup>13, 27</sup> Concordantly, sociotropy-autonomy personality characteristics are vital

for nurses' professional development. Nurses should be autonomous in the professionalization process, and their professional socialization should be developed in a manner that assesses autonomy. Therefore, the emergence and development of the sociotropy personality trait among nurses for professional commitment may contribute to professionalization.<sup>28-30</sup> As a consequence, sociotropy and autonomy personality characteristics may be established and improved simultaneously among nurses for positive interpersonal relationships, effective problem-solving abilities, and effective performance.<sup>12, 31</sup> However, it has been suggested to teach feelings and ethics alongside thoughts and actions.<sup>27, 32</sup> Professional or secondary habitus also provides a method for shaping nurses' abilities to respond to emotional expectations of professional culture.<sup>13, 24, 33</sup> Therefore, habitus is also associated with emotional labor. To conceptualize the product of habitus in the sphere of care, the concept of emotional habitus<sup>13, 34, 35</sup> was derived from Bourdieu's<sup>16</sup> sociology and Arlie Russell Hochschild's<sup>22</sup> emotional work or emotional labor concepts. Furthermore, since emotions are communicative and relational, they comprehend and express social and personal identities.<sup>18</sup> It is possible to work on nursing identity with this feature of emotions. As a result of the nurses' attainment of the communication disposition (habitus), which can be referred to as existing therapeutic and helpful communication skills in the field of care, the emotional habitus can enable nurses to provide psychosocial care by understanding and managing their own and patient feelings in patient-nurse interaction.

Consequently, the assessment of sociotropy and autonomy personality traits of nurses in the context of emotional habitus may contribute to identifying which personal traits nurses possess as well as comprehending the quality of emotional habitus they have attained based on these personality characteristics. Therefore, the aim of this study is to assess the sociotropy

and autonomy personality characteristics of nurses in the context of emotional habitus.

### Research Questions

1. What is the level of sociotropy and autonomy personality characteristics among nurses?

2. What are the emotional habitus of nurses?

## MATERIALS AND METHODS

### Study Design

The study was conducted based on qualitative research design and was supported with quantitative data. The qualitative research design was done in accordance with the qualitative descriptive research design in order to figure out the emotional habitus of nurses. The quantitative data were acquired in accordance with the cross-sectional descriptive research design.

### Research Population and Sampling

This study was conducted with 10 clinical nurses who worked in the inpatient clinics in a state hospital in Eastern Anatolia Region in Turkey. Around 200 nurses work in the inpatient clinics at the State Hospital. In accordance with the qualitative research design, interviews with volunteer participants were held until saturation was achieved in the findings collected as a result of semi-structured individual interviews with clinical nurses who were reached by snowball method. Ten nurses aged 18 to 33 participated in the study. Two of the nurses were male, eight were female, six were single and four were married. Two of the participants were health vocational high school graduates, while the other eight were undergraduate graduates. Their duration of service in the nursing profession was 2.5 years.

### Data Collection

The Introductory Information Form and the Sociotropy-Autonomy Scale were applied to the participants. Then, semi-structured in-depth individual interviews were held. At the end of the interview, they were asked to suggest a participant name who may volunteer to participate in the study.

According to the literature information,<sup>36, 37</sup> the interviews lasted for 45-60 minutes and were recorded using a voice recorder that was suitable for the individual interview method. During the in-depth interview, the researcher and the nurse were seated at a 45-degree angle on opposing chairs. When it was thought that the data related to the study objective were reached and data were saturated, the interviews were ended.

### Data Collection Tools

Introductory Information Form includes questions asking about the age, gender, marital status, and total employment time of nurses etc. (13 question). The Sociotropy Autonomy Scale was originally developed by Beck et al. in 1983. It was adapted to Turkish by Şahin et al.<sup>38</sup> the Turkish version being an exact translation of the original English version. The scale consists of 60 items and determines two different personality characteristics. Thirty items belong to sociotropy subscale, and 30 items belong to autonomy subscale. Respondents were asked to indicate the degree to which they agree or disagree with each of the statements using a 5-point Likert-type scale (ranging from 0 = *strongly disagree* to 4 = *strongly agree*). The highest score that could be obtained from one subscale was 120 points. High sociotropy subscale scores indicate high levels of sociotropy personality characteristics, and high autonomy subscale scores indicate high levels of autonomy personality characteristics. Beck et al. (1983) indicated the Alpha values of the autonomy dimension of the scale as between .83 and .95, and sociotropy dimension of the scale as between .89 and .94. In their study, which was conducted on a group of students in Turkey, Şahin et al. (1993) found Cronbach's Alpha



values for autonomy dimension as .82 and for sociotropy dimension as .83.<sup>38</sup> In this study, Cronbach's Alpha value was found for autonomy dimension as .93 and for sociotropy dimension as .92. Semi-Structured In-Depth Individual Interview Form was developed by the researcher. The interview questions, as stated in the literature, were composed of open-ended inquiries that would guide the explanation and detailed conversation. Furthermore, the reason why the participants were asked to provide examples of their responses in the study was to determine whether or not the responses were consistent with their experiences. Moreover, in-depth data was gathered throughout the interviews, and participants were asked to clarify the sections that were not understood in further detail.<sup>36, 37</sup> This form contains general descriptive information regarding nurses' emotional habitus, as well as questions designed to offer a comprehension of the similarities and differences between emotional habitus and personality characteristics. The questions are:

1. How would you describe yourself by thinking about your daily life?
2. Thinking about your working life, how would you describe yourself as a nurse?
3. What are the similarities and differences between defining yourself in your daily life and defining yourself as a nurse in your working life?
4. What do you think working as a nurse brought to your personality?
5. In your opinion, which of the roles, duties and responsibilities of the nursing profession are suitable for your personality and which ones are not?
6. How do you feel when you fulfill the roles, duties and responsibilities of the nursing profession that are suitable for your personality?
7. What are your feelings when you fulfill the roles, duties and responsibilities of the nursing profession that are not suitable for your personality?

8. Can you describe the attitudes of the patients to you while fulfilling these roles, duties and responsibilities that are suitable or not suitable for your personality?

9. How do you usually express your emotions in your daily life?

10. How do you usually express your feelings in your communication with patients?

11. Considering these definitions, what are your feelings, thoughts, behaviors and attitudes differences and similarities between your daily and working life?

12. What factors generally affect your ability to express your feelings in your communication with patients in the clinic?

13. Did the way you express your feelings in the clinic cause you problems? Can you give an example of this situation?

14. Have you ever expressed your own feelings in the same way, taking as an example the way your colleague expressed his feelings?

15. What do you think causes you to imitate your colleague's expression of feelings?

16. What are the most appropriate emotion display expected from you for your profession?

17. How do you acquire the most appropriate emotion display expected from you for your profession?

### Statistical Analysis

The quantitative data was analyzed using SPSS version 26. The qualitative data was analyzed using content analysis in the Nvivo program. Content analysis provides a certain framework by making sense of the raw data gathered as well as ensures that codes and categories emerge and become concrete by organizing after the determination of the themes.<sup>36, 37</sup> In the qualitative phase of the study, the data collected through semi-structured in-depth individual interviews were analyzed in two stages: data transcription and content analysis. The data

obtained after transcription was interpreted through content analysis, utilized in qualitative research methods.

### **Ethical Status**

In order to conduct the study, ethical approval was obtained Kafkas University Faculty of Medicine Ethics Committee (Number: 09, Date: 23.12.2015) and informed consents of the individuals to be included in the study were obtained.

### **Study Limitations**

The limitations of the study are that the study was carried out only with 10 clinical

nurses serving in the inpatient clinics of the State Hospital and that nurses other than those with the characteristics identified under the study were not included. Therefore, the results of the study may be generalized to nurses included in the study.

## **RESULTS AND DISCUSSION**

According to the findings obtained in accordance with the aim of the study, seven of the nurses chose their profession willingly and three unwillingly. Three of these nurses responded that if they had the opportunity today, they would choose the nursing profession again, two replied that they were undecided on the issue, and five stated that they would not choose the nursing profession again. Following that, five nurses claimed that the nursing profession was suitable for their personalities, two stated that they were undecided on the issue, and three stated that the nursing profession was not suited for their personalities. Six nurses indicated that the nursing profession had a positive effect on their personality development, two nurses stated that the nursing profession had no effect on their personality development, and two nurses could not reach a clear conclusion in their response to this issue. Eight participants responded yes to the question, "Does it make you feel good to present to patients the feelings (such as friendliness and sincerity) that you should express when fulfilling your profession's requirements?", one claimed that he was undecided, and one responded no. Nurses who chose the nursing profession willingly and responded, "If I had the opportunity today, I would choose the nursing profession again," indicated that the nursing profession was suited to their personalities, it had a positive effect on their

personality development, and it made them feel good to present patients with the feelings (such as friendliness and sincerity) that they should express when fulfilling their profession's requirements. According to the findings, the autonomy personality scores of nurses were higher than the sociotropy personality scores in general (Table 1).

There has been no study on nurses' sociotropy and autonomy personality traits in the context of emotional habitus or emotional labor. This demonstrates the originality of the study. However, due to a limited number of studies on this topic, it has been difficult to discuss the results with the literature. According to the findings, nurses who have developed autonomous personality characteristics and chose willingly the profession did so since it is a profession that is compatible with their individual identities or their primary habitus. The literature states that choosing the nursing profession willingly and passionately allows the profession to be done with love and sincerity, and improves professional satisfaction and professionalism. This finding is similar to previous studies.<sup>39-41</sup> Individuals with moderate autonomy and sociotropy personality characteristics may tend to choose the nursing profession willingly. Since their personality characteristics are eligible for doing the profession, they may

bring job satisfaction and be effective in the professionalization of the profession.

**Table 1.** Nurses’ Sociotropy–Autonomy Scale Scores (n=10)

Participants	Sociotropy Score	Concern About Disapproval Score	Attachment/Concern About Separation Score	Pleasing Others Score	Autonomy Score	Individualistic or Autonomous Achievement Score	Mobility/Freedom From Control By Others Score	Preference For Solitude Score
P1	53	16	28	9	94	40	36	18
P2	71	15	37	19	71	30	30	11
P3	88	31	37	20	95	38	37	20
P4	50	14	25	11	102	44	35	23
P5	23	6	9	8	96	43	35	18
P6	61	19	33	9	91	41	36	14
P7	23	6	9	8	27	13	9	5
P8	71	15	36	20	95	39	42	14
P9	76	24	36	16	95	39	37	19
P10	76	18	41	17	73	36	28	9

In nursing, sociotropy and autonomy are accepted as fundamental personality characteristics. Autonomy is a basic criterion for the professionalization of nursing. The fact that nurses are individuals with autonomous personality characteristics would contribute to the professionalization of nursing.<sup>42</sup> Nursing students possess moderate sociotropy and autonomy personality characteristics.<sup>39, 43, 44</sup> The autonomy scores of nursing students are higher than their sociotropy scores.<sup>42-44</sup>

According to the findings of the qualitative research design achieved in accordance with the study’s aim, the themes identified were the social identities of nurses, the emotional habitus of nurses, the similarities between nursing identity and social identity, and the differences between nursing identity and social identity.

**Theme: The social identities of nurses**

Nurses described themselves as peaceful, punctual, detail-oriented, orderly, empathetic, amusing, hider of their problems from others, compassionate, selfless, helpful, optimistic, warm-blooded, sincere, cheerful, respectful (respecting others and seeking to be

respected), defenders of their rights, and supporters of liberty (desiring to make their own decisions), non- prejudiced, open to communication with everyone but a limited group of true friends, smiling but distant, loving to behave within the framework of logic, honest and forthright, social, building good relationships, unvengeful, easily forgiving, easily offended, and aware of their desires and realities. Furthermore, some of them liked to spend time outdoors, but others wanted to spend time alone and liked loneliness. The following are some notable nurse statements:

*I am a peaceful person... I want my job to be completed on schedule and without delays. I’m a detail-oriented person, which I dislike; I don’t want to be that way, but I’m obsessed with details that others don’t bother with...I want everything to happen in an orderly manner, without any interruption...I’m a cheerful person, and if I’m having trouble with anything, I don’t let on; instead, I just smile and get over it. (P1)*

*I am a compassionate, delicate person who loves to make others happy rather than offend them (P2)*

*I am quite optimistic. I don’t always think negatively... They think I am very warm blooded... I have no communication problems since I am a really warm-blooded person... First and foremost,*

*(communication) must be respectful... I am not biased in any way (P3)*

*In communication, I normally avoid having unnecessary individuals around me; I am highly selective... Sometimes we may call old friends whom I haven't seen in five or 10 years and continue just where we left off. Because of this, I have a rather selective attitude toward other individuals. I speak with everyone. I share something with everyone as much as I can. But I never call someone my dear. ... I attach a lot of importance to honesty in the communication approach. I do not want to communicate with a dishonest person ... Everything should have a logical explanation (P4)*

*In general, I am a positive person. ... people claim I'm always smiling. ... I seek my rights (P5)*

*I like meeting new people, chatting with them, and having a large circle of friends. To be honest, I like having someone to say hello to when I go out. ... People like me. (P6)*

*I'm a little bit of an easily offended person. At work, I want to keep my boundaries clear while communicating with others. The more I respect people, the more I demand of myself. .... If I am offended by someone, I forgive easily, I don't hold grudges, but, as you said, I prefer to maintain a distance. (P7)*

*I am a cheerful and energetic person... I have a dynamic, friendly demeanor... I am a well-liked person in general. I'm not a cold person at all. People who don't know me, on the other hand, claim I seem cold. (P8)*

*I hate lying. There should be no hypocrisy and lies. After all, honest life is always ahead of me and essential... I'm aware that we will not get all we want beyond a particular point...My relationships are empathetic (P9)*

*I wanted to have a life that enjoys living above ideals, that has shared interests, that cares about people's well-being (P10)*

### **Theme: The similarities between nursing identity and social identity**

The nurses stated that there were similarities between their social identities, which they define as being detail-oriented, establishing good relations, being frank, helpful, sincere and warm-blooded, and their nursing identities. According to the themes derived from the content analysis, it was understood that the similarities between the social identities of the nurses and the nursing identities (the emotional habitus examined in this study) facilitated the nursing profession. P6 described this as follows: *"I should say*

*that those are already in my personality and (profession) allowed me to push them to a greater level. ... This is already my temperament... I am such a person. That's why I wasn't forced to do it. There was no issue for me to feel forced. That's my temperament, and I've never had any problems."* Statements of nurses in this theme are as follows:

*In my everyday life, I am a detail-oriented person, and I would like to know every detail about patients... I do not want to have any communication problems or a communication failure, thus I am such a person in both my social and professional lives (P1)*

*I am highly warm-blooded. I treat patients as if I was their mother, father, child or spouse. (P3)*

*I express what I believe is correct. ... I am a really straightforward individual and do not hold back my opinions... I am a forthright person (P4)*

*I also want to help people in my normal life. This is also the case when choosing nursing or studying (I voluntarily had chosen my profession). (P10)*

### **Theme: The differences between nursing identity and social identity**

The nurses in general indicated that their profession has made them calmer, more patient, more eager in explanations, more serious, less fastidious and more attentive even when they are more introverted. The statements of the nurses are as follows;

*I became cold-blooded once I began working as a nurse. This has also happened in my everyday life. Rather than getting upset with my family, I began to be a bit more (problem) solver. I got more convincing to others. This is something I am confident about. ... In my professional life, I don't have a fun personality; I simply have a little fun while convincing the children. Of certainly, if there is time. I'm trying to limit my relationships even more. (P1)*

*I became a little more patient and enjoy speaking... I was a bit more meticulous before I began... I was not the kind of person who could touch and interact with people from various walks of life... As I progressed in this job, I was able to overcome some of these habits, I mean it is good. (P2)*

*Actually, I used to get furious more readily in my ordinary routine, but when I started to work in this service, I am unable to get angry any more easily. I am more tolerant... To begin with, I was disgusted with everything when I was in high school or first began my internship. Now, it disappeared. I am no longer disgusted with anything (P3)*



*I used to be less impatient, for example. I became more patient when I began my career. (P4)*

*In ordinary living, I'm more enjoyable. I could be such a smiling face, but in my business life, we can show so many smiling faces up to a certain point. We must take a firm stand. We are definitely doing serious work in business life. Because we work in the medical field. ... I was more introverted. Before I began this job, I started to come out of my shell with the internship. For example, I can speak with others more readily. I'm able to express myself more freely now. I was obviously not the kind to chat. But now, due to the necessity of the job, we began communicating, and this developed. (P9)*

The nurses generally indicated as negative aspects of the nursing profession that the profession led them to be more cautious and pay attention to details, to be unable to decide freely, to make decisions within the framework of the rules, and to be more helpful. The following are the statements that allowed attaining this theme:

*I dislike being led. Being led does not work for me. The constraint on the order is making me overwhelmed. The constraint in nursing annoys me. Yeah, getting approval is good. Getting approval from a doctor. That's why, instead of asking questions, I just say, "Let's me do it." This is how I am in my social life. (P1)*

*For example, there is patient advocacy. ... there is altruism i.e., supporting the patient's benefit. ... there are responsibilities in so many roles. ... I don't even like asserting my right. It consumes me to discuss issues like this, to deal with the patient's problem behind his back. I wish I didn't have the such a nursing esponsibilities, but I would like this job more. (P2)*

*In fact, I wouldn't mind being extremely cautious, say, with minor details. Now I'm obsessed with little things... When I visit the rooms, I have to pay more attention to my surroundings. ... we seem to be a bit more paranoid since we must be cautious about everything. So that we don't miss out on anything. As a result, we constantly pay attention to the details. (P8)*

*If I'm going to help you with a problem in daily life, I don't have any rules. ... But not everything in my professional life. Our patients, for example, want to stay in single rooms. We can provide it if it's up to us. There, the hospital has its own regulations, but those do not seem reasonable, and if I can do it, I can do it to a point where I can. Of course, we have to follow the rules of the hospital. Because everything needs to be in order (P9)*

*Actually, I am one of them that values their freedom and chose this profession. Actually, we are*

*being influenced by physicians. ... I am a free person, although nursing limits my freedom in certain ways. (P10)*

If there are differences between the social identities and nursing identities (the emotional habitus examined in this study) of nurses, they tend to adopt the identity of the nursing profession. However, the nurse is motivated in this manner because he/she likes this different habitus, which makes his/her life, communication, and nursing profession simpler. These advantages drive his/her to adopt this different habitus and incorporate it into his/her social identity. P6, who expressed herself well, describes the circumstance as follows: *(the nursing profession) made us more attemptive. I recall being a introverted person throughout my high school years. But then I went to university, met new people, and began my internship. My interpersonal communication has improved. To be honest, I enjoyed this. To be honest, being attemptive like this characterizes me. Therefore, I began to be more attemptive. You know, it's a good thing, that's what happened.* P3 also claimed that the qualities of her profession became a part of his social identity after a while: *"We are empathic; once we approach patients in this manner, it also applies in private life."* Another key aspect in adopting emotional habitus is patients' recognition of their professional skills and job satisfaction. Here are some examples of statements:

*I am also satisfied with the job that I do. (P5)*

*... I think I'm too emotional. I mean, I don't have the heart to do anything, I sit, chat, and talk with them. You know, it is a change for them as well as for me (P6)*

### **Theme: The emotional habitus of nurses**

Both the habitus and the behaviors of nurses to express their most appropriate emotions were discovered in the theme of the emotional habitus of nurses acquired as a consequence of the content analysis. Emphasizing the importance of emotion management, P1 stated, *"Emotion is a must in the loop. It needs to be a little, but being too emotional destroys professionalism. Emotionality is not as prevalent in*

*professional life as it is in social life; yet, there is enough emotion to go around. Because I don't believe I'd be able to help them if I was emotional here."* We will be able to examine these habitus, which we discussed in the themes of similarities and differences between nursing identity and social identity, in more detail in this theme. Hence, a person will be able to discover what personality characteristics he/she should have or acquire while pursuing the nursing profession. Perhaps a nurse who reads this paper and does not attain the expected level of achievement in his/her career would be able to figure out that he has problems in his/her profession because of which emotional habitus he/she cannot gain. Emotional habitus to be attained in the nursing profession are as follows: being forthright, calm, compassionate, merciful, devoted, warm-hearted, cheerful, cautious, serious, reliable, attentive to details, establishing a feeling of responsibility through patient involvement in care, comforting, supporting, helping, explaining, and respecting the patient, acting ethically, trying to understand the patient, being patient and responsible towards the patient, maintaining a balance between sincerity and distance, and being able to empathize. Here are some examples of nurses' statements:

*I honestly share my emotions. I do not frown; I don't avoid going into the patient's room. Respect is really important to me...Compassion should be demonstrated a bit, but there should be a limit; the nurse should be very compassionate, which backfires on the field. However, the nurse must be reliable, this must be fully demonstrated. ... A sense of responsibility for patient relatives should be developed. For example, if I am administering therapy at night, I wake up the patient's relative and proceed accordingly. I make every effort to ensure that their children assume responsibility for their own treatment and health. ... I feel responsible for the relatives of the patients. I feel responsible for whatever the patients has as long as they stay here. ... we are delighted to help people. ... really, what I have is empathy... I, too, became a patient's relative and sought meticulous care. I sought devotion, clarity, and safety in an emergency. (P1)*

*Most of the time, I believe I am able to empathize with patients. (P2)*

*The profession requires a great deal of tolerance and patience ... Nursing requires a little*

*compassion. I believe that a person who does not demonstrate it in his/her daily social life cannot demonstrate it in his/her career either. ... Because the person who has already arrived is hoping for help from you... I consider myself a devoted nurse. ... They pay attention to the privacy of the patient. They make every effort to help rather than harm at all. ... That's why I haven't had any problems with the patient or their relatives until now. I am also very happy. (P3)*

*... I can say, 'I believe you will make the ultimate choice on whether or not you want this. ... If you agree, I shall proceed. Even if you disagree, we should end it here.' Because this is a personal right. ... when you try to explain it that way, they usually agree. ... they've already arrived to get support. ... when they see such support, they are more likely to tell us about their problems. I believe it is due to our communication. We give trust. This is due to it. They can easily bare their heart. ... I mean, they arrive as depressed. I'm trying to support them towards their depression. ... I mean, I try to support them with the problems they have in this way. ... because I am a positive person, I am cheerful. ... I try to do my job, you know, with a smile ...I follow my logic in matters that go beyond the logic. (P5)*

*I try to understand them as much as possible, frankly. ... there are moments when they may even need a nice word. ... I like being close with patients more in this way. ... You know, to be such a peaceful person... I'm more kind, more serene, and more cheerful. (P6)*

*No one is forcing us to treat patients in this manner in order to be warm and sincere at work. ... yet there must be some distance between ourselves and the patients. Because after a while, they too do, I mean, take advantage of it. I appear friendly but maintain a safe distance, you know... It's important for me to maintain my distance yet find medium ground in intimacy. (P7)*

*You know, it's a more serious profession, and we have to be more cautious. More precisely, it is a profession that never allows distraction. (P8)*

*I also placed the patients in single rooms one by one to ensure their comfort. (P9)*

*I try to communicate with them as much as possible. ... I try to comfort them. ... you know, I notice a person who is having a problem and try to comfort him... I do all I can to help them. I'm already smiling... When I do a procedure on a patient, I explain it rather than performing it directly. I make him feel comfortable with me. (P10)*

The concept of empathy is not fully understood, which is one of the most notable details in this theme. All nurses describe empathy as "placing oneself in the shoes of another." Therefore, two nurses believe that empathy is inappropriate for professionalism.

The following is how nurses described the circumstance:

*I try to avoid placing myself in their shoes as much as I can. Because that's what people in our profession call me. 'Place yourself in the patient's shoes. Think like him' I disagree with the idea of placing yourself in the patient's shoes. (P4)*

*Nursing is founded on empathy. A certain level of empathy is essential. ... I believe that too much empathy destroys professionalism (P1)*

According to the findings, these nurses who claimed that the nursing profession suited their personalities also reported that the profession had a positive effect on their personalities. Thus, they allowed us to understand that they acquired their nursing identity, i.e, the nurse's emotional habitus, which is their secondary habitus. In the caring professions, professional identity (in this study, emotional habitus) leads to emotional devotion to the profession.<sup>13, 27</sup> The essence of the field of care work is included in caregivers' emotional dependence on their profession.<sup>13, 18</sup> Due to this emotional devotion, nurses reported that if they had the opportunity today, they would choose the nursing profession again, and it made them feel good to present patients with the feelings (such as friendliness and sincerity) that they should express when fulfilling their profession's requirements. Since this emotional labor conducted by the nurses was compatible with their primary habitus, they did not feel alienated; rather, it made them feel great. Therefore, nurses internalized and acquired this emotional labor as a secondary habitus and adopted it as an emotional habitus. Because nursing skills of healing patients appropriately, supporting them for acceptance, adaptation, coping and achievement or being encouraged to recognize the problem without being harmed become an ordinary practice for the nurse after a while.<sup>14, 19, 20</sup> For nurses, routine practices are shaped by habitus.<sup>15, 35</sup> The way nurses treat their patients with care, compassion, and sensitivity,<sup>18, 19</sup> the way they deploy their bodies (posture, gestures, etc.), and their style are all shaped by emotional habitus.<sup>13</sup>

There is a positive correlation between professional attitude and autonomy, as well as its sub-dimensions individualistic achievement, freedom from control by others, and preference for solitude.<sup>43</sup> Autonomy refers to the freedom of mobility in accordance with professional knowledge.<sup>11</sup> Professional autonomy is a fundamental and distinctive component of professionalism.<sup>45</sup> Therefore, it is expected that the individual and professional autonomy of nurses would be improved. Thus, by refusing to do what they are told, nurses assume responsibility for their decisions and gain the ability to make independent decisions.<sup>46</sup> Because responsibility is an essential component of autonomy.<sup>45</sup> In their study, Erikmen and Vatan<sup>11</sup> found that nurses' sociotropy and autonomy personality characteristics as well as their professional autonomy were moderate. They also determined that there was a positive correlation between nurses' individual autonomy and their professional autonomy. Individual autonomy entails satisfying needs in accordance with one's values and having the ability to make and implement autonomous decisions in order to achieve their objectives.<sup>12</sup> Individual autonomy is formed throughout the socialization process. Individual autonomy is claimed to affect professional autonomy, and persons with a high level of individual autonomy may assess circumstances in their work environment objectively and thoughtfully and take decisions accordingly. Individual autonomy status is an important capability for individuals to contribute to their professional autonomy. Moving away from routine, undertaking tasks that require creative force, and making an effort to accomplish them effectively are all prerequisites for the development of professional identity. Professional autonomy requires an independent yet collaborative approach to decision-making, based on mutual communication and trust between team members. In this sense, autonomy is one of the fundamental elements that distinguish a profession.<sup>9, 11, 39, 43, 45</sup> Within the context of an evolving health system, nurses engage in collaboration and division



of labor with other health professionals in the units in which they work. Today, the independent roles of nurses among team members are growing significantly, and as a consequence of this growth, their responsibility increase as a result of their autonomy.<sup>5-9</sup>

As the autonomy personality characteristics of nurses improve and their concern about disapproval, a sub-dimension of sociotropy, reduces, their clinical decision-making capacity improves.<sup>10</sup> Nurses were found to have moderate sociotropy<sup>10, 31, 42</sup> and autonomy<sup>10, 11, 31, 42</sup> personality characteristics in studies on nurses. Similarly, the autonomy scores of nursing were also higher than their sociotropy scores.<sup>10, 31, 42</sup>

It has been revealed that sociotropy and autonomy personality characteristics of nurses have significant effects on increasing their professional and scientific knowledge, demonstrating an effective performance in interpersonal relations, socialization, applying critical thinking skills and emotional intelligence skills, effectively accomplishing nursing care roles, and meeting professionalization criteria.<sup>10, 12, 28, 31, 39, 42, 44</sup> High professional attitudes among nursing students might be considered an indicator that students have begun to internalize nursing knowledge, skills, attitudes, and values.<sup>43</sup> Hence, in nursing education, it is critical to acquire nursing values, caring behaviors, and emotional intelligence skills to control and guide these behaviors.<sup>44</sup> As a consequence, it can be asserted that nursing students might have acquired the nursing emotional habitus. Nurses who have acquired emotional habitus are expected to acquire emotional intelligence and emotional management skills, which are components of emotional labor. According to Kaya and Tosun,<sup>42</sup> there is a correlation between the sociotropy and autonomy personality characteristics of nurses and their anger expression styles. The more nurses' sociotropy and autonomy personality characteristics develop, the higher their anger levels. Furthermore, the controlled expression of anger is only

negatively correlated with the concern about disapproval.<sup>42</sup> Due to their tolerant, sincere, empathetic, sharing, helping, and guiding characteristics in interpersonal relationships, nurses with high levels of sociotropy personality characteristics may deliver better care to patients and their relatives.<sup>12</sup> These characteristics may be observed in the attitudes of nurses when displaying emotional labor.<sup>18</sup>

On the theme of social identities of nurses, nurses described themselves as peaceful, punctual, detail-oriented, orderly, empathetic, amusing, hider of their problems from others, compassionate, devoted, helpful, optimistic, warm-blooded, sincere, cheerful, respectful (respecting others and seek to be respected), defenders of their rights, and supporters of liberty (desiring to make their own decisions), non-biased, open to communication with everyone but a limited group of true friends, smiling but distant, loving to behave within the framework of logic, honest and forthright, social, building good relationships, unvengeful, easily forgiving, easily offended, and aware of their desires and realities. Primary habitus has been shaped by professional training and experience and has been named emotional habitus and appeared as secondary habitus. These habitus, which are also discussed under the themes of similarities and differences between nursing identity and social identity, indicated us which personal characteristics should be held or gained while choosing the nursing profession. Because the nursing profession is founded on emotional habitus. It is known that emotions play a particular importance in the caring professions. Emotions are important in directing the actions of employees and making a decision in care practices.<sup>13, 14, 18, 24, 33, 34</sup>

Emotional habitus, acquired through nursing education and training, predisposes nurses to behave in accordance with nursing ethics, norms, and standards<sup>13, 18, 24, 33</sup> and serves as a uniting force among nurses.<sup>24</sup> Thus, it appears as a nursing identity. Care professions are characterized by rational care



and ethical principles, which expect employees to manage their emotions in accordance with the moral disposition of care. Sincerity, empathy, and responsibility in care studies cannot be isolated from employee motivation,<sup>18, 32</sup> nor can they be separated from studies examining emotional habitus. The findings of this study also included these three concepts. According to the findings, emotional habitus to be attained in the nursing profession were being forthright, calm, compassionate, merciful, devoted, warm-hearted, cheerful, cautious, serious, reliable, attentive to details, establishing a feeling of responsibility through patient involvement in care, comforting, supporting, helping, explaining, and respecting the patient, acting ethically, trying to understand the patient, being patient and responsible towards the patient, maintaining a balance between sincerity and distance, and being able to empathize.

The themes of the similarities and differences between nursing identity and social identity, as well as emotional habitus of nurses highlight the originality of this study. Because nurses who are attentive to their emotional habitus will be able to perceive themselves as competent while providing care as being aware of their emotions, thoughts, and behaviors, and will be able to use their autonomy by developing new attitudes toward new circumstances. Individual autonomy of professional members is essential for achieving a professional status.<sup>7-9</sup> The emergence and development of the sociotropy personality characteristics among nurses for professional commitment may contribute to professionalization.<sup>28-30</sup> Individuals with high level of sociotropy personality characteristics may interact with others positively.<sup>29, 30</sup> Professional autonomy is reflect of individual autonomy and finds meaning in supportive social relationships. High professional attitudes among nursing in interpersonal interactions, sociotropy may be characterized by one's attaching importance to sincerity, sharing, empathy, understanding, acceptance, commitment, protection, guidance, and assistance.<sup>10, 12, 28, 31, 39, 42, 44</sup> These are the

characteristics that may be observed in the behaviors of nurses when displaying emotional labor.<sup>18</sup> The findings revealed the significance of developing both autonomy and sociotropy personality characteristics. The nurses reported that their nursing profession brought them with sociotropy personality characteristics. These characteristics include being more attemptive even when introverted, cool, serious, patient, less fastidious and eager in explanations. The nurses stated that the nursing profession led them to acquire some negative characteristics. It was understood from the findings that these characteristics were incompatible with the autonomy personality characteristics. These characteristics include being more careful and attentive to details, being unable to make free decisions and instead making choices within the framework of the rules, and being more helpful.

As can be seen from the study, if there are differences between the social identities of nurses and their nursing identities (the emotional habitus examined in this study), nurses tend to adopt the identity of the nursing profession. The nurse is motivated in this manner because he/she enjoys this different habitus, which makes his/her life, communication, and nursing career simpler. These advantages drive his/her to adopt this different habitus and incorporate it into his/her social identity. At the point of these advantages, we cross paths with emotion management, an integral part of emotional habitus in the acquisition of emotional habitus. Within the frame of emotion management competence, nurses would be able to gain emotional habitus by adopting and internalizing them. Emotional habitus is also described as the internalization of emotion management and mindful emotion management.<sup>33, 34</sup> In the study, a nurse stressed the significance of emotion management.

Nurses' behaviors to express their emotions would appear under this emotion management. The most appropriate nurses' behaviors to express their emotions were also discovered in the study. What causes the

misapplication of these behaviors is the lack of a full understanding of the concept of empathy. Similar studies have indicated that this concept is not understood.<sup>47, 48</sup> All nurses described empathy as “placing oneself in the shoes of another.” Therefore, two nurses believe that empathy is inappropriate for professionalism. The ability to empathize, on the other hand, is the foundation of emotional habitus. Emotional habitus has also been defined as a skill that serves as a foundation for caregivers’ capacity to respond to patients’ needs and to comprehend patient needs on an empathic level.<sup>13</sup> This requires proper acquisition of the ability.

As a consequence, since emotional habitus develops as a result of diverse and complex individual and structural factors, it affects nurses’ motivation to serve, their careers,<sup>15, 19, 21</sup> how they understand and interpret their patient's conditions and care requirements, and how they approach their patients.<sup>14, 18, 19</sup> Autonomy personality characteristics also have a positive effect on patients’ ability to solve their problems, professional skills, performance, motivation and job satisfaction.<sup>28</sup> As stated by Husso and Hirvonen,<sup>13</sup> the patient-nurse interaction in

the care field develops through the ability of nurses to understand human behavior and communication, as well as specific care practice knowledge and dedication to professional values. The care focuses on the nurses expressing themselves with their profession, internalization of the aims and values of their profession, voluntariness to exert more effort for the benefit of the profession, and their strong desire to continue their professional membership. Professional commitment of nurses occurs when they adopt general moral and ethical codes,<sup>21</sup> professional objectives, and develop a strong professional identity throughout the process of socialization.<sup>19-21</sup> The process of developing a professional identity is similar to the process of socialization.<sup>21</sup> Colley et al.<sup>24</sup> stated that since the idealized secondary, professional habitus did not include the ability to respond to emotional demands, employees may be overwhelmed because they did not know how to deal with the emotional demands of the profession. Therefore, evaluating nurse-patient communication from Bourdieu’s viewpoint would positively affect care quality, nursing competence, and mental health.<sup>49</sup>

## CONCLUSION AND RECOMMENDATIONS

Studying on emotional labour, individual-professional self and identity provides a better understanding of care works. Informing nurses about 'emotional habitus', how to gain emotional habitus and how a regeneration is continued can be started in the professional training-education process. Habitus that gives identity to the professionals, with socialization throughout their lives, are the tendencies that are acquired through learning and bring the ability to respond in certain ways. Therefore, habitus affects how the nurses understand and interpret the status and care needs of patients under the circumstances including their individual characteristics. Because nurses’ internalizing the values and goals of their profession and their being willing to exert more effort for the benefit of profession is the focal point of care. In this context,

Bourdieu's theory has been thought to be used in the analysis of the emotional labour practices or individual-professional self and identities as it provides the depth necessary for the understanding of human.

According to the findings, seven nurses have voluntarily chosen their profession and the others are not. Five nurses stated that nursing is appropriate for their personal character. Six nurses stated that nursing influenced the positive development of personal character. Nurses who have developed autonomous personality characteristics and chose willingly the profession did so since it is a profession that is compatible with their individual identities or their primary habitus. Nurses claimed that the nursing profession suited their personalities also reported that the profession

had a positive effect on their personalities. The findings revealed the significance of developing both autonomy and sociotropy personality characteristics.

The nurses reported that their nursing profession brought them with sociotropy personality characteristics. If there are differences between the social identities of nurses and their nursing identities (the emotional habitus examined in this study), nurses tend to adopt the identity of the nursing profession. The nurse is motivated in this manner because he/she enjoys this different habitus, which makes his/her life, communication, and nursing career simpler. These advantages drive his/her to adopt this different habitus and incorporate it into his/her social identity. Nurse habitus contains habits of feeling learned and stored. Feeling rules have been used to specify the demands of label in the management of emotions. Emotional habitus that is shaped suitable to the basic ethical values and feeling rules in the works of care means the internalizing of these rules and values by those who provide. In other words, it explains the happening and expression of conscious feeling management in the service. That the nurse assesses her communication with the patient from this aspect affects positively the quality of care. Because, it is expected from the nurses to manage their real feelings such as

empathetic, understanding, objective and controlled while serving. Therefore, for the nurses, emotional labor and hence emotional habitus is very important. Emotional habitus was developed by both of individual and structural factors which are complex and diversity. So, it affects nurses' career and motivation to provide services. In this context, the researchers' investigation of nurses' personality traits in the context of their emotional habitus will positively affect the quality of care. In future studies, it is recommended to examine nurses' sociotropy and autonomy personality traits in the context of emotional habitus in terms of job satisfaction and burnout levels.

The nurses are to learn habitus and hence how emotional habitus is gained and how it is continued to be reproduced. According to these study results, one of the approaches that explain this subject is the sociotropy and autonomy personality features. Also in this process, it is significant for the employees, in terms of creating a common language to express feelings, to develop their intellectual and cognitive abilities and emotional intelligence and to be aware of their feelings and to be encouraged to manage them well.

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