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Relationship between nurses' professional values, empathy, and patience: A descriptive cross-sectional study

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Abstract

Aim: The aim of this study was to determine the relationships between the nurses' professional values and their empathy and patience levels, and the factors affecting them.

Methods: This descriptive cross-sectional study was conducted with 215 nurses working at a university hospital between February and April 2021. Data were collected using the "Nurse Information Form," "Nurses' Professional Values Scale," "Patience Scale," and "The Toronto Empathy Questionnaire."

Findings: Results of our study revealed that nurses had high scores for the perception of professional values, empathy levels, and patience levels.

Conclusions: Nurses had high scores for perceptions of professional values, empathy levels, and patience levels. Nurses' demographic characteristics influenced the scores.

KEYWORDS
empathy, nursing, patience, professional values, professionalism

1 | INTRODUCTION

In addition to providing healthcare services, the demands of the nursing profession include aspects such as conducting research, theorizing, and participation in professional organizations (Martiningsih et al., 2021; Roy, 2018).

The nursing profession has a long history based on strong values. Professional values in nursing practice and primary care have a conceptual, methodological, and practical structure (Meehan et al., 2018). Professionalism in nursing entails being knowledgeable, educated, ethical, and autonomous and fulfilling duties and responsibilities as well as ensuring patient satisfaction (Martiningsih et al., 2021).

Care is an irreplaceable merit unique to the nursing profession (Martiningsih et al., 2021; McKinnon, 2018; Romero et al., 2019). Nursing standards, professional values, skills, and personal approaches such as being understanding, caring, empathetic, patient, and trusting play a significant role in forming the basis of this value (Martiningsih et al., 2021). Mayeroff (1971) listed the important components of care as alternating rhythms, knowing, patience, honesty, trust, courage, hope, and humility. Empathy in nursing is the most valuable virtue in patient-centered care (Martiningsih et al., 2021) and is a crucial factor affecting patient compliance, satisfaction, and treatment outcomes along with appropriate care behaviors (Atashzadeh-Shoorideh et al., 2021; Diaz-Perez et al., 2018; Ratka, 2018). Empathy, patience, confidentiality, and honesty lead to humanistic care and ease the facilitation of patient-nurse communication and interaction (Atashzadeh-Shoorideh et al., 2021).

Patience is the virtue of waiting for situations such as pain, poverty, and injustice to pass without frustration (Rushing, 2020). The behavioral aspect of patience involves waiting whereas the emotional aspect involves calmness. Having patience is thought to be an indicator of having elevated levels of empathy (Eliüşük & Arslan, 2016). Patience during an illness helps to establish effective communication between patient and nurse (Atashzadeh-Shoorideh et al., 2021; Romero et al., 2019). Dealing patiently with unexpected behaviors of patients, meeting patients' explicit and implicit needs,

and understanding patients are among the important characteristics of nurses (Atashzadeh-Shoorideh et al., 2021). For patients to interpret messages correctly during the onset of the nurse–patient interaction, Holm and Dreyer (2017) emphasize the importance of the nurses' communication being continuous, clear, and understandable; nurses being patient, calm, and empathetic; and allocating sufficient time to the patients.

The aim of this study was to determine the relationship between nurses' professional values and their empathy and patience levels, and the factors affecting them.

1.1 | Research questions

What are the professional values of nurses?

Is there a relationship between nurses' professional values and their empathy and patience levels?

Are nurses' professional values, empathy skills, and patience levels affected by their demographic characteristics?

2 | MATERIALS AND METHODS

Data for the study were collected from 215 nurses who met the inclusion criteria between February 15 and April 15, 2021.

2.1 | Research design

This is a descriptive cross-sectional study.

2.2 | Place and characteristics of the research

This study was conducted at a university hospital located in the southern region of Turkey. All the nurses working at the university were included in the study.

2.3 | Research universe

The research universe was made up of 850 nurses working in a university hospital. No sampling method was used; all the nurses who agreed to participate in the study were included.

2.4 | Research sample

In order for a difference of at least one standard deviation between the scales to be statistically significant with a power of 90% and a Type 1 error of 5%, the sample size should be a minimum of 52 nurses. The sample consisted of 215 nurses who have been working permanently for at least 1 year and agreed to participate in the study.

2.5 | Data collection

Data were collected using the "Nurse Information Form," "Nurses' Professional Values Scale (NPVS)," "Patience Scale," and "The Toronto Empathy Questionnaire (TEQ)."

2.5.1 | Nurse Information Form

This form was prepared by the researchers and consisted of ten questions measuring participants' demographic characteristics such as age, gender, and marital status (Atashzadeh-Shoorideh et al., 2021; Türe Yılmaz & Demirsoy, 2018).

2.5.2 | Nurses' Professional Values Scale

This 5-point Likert-type scale developed by Weis and Schank consists of 31 items (Weis & Schank, 2000). The validity and reliability study of the scale in Turkish was conducted by Orak and Alpar (2012). Total scores range between 31 and 155. The scale consists of five subscales: human dignity (11 items), responsibility (7 items), activism (5 items), security (4 items), and autonomy (4 items). High scores indicate that nurses place greater importance on professional values and ethical issues. In Orak and Alpar's study, the Cronbach alpha reliability coefficient was 0.96 (Orak & Alpar, 2012). Our study's Cronbach alpha internal consistency coefficient was 0.74.

2.5.3 | Patience Scale

This 5-point Likert-type scale was developed by Schnitker (2012) and the validity and reliability study in Turkish was conducted by Eliüşük and Arslan (2016). The scale consists of three subscales and 11 items: interpersonal patience, long-term patience (life hardship patience), and short-term patience (daily hassles patience). Total scores range between 11 and 55. An increase in score indicates an increase in patience level. In Eliüşük and Arslan's study, the internal consistency coefficient of the scale was 0.80 (Eliüşük & Arslan, 2016). The Cronbach alpha internal consistency coefficient for our study was 0.92.

2.5.4 | The Toronto Empathy Questionnaire

This 5-point Likert-type scale consisting of 16 items was developed by Spreng et al. (2009) to measure the empathy levels of individuals. Totan et al. (2012) conducted the Turkish validity and reliability study of the scale. Total scores range between 16 and 80 where high scores indicate high levels of empathy. The Cronbach alpha internal consistency coefficient of the scale was 0.79 (Totan et al., 2012). The Cronbach alpha internal consistency coefficient in our study was 0.82.

2.6 | Application of the data collection forms

Data were collected by the researchers using the data collection forms in approximately 15 min.

2.7 | Ethical aspects of the study

In line with the standards for national ethics rules, ethics committee approval was obtained from a university (Number: 02/67, Date: 20/01/2021). Permission was obtained from the management of the university hospital where the study was conducted (Number: E.15534, Date: 25/01/2021). Before data collection, written informed consent was obtained from the participants after the purpose of the research was explained in accordance with the Helsinki Declaration. Also, participants were informed about the fact that their participation was voluntary, and their answers would be kept confidential and evaluated only as scientific data.

2.8 | Data analysis

In addition to statistical calculations such as mean, standard deviation, frequency, and percentage, *t*-test/variance analysis, and correlation coefficients were used for data analysis if the parametric test assumptions were met. The Shapiro–Wilk and Kolmogorov–Smirnov tests were used to determine if the variables were normally distributed. For variables that did not conform to a normal distribution, nonparametric statistical tests were used; Q1: First Quarter, Q3: Third Quarter, and median values. Spearman's rho correlation coefficient was used to examine the linear relationship between variables. The Kruskal–Wallis X^2 test and one-way analysis of variance *F*-test significance values were accepted as $p < 0.05$ (95% confidence interval). All data were analyzed using the trial version of the SPSS 21 program.

2.9 | Findings

The mean age of the participants was 31.3 ± 7.5, 78.6% of the participants were female, and 56.7% were married. The average number of years in the profession was 9.51 ± 8.1 and the average hours worked weekly was 41.7 ± 3.1. More than half (62.8%) had an undergraduate degree, 20% had a high school degree, 11.6% had an associate degree, and 5.6% had a graduate degree. A quarter (25.1%) of the participants worked in the intensive care unit, 21.9% in the pediatric service, 20.4% in the surgical service, 16.3% in the internal service, 11.2% in the emergency department, and 5.1% in the outpatient clinic. Half the participants (55.4%) stated being patient and work-centered when providing care, 40.5% patient-centered, and 4.1% work-centered. More than half of the participants (58.1%) worked day and night shifts and 71.6% did not intend to leave the profession.

The three statements rated the highest on the NPVS were, "Ensuring the individual's right to privacy" 4.4 ± 0.8 (min: 2, max: 5); "Expressing the values and goals of the nursing profession clearly" 4.2 ± 0.8 (min: 2, max: 5); and "Protecting society from unsafe health products/practices" 4.2 ± 0.8 (min: 2, max: 5). The three statements with the lowest mean scores were, "Participating in the evaluation of peers on the same level" 3.5 ± 1.0 (min: 1, max: 5); "Asking for professional practice to be evaluated by colleagues" 3.5 ± 1.2 (min: 1, max: 5); and "Taking part in determining institutional decisions affecting the sharing of resources" 3.6 ± 0.9 (min: 1, max: 5). Subscale mean scores on the NPVS were as follows: human dignity 43.8 ± 63; responsibility 26.6 ± 4.4; activism 19.3 ± 3.0; security 16.3 ± 2.3; and autonomy 6.2 ± 2.9. The NPVS total average score was 122.2 ± 15.6 (Table 1).

Subscale mean scores on the Patience Scale were as follows: daily hassles patience subscale 9.9 ± 2.3; interpersonal patience subscale 18.3 ± 3.3; and life hardship patience subscale 11.5 ± 2.1. The total scale mean score was 39.6 ± 6.1 whereas the total mean score on the TEQ was 51.6 ± 7.8 (Table 1).

There was a significant difference between the educational groups in human dignity score ($p = 0.033$), total NPVS score ($p = 0.045$), and empathy score ($p = 0.005$; Table 2; $p < 0.05$). There was a significant difference between manner of care groups in human dignity ($p = 0.005$), activism ($p = .0.002$), autonomy ($p < 0.001$), and total NPVS score ($p = 0.006$; Table 2; $p < 0.05$).

There was a significant difference between the NPVS human dignity ($p = 0.011$), activism ($p = 0.003$), and autonomy subscales ($p < 0.001$), NPVS total score ($p = 0.006$), and patient-centered and patient and work-centered groups ($p < 0.05$; Table 2).

TABLE 1 Scale mean scores.

	n	Minimum	Maximum	$\bar{X} \pm SD$
NPVS subscale and total score				
Human dignity	215	26	55	43.8 ± 6.3
Responsibility	215	11	35	26.6 ± 4.4
Activism	215	12	25	19.3 ± 3.0
Security	215	10	20	16.3 ± 2.3
Autonomy	215	7	20	16.2 ± 2.9
NPVS total score	215	70	155	122.2 ± 15.6
PatienceScale subscale and total score				
Daily hassles patience	215	3	15	9.9 ± 2.3
Interpersonal patience	215	7	25	18.3 ± 3.3
Life hardship patience	215	4	15	11.5 ± 2.1
Patience Scale total score	215	21	55	39.6 ± 6.1
Empathy scale				
Total score	215	33	65	51.6 ± 7.8

Note: *n* = sample size; $\bar{X} \pm SD$ = mean ± standard deviation.
Abbreviation: NPVS, Nurses' Professional Values Scale.

TABLE 2 Relationship between participants' demographic characteristics and NPVS subscale and total scores and TEQ total score.

	Human dignity $\bar{X} \pm SD$	Responsibility $\bar{X} \pm SD$	Activism $\bar{X} \pm SD$	Security $\bar{X} \pm SD$	Autonomy $\bar{X} \pm SD$	NPVS total score $\bar{X} \pm SD$	TEQ total score $\bar{X} \pm SD$
Gender							
Male	44.3 ± 4.6	25.7 ± 4.4	19.2 ± 2.3	16.0 ± 2.0	16.2 ± 2.6	121.5 ± 11.0	50.1 ± 10.4
Female	43.7 ± 6.7	26.9 ± 4.4	19.30 ± 3.1	16.3 ± 2.4	16.2 ± 2.9	122.4 ± 16.7	52.0 ± 6.9
Test value[a]	[a]0.594	[a]−1.490	[a]−0.255	−0.789	0.051	−0.340	−1.439
p	0.553	0.138	0.799	0.431	0.960	0.734	0.152
Marital status							
Married	43.5 ± 6.4	26.9 ± 4.5	19.4 ± 2.9	16.3 ± 2.5	16.1 ± 3.0	122.1 ± 16.1	51.4 ± 7.3
Single	44.3 ± 6.2	26.3 ± 4.3	19.2 ± 3.0	16.3 ± 2.1	16.3 ± 2.6	122.4 ± 15.0	51.9 ± 8.5
Test value[a]	[a]0.410	[a]0.991	[a]0.389	[a]−0.154	[a]−0.509	[a]−0.130	[a]−0.565
p	0.357	0.323	0.698	0.877	0.611	0.896	0.573
Education level							
High school	42.4 ± 6.6	25.7 ± 4.6	18.9 ± 3.4	16.0 ± 2.4	15.7 ± 3.1	118.8 ± 17.1	49.3 ± 8.3
Associate degree	45.0 ± 4.9	26.4 ± 4.2	19.6 ± 3.1	16.8 ± 1.8	16.6 ± 2.6	124.6 ± 13.6	55.7 ± 6.3
Bachelor's degree	43.8 ± 6.4	26.6 ±;4.4	19.1 ± 2.9	16.1 ± 2.3	16.1 ± 2.9	121.8 ± 15.5	51.3 ± 7.6
Graduate degree	46.9 ± 5.5	30.0 ± 2.0	20.8 ± 1.4	17.3 ± 2.7	17.5 ± 1.3	132.7 ± 9.6	54.8 ± 8.7
Test value[b]	2.025	2.965	1.422	1.531	1.535	2.725	4.456
p	0.111	0.033	0.237	0.208	0.207	0.045	0.005
Manner in which care is provided to the patient							
Patient-centered	42.2 ± 5.9	26.1 ± 4.6	18.4 ± 2.6	16.2 ± 2.5	15.2 ± 2.9	118.1 ± 15.5	51.6 ± 7.4
Work-centered	46.9 ± 8.3	26.7 ± 6.1	20.6 ± 4.3	16.7 ± 2.7	16.7 ± 3.4	127.4 ± 23.1	48.2 ± 10.2
Patient and work-centered	44.8 ± 6.1	27.0 ± 4.1	19.8 ± 3.1	16.3 ± 2.2	16.9 ± 2.6	124.8 ± 14.5	51.8 ± 7.9
Test value[b]	5.464	1.026	6.393	0.197	10.078	5.319	0.901
p	0.005	0.360	0.002	0.821	<0.001	0.006	0.408
Intention to leave the profession							
Yes	44.1 ± 6.3	25.4 ± 5.4	19.5 ± 3.1	15.6 ± 2.7	15.9 ± 3.0	120.6 ± 17.7	49.2 ± 7.7
No	43.8 ± 6.2	26.9 ± 4.2	19.3 ± 2.8	16.3 ± 2.2	16.3 ± 2.8	122.7 ± 14.8	52.6 ± 7.2
Undecided	43.5 ± 6.9	26.4 ± 4.5	19.2 ± 3.6	16.4 ± 2.5	15.8 ± 3.0	121.3 ± 17.4	49.2 ± 9.9
Test value[b]	0.067	1.372	0.110	1.228	0.447	0.264	4.367
p	0.936	0.256	0.896	0.295	0.640	0.768	0.014
Shifts worked							
Day–Night	44.1 ± 6.1	26.3 ± 4.5	19.1 ± 3.2	16.2 ± 2.2	16.1 ± 2.8	121.8 ± 15.4	52.1 ± 8.2
Day	43.7 ± 6.6	27.4 ± 4.3	19.6 ± 2.9	16.8 ± 2.4-0	16.3 ± 2.8	124.0 ± 16.6	51.4 ± 6.9
Night	42.1 ± 5.8	25.4 ± 3.8	19.3 ± 2.1	14.5 ± 2.3	15.8 ± 2.7	117.2 ± 11.8	49.0 ± 8.6
Test value[b]	0.784	2.124	0.797	8.079	0.315	1.427	1.261
p	0.458	0.122	0.452	<0.001	0.730	0.242	0.285

Note: $\bar{X} \pm SD$ = mean ± standard deviation.

Abbreviations: NPVS, Nurses' Professional Values Scale; TEQ, Toronto Empathy Questionnaire.

[a]Two independent groups *t*-test.

[b]One-way analysis of variance *F*-test.

There was a significant difference between the groups in terms of intention to leave the profession and empathy ($p = 0.014$). In terms of the Empathy Scale score, there was a significant difference between those who did not intend to leave the profession and those who did ($p = 0.034$). There was a significant difference in the empathy scale scores between those who did not want to leave the profession and those who were undecided ($p = 0.019$; Table 2).

There was a significant difference between the shifts worked and the NPVS security subscale scores ($p < 0.001$). On the NPVS security subscale, there was a significant difference between working night and day shifts ($p < 0.001$) and night and day–night shifts ($p = 0.003$; $p < 0.05$; Table 2). No significant difference was found between the Patience Scale subscales and total score and the participants' demographic characteristics and work status (gender, education level, manner of care, intention to leave the profession, or shifts worked; Table 3; $p > 0.05$). There was a significant weak positive linear relationship between the NPVS human dignity subscale and daily hassles, interpersonal, and life hardship patience subscales, and total score (Table 4; $p < 0.05$). There was a significant weak positive linear relationship between the TEQ total score and the NPVS human dignity, responsibility, activism, security, and autonomy subscales and total score (Table 4; $p < 0.05$). There was a significant very weak positive linear relationship for the NPVS responsibility and activism subscales with the daily hassles patience subscale and total patience scores (Table 4; $p < 0.05$). There was a significant positive weak linear relationship for the NPVS security subscale and total score with the interpersonal and life hardship patience subscales and total score (Table 4; $p < 0.05$).

3 | DISCUSSION

While providing health services in a hospital, nurses need to have empathy and patience skills along with professional values. Determining the relationship between nurses' professional values, empathy, and patience skills, and the influencing factors will guide the improvement of the nursing profession.

The first three expressions with the highest average scores on the NPVS were "Ensuring the individual's right to privacy," "Clearly expressing the values and objectives of the nursing profession," and "Protecting society from unsafe health products/practices." Erkus and Dinc (2018) evaluated the most important items on the NPVS as "Acting as a patient advocate," "Taking part in the evaluation of standards for improving nursing care," and "Accepting that the individual has a right to choose the treatment plan" (Erkus & Dinc, 2018). In a study by Ilaslan et al. (2021), the highest-rated values on the NPVS were related to protecting patients' ethical and legal rights, ensuring confidentiality, and protecting privacy. These three studies indicate that nurses prioritize protecting the autonomy of the patient. Protecting personal privacy and respecting patients' autonomy is at the center of nursing care, which are fundamental values of the nursing profession (Bah & Sey-Sawo, 2018; Sakhaei et al., 2020).

The three expressions rated lowest on the NPVS were "Participating in the evaluation of the peers at the same level," "Requesting professional practices to be evaluated by colleagues," and "Taking part in determining institutional decisions affecting the sharing of resources." In the study conducted by Erkus and Dinc (2018), the least important items on the NPVS were "Participation in public policy decisions that affect the distribution of resources," "Acting as a patient advocate," and "Participating in professional nursing associations' activities." These two studies demonstrate that nurses do not find involvement in determining institutional decisions that affect resource sharing to be important. Most nurses with administrative roles in health services throughout Turkey do not take an active role in policy development and do not make an effort to do so, indicating they do not find this value important. Turale and Kunaviktikul (2019) emphasized that it is important for nurses to realize their potential to become policymakers and leaders and have a say in health policy rather than just being implementers of decisions. This can be taught during vocational education (Turale & Kunaviktikul, 2019).

In this study, the mean NPVS total score was 122.2 ± 15.6, which means nurses place importance on professional values and ethical issues. The maximum score that can be obtained on the scale is 155. In one study, the mean NPVS score (114.9 ± 16.9) of the nurses was lower (Türe Yılmaz & Demirsoy, 2018). In a study by Geyer et al. (2018), nurses' professional values were high, their job performance was 90%, and their care behaviors were affected positively. In a study conducted with nurses ($n = 310$) in Turkey, Erkus and Dinc (2018) determined the professional value score of 103.4 ± 17.3 pointed to a strong perception of professional values. The average professional value score was higher in our study than in other studies. Professional values in nursing are the foundation of professional practice and an essential element that guides interactions with patients, colleagues, and other healthcare professionals.

In this study, the total NPVS mean score of the nurses was high and more than three fourths did not intend to leave the profession. In a study conducted in Turkey with nurses ($n = 310$), although only 35% were satisfied with their job, the professional value score (103.42 ± 17:36) was high (Erkus & Dinc, 2018). These studies reveal that nurses have strong professional values.

In this study, the total mean score on the Patience Scale was 39.6 ± 6.1. The maximum score that can be obtained on the scale is 55, which indicates that the patience level of the participant is high. In a study conducted with nurses working in different clinics, nurses stated that they try to be patient in their interpersonal relationships to manage their emotions, increase their resilience in the workplace, and maintain their calmness. They also try to cope with the difficulties they experience in care with individual self-control (Imani et al., 2018). Different studies emphasize that patience is important for nurses working with special/sensitive individuals to maintain care and communication (Jaques et al., 2018; Rush et al., 2017). When problems arise during care, it is important to be patient and calm to be able to make the right decision on behalf of the patient. Patience and quality care are important to ensure patient satisfaction.

TABLE 3 Relationship between participants' demographic characteristics and Patience Scale subscale and total scores.

		Daily hassles patience	Interpersonal patience	Life hardship patience	Patience total score
Gender					
Male	$\bar{X} \pm SD$	9.7 ± 3.0	17.7 ± 3.7	11.2 ± 1.9	38.6 ± 6.8
Female	$\bar{X} \pm SD$	9.9 ± 2.1	18.4 ± 3.1	11.5 ± 2.2	39.89 ± 5.9
Test value[a]		−0.763	−1.199	−0.925	−1.239
p		0.446	0.232	0.356	0.217
Marital status					
Married	$\bar{X} \pm SD$	10.1 ± 2.2	18.4 ± 3.3	11.5 ± 2.2	40.0 ± 6.3
Single	$\bar{X} \pm SD$	9.7 ± 2.5	18.1 ± 3.2	11.4 ± 2.0	39.1 ± 5.9
Test value[a]		1.442	0.596	0.583	1.054
p		0.151	0.552	0.561	0.293
Education level					
High school	$\bar{X} \pm SD$	9.9 ± 1.8	17.7 ± 3.3	11.3 ± 2.2	38.9 ± 6.2
Associate degree	$\bar{X} \pm SD$	9.20 ± 2.6	18.8 ± 3.5	11.9 ± 1.7	39.9 ± 6.2
Bachelor's degree	$\bar{X} \pm SD$	10.0 ± 2.4	18.3 ± 3.1	11.3 ± 2.0	39.7 ± 6.0
Graduate degree	$\bar{X} \pm SD$	9.9 ± 1.6	18.6 ± 3.8	11.9 ± 2.8	40.4 ± 7.3
Test value[b]		0.894	0.755	0.731	0.251
p		0.445	0.521	0.535	0.861
Manner in which care is provided to the patient					
Patient-centered	$\bar{X} \pm SD$	9.5 ± 2.4	17.9 ± 3.7	11.1 ± 2.2	38.6 ± 6.8
Work-centered	$\bar{X} \pm SD$	10.7 ± 1.9	19.3 ± 2.0	11.6 ± 1.1	41.6 ± 3.7
Patient and work-centered	$\bar{X} \pm SD$	10.1 ± 2.2	18.4 ± 2.9	11.7 ± 2.1	40.2 ± 5.6
Test value[b]		1.989	1.020	2.301	2.309
p		0.139	0.362	0.103	0.102
Intention to leave the profession					
Yes	$\bar{X} \pm SD$	10.2 ± 2.7	18.4 ± 3.1	11.6 ± 2.4	40.3 ± 7.1
No	$\bar{X} \pm SD$	10.0 ± 2.1	18.3 ± 3.0	11.5 ± 2.1	39.9 ± 5.9
Undecided	$\bar{X} \pm SD$	9.1 ± 2.5	17.7 ± 4.2	10.9 ± 2.1	37.7 ± 6.2
Test value[b]		2.286	0.613	1.342	1.903
p		0.104	0.543	0.264	0.152
Shifts worked					
Day–Night	$\bar{X} \pm SD$	9.7 ± 2.2	18.0 ± 3.3	11.3 ± 2.1	39.0 ± 6.1
Day	$\bar{X} \pm SD$	10.4 ± 2.3	18.5 ± 3.3	11.7 ± 2.2	40.6 ± 6.5
Night	$\bar{X} \pm SD$	9.2 ± 2.6	19.0 ± 2.5	11.9 ± 1.6	40.1 ± 4.1
Test value[b]		2.719	0.969	1.448	1.479
p		0.068	0.381	0.237	0.230

Note: $\bar{X} \pm SD$ = mean ± standard deviation.

[a]Two independent groups *t*-test.

[b]One-way analysis of variance *F*-test.

TABLE 4 Relationship between NPVS and Patience Scale and TEQ.

		Human dignity	Responsibility	Activism	Security	Autonomy	NPVS total score
Daily hassles patience	*r*	0.214**	0.199**	0.169*	0.229**	0.093	0.226**
	p	0.002	0.003	0.013	0.001	0.175	0.001
Interpersonal patience	*r*	0.139*	0.090	0.091	0.222**	0.096	0.150*
	p	0.042	0.190	0.182	0.001	0.160	0.028
Life hardship patience	*r*	0.162*	0.113	0.126	0.155*	0.123	0.167*
	p	0.018	0.097	0.065	0.023	0.071	0.014
Patience total score	*r*	0.209**	0.161*	0.155*	0.256**	0.128	0.221**
	p	0.002	0.018	0.023	<0.001	0.061	0.001
Toronto Empathy Questionnaire total score	*r*	0.388**	0.323**	0.235**	0.294**	0.214**	0.377**
	p	*p* < 0.001	*p* < 0.001	0.001	*p* < 0.001	0.002	*p* < 0.001

Note: Linear relationship intensity: $r < 0.2$ very weak, 0.2–0.4 weak, 0.4–0.6 moderate, 0.6–0.8 high, and 0.8 > very high.

Abbreviations: NPVS, Nurses' Professional Values Scale; TEQ, Toronto Empathy Questionnaire.

*$p < 0.05$; **$p < 0.01$.

In this study, the Empathy Scale total score average was 51.6 ± 7.8, which indicates that the empathy level was high. In another study conducted with nurses, empathy levels were moderate (Geyer et al., 2018). In studies conducted with nurses, empathy has a crucial place in nursing practice as a powerful tool to interact with and inform patients (Holm & Dreyer, 2017). Experiences in the occupation are one of the guiding elements in using empathy (McKinnon, 2018). For health professionals, empathy is important in the development of the therapeutic relationship and the treatment process. The development of these skills should be a priority in professional training (Moudatsou et al., 2020). Empathy is an essential element in understanding and evaluating the patients and establishing a trusting relationship with them. The moderate empathy level of the nurses in our study will help them understand the patients more easily and approach them more positively.

In this study, a significant difference was found between education levels for the NPVS score and Empathy Scale score. Nurses with a graduate education placed more importance on professional values and ethical issues, and those with associate degrees had higher empathy levels. In a different study, there was a significant low positive relationship between the educational level of the nurses and the average scale total score. The higher the education level, the higher the professional value perceptions (Türe Yılmaz & Demirsoy, 2018). In a systematic review, nurses who had an undergraduate education in nursing or a different field had more professional value awareness and practice of those values than nurses with a lower education level (Sibandze & Scafide, 2018). Professional values increasing with the increase in education level is due to the positive effect of vocational education on professional identity and professional values.

A significant difference was found between the manner of providing care and the total NPVS score. Work-centered nurses place more importance on professional values and ethical issues. Patient-centered care is expected, considering autonomy in professional values (Stievano & Tschudin, 2019). In our study, a small portion of the nurses with high professional values were work-centered. This may be due to the obligation to provide diligent care based on professional values in a limited time depending on the hospital conditions.

There was a significant difference between intent to leave the profession and the average Empathy Scale score. Empathy levels of those who did not intend to leave the profession were higher. Loving the profession leads to fulfilling the patients' care needs and professional ethical values (Marcysiak et al., 2014). An empathic approach during communication is one of the most essential elements in nursing care (Brackenbury, 2016). The helping approach positively affects the diagnosis and treatment of the patient. For this reason, loving the profession will also help establish a positive relationship with the patient.

A positive significant correlation was found between the nurses' NPVS subscale and total scores and the TEQ total score. While nurses care about providing appropriate care to individuals, they continue to maintain empathy as the most valuable virtue (Martiningsih et al., 2021). Studies conducted with nurses and patients emphasize that empathy is important in family-patient communication, teamwork, understanding the patient, paying attention, and giving hope and assurance during the care process (Atashzadeh-Shoorideh et al., 2021; Eliüşük & Arslan, 2016; Permana et al., 2019).

In a study conducted with female nurses, empathy influenced the relationship between professional values and professional satisfaction (Hui et al., 2020). Professional values are the foundation in nursing that guide and motivate nurses' behavior in the workplace (Geyer et al., 2018; Stievano & Tschudin, 2019). Nurses who care about human dignity and autonomy, fulfill their responsibilities, make decisions, and act have higher empathy tendencies. Professionalism maintains its existence with communication skills and empathy in the communication process.

A significant positive correlation was found between nurses' NPVS responsibility activism, and total score and Patience Scale total score. In all situations where health is impaired, fragility is high. Therefore, nurses should use a professional approach incorporating values such as hope, patience, courage, and persistence to overcome these difficulties (Meehan et al., 2018). A study conducted with nurses emphasized the importance of ensuring continuity, empathy, and patience in nursing care (Holm & Dreyer, 2017). In a study, the first three skills required for oncology nurses were listed as patience, empathy, and experience (Kamışlı et al., 2017). Considering patient autonomy, nurses need to listen to and understand the patients correctly, inform them patiently, and satisfy their needs before performing their responsibilities.

4 | CONCLUSION

In this study, nurses' perceptions of professional values and patience and empathy skills were high. Care provided was positively affected by having a high perception of professional values. Professional value perceptions and empathy skills of those who did not intend to leave the profession were high. Gender was not a discriminating factor in patience and empathy levels or perception of professional values whereas educational level was. Planning to develop professional values in vocational education is recommended. Also, awareness about empathy and patience that support quality and correct patient care should be increased. Since there are limited studies about the relationship between the nursing profession and patience, it is recommended that research is conducted on these issues with diverse groups.

5 | LIMITATIONS

Since this study was conducted with a group of nurses working at one university hospital, the results cannot be generalized to all nurses.

6 | IMPLICATIONS FOR NURSING PRACTICE

Nurses face various ethical problems during their professional lives. The development of nurses' professional values is influenced by many factors. Patience and empathy skills are among the key factors that affect professional values. Differences in education levels affect nurses' professional values. Standards for nursing education in this regard need to be developed by policymakers, leaders, and educators in this field. Professional values, patience, and empathy skills need to be taught through role modeling and demonstrated through professional actions and attitudes in clinical practice.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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