# ARAŞTIRMA / RESEARCH Patience, Acceptance of Diversity, and Compassionate Love in Nursing Care

## Hemşirelik Bakımında Sabır, Farklılıkları Kabul ve Duyarlı Sevgi

Özlem İBRAHİMOĞLU<sup>1</sup> <sup>(</sup>, Sevinç MERSİN<sup>2</sup> <sup>(</sup>, Merve ÇAĞLAR<sup>1</sup> İstanbul Medeniyet Üniversitesi Sağlık Bilimleri Fakültesi, Hemşirelik Bölümü <sup>2</sup>Bilecik Şeyh Edebali Üniversitesi Sağlık Bilimleri Fakültesi, Hemşirelik Bölümü

Geliş tarihi/Received: 14.12.2020 Kabul tarihi/Accepted: 19.03.2021

Sorumlu Yazar/Corresponding Author:

Özlem İBRAHİMOĞLU, Dr. Öğr. Üyesi İstanbul Medeniyet Üniversitesi, Sağlık Bilimleri Fakültesi, Hemşirelik Bölümü Cevizli, Kartal, İstanbul/TURKİYE E-posta: oogutlu@gmail.com ORCID: 0000-0002-0925-0378

Sevinç MERSİN, Dr. Öğr. Üyesi ORCID: 0000-0001-8130-6017

Merve ÇAĞLAR, Öğr. Gör. ORCID: 0000-0003-2626-4170

Bu çalışma, 09-11 Aralık 2020 tarihleri arasında İstanbul'da (online) düzenlenen 3. Uluslararası Klinik Hemşirelik Araştırma Kongresi (3<sup>rd</sup> International Clinical Nursing Research Congress)'nde sözel bildiri olarak sunulmuştur.

### Öz

Amaç: Bu çalışmanın amacı; hemşirelik öğrencilerinde sabır, farklılıkları kabul ve duyarlı sevgi düzeyi arasındaki ilişkiyi incelemek ve bu kavramlara ilişkin öğrencilerin görüşlerini belirlemektir.

Gereç ve Yöntem: Bu çalışma, Türkiye'de bir üniversitenin hemşirelik bölümündeki 240 öğrenci ile karma yöntem kullanılarak yapılmıştır. Çalışmada veriler; Bilgi Formu, Sabır Ölçeği, Farklılıkları Kabul Ölçeği ve Duyarlı Sevgi Ölçeği kullanılarak toplanmış olup, bu kavramlara ilişkin öğrencilerin görüşlerini belirlemek için 12 öğrenci ile bireysel görüşme yapılmıştır.

**Bulgular:** Duyarlı Sevgi Ölçeği ile Sabır Ölçeği ve Farklılıkları Kabul Ölçeği arasında istatistiksel olarak pozitif anlamlı bir ilişki belirlenmiştir. Ayrıca, bireysel görüşmeler sonucunda "Sabırlı olmak hemşirenin yararınadır", "Farklılıkları kabul etmek hemşireliğin yararınadır" ve "Duyarlı sevgi insanlığın yararınadır" temaları ortaya çıkmıştır.

**Sonuç:** Sabırlı olmak, diğer bireylerin farklılıklarını kabul etmek ve onlara karşı sevgi hissetmek; hemşireler, hemşirelik mesleği ve insanlık için bazı faydalar sağlayabilir. Öğrencilerin sabır, farklılıkları kabul etme ve duyarlı sevgi düzeylerinin arttırılması pozitif katkı sağlayabilir. Bu nedenle, hemşire eğitimciler öğrencilerin bu husustaki gereksinimlerini belirlemeli ve bunları müfredata entegre etmelidirler.

Anahtar Kelimeler: Sabır, farklılıkları kabul, duyarlı sevgi, hemşirelik öğrencileri.

### Abstract

**Objective:** Aim of this study to examine the relationship between the level of patience, acceptance of diversity, and compassionate love among nursing students, and to determine students' views on these concepts.

**Material and Method:** This mixed-method study was conducted with 240 students in a nursing school in Turkey. Data were collected using an Information Form, the Patience Scale, the Acceptance of Diversity Scale, and the Compassionate Love Scale, and individual interviews were conducted with 12 students to determine the students' view on these concepts.

**Results:** A statistically positive significant relationship was determined between the Compassionate Love Scale and the Patience Scale and the Acceptance of Diversity Scale. In addition, as a result of individual interviews, the themes "Being patience is for the benefit of a nurse", "Acceptance of diversity is for the benefit of nursing", and "Compassionate love is for the benefit of humanity" emerged.

**Conclusion:** There are some of the benefits of patience, acceptance of diversity, and compassionate love for nurses, nursing, and humanity. Increasing students' patience, accepting differences, and compassionate love levels can contribute positively. Therefore, nurse educators should identify students' needs in this regard and integrate them into the curriculum.

Keywords: Patience, acceptance of diversity, compassionate love, nursing students.

### 1. Introduction

Nursing care includes targeted instrumental care as well as many other care components. These include humanism, commitment, gentleness, sensitivity, efficiency, empathy, moral values, good communication skills, honesty, courage, openness, respect, compassion, and patience. These components are in play during interactions between nurse-nurse, nurse-patient, and nurse-other healthcare professionals (1-3). Although patience, acceptance of diversity, and compassionate love are important in nursing care which would increase the quality of nursing care (3-7), there are not enough studies in the nursing literature that examine these concepts in a multidimensional way.

Patience can be defined as accepting the problem and looking for solutions without getting upset (8, 9). It includes composure, tolerance, tenacity, and the ability to endure and wait for the result in the face of many difficulties, threats, and losses experienced by individuals (10-12). It involves behavioural (the ability to wait, self-control), emotional (ability to remain calm), and cognitive concepts (the desire to be patient and deciding to be patient); it is also a psychological process (10). Schnitker (8) reported that patience is a learned emotion and behaviour.

Patience is a key concept in many spiritual beliefs. From ancient times to the present, patience has been considered a necessary ideal to perfect human beings and achieve moral maturity (13). In a study that examined the origins of human patience, the main factor affecting the patience of humans was money (14). Another study by Miyazaki et al. (15) investigated the relationship between patience and the neurological process. They found that although the degree of patience showed a reward at the end of patience, the relationship between patience and reward has not been fully established. The study stated that the unexplained ratio between patience and reward might also have sensory evidence and positive confidence aspects.

Another issue for nurses is to acceptance of diversity. Nursing emphasizes that individuals' fundamental rights and freedoms should be respected (16). The responsibilities of nursing require that nurses respect diverse religious/ ethnic backgrounds, appearances, thoughts, and values. For this reason, the nurse upholds this pledge until her death by respecting the caregivers and their families. Many studies have reported that nurses are expected to provide care to patients by showing respect to all individuals and accept differences such as race, language, religion, and appearance (17, 18). Kavradım, Akgün, Özer, and Boz (19) stated that the professional values of nursing are respect for differences, acceptance of differences, and appreciation and acknowledgement of each individual's uniqueness. Reid (20), on the other hand, reported that interest and compassion supported respect for others.

Compassionate love includes valuing others, respecting others' decisions, internalizing others' uniqueness, acting sincerely, and being motivated to understand their feelings and emotions (21, 22). The origins of compassionate love reveal that it is the sum of all a person's genetic, emotional experiences, physiological reactions, and behaviours (21, 23). Compassionate love is a love that makes sense and which provides a mutual feeling of satisfaction among those who give and feel love (24, 25).

In order to provide quality nursing care, it is important to allow sufficient time to establish a relationship of respect and trust between the patient and the nurses and to identify the patient's experiences, difficulties, and future hopes (26, 27). In order to understand the physical, psychological, cultural, and social responses of the patient and to formulate workable solutions to their problems, the nurse should be prepared to give each patient enough time (28). Nurses' characteristics can directly affect their relationship with each patient. Such characteristics include nurses' levels of compassion, and ability to accept and respect differences (17, 19, 28). A higher level of nursing care may be achieved when nurses are able to show patience and respect to all patients by providing compassionate love and accepting their diversity. Therefore, this study was examined the relationship between patience, acceptance of diversity, and compassionate love and identify views regarding their place in nursing care by nursing students.

### 2. Material and Methods

### 2.1. Design and Participants

This study is a mixed-method study. The total number of students was 398 in a nursing school in Turkey. Firstly, it was conducted with 240 students who volunteer to participate in the study in January 2020. After that, semistructured individual interviews were conducted with 12 nursing students selected randomly from students and accepted to participate in the study in order to determine the importance of patience, acceptance of diversity, and compassionate love for nursing and the reflections of these concepts in nursing practices. The interview was terminated at the 12<sup>th</sup> participant because the statements started to repeat and the data saturation was reached.

### 2.2. Data Collection Tools and Measurement

Data were collected using an information form including socio-demographic information form, the Patience Scale, the Acceptance of Diversity Scale, and the Compassionate Love Scale and having individual interviews with students to determine these concepts' place in nursing care.

The Information Form: The Information Form consisted of questions about the participants' gender, age, year of class.

Patience Scale: The Patience Scale, developed by Schnitker (8), has 11 items and a five-point Likert-type scale. The scale consists of three factors. The first factor consists of five items regarding interpersonal patience; the second factor is called long-term patience/life hardships, and the third factor is called short-term patience/daily hassles. Each item of the Patience Scale is a 5-point Likert item between "Strongly Disagree" and "Strongly Agree". The minimum and maximum scores are 11 and 55 points. High scores show high patience levels. The Cronbach's alpha coefficient of the Turkish version by Doğan and Gülmez (10) was 0.780. In this study, the Cronbach's alpha coefficient was 0.783.

Acceptance of Diversity Scale: This scale was developed by Deniz and Tutgun Ünal. It is a 9 item and 5-point Likerttype scale. The Acceptance of Diversity Scale has three subdimensions with three items each: "Acceptance of Diverse Religions/Ethnicities", "Acceptance of Diverse Appearances" and "Acceptance of Diverse Ideas/Values". High scores show high acceptance of diversity levels. The Cronbach's alpha coefficient was 0.770 (29), and in this study the Cronbach's alpha coefficient was found as 0.717.

Compassionate Love Scale: This scale was developed by Sprecher and Fehr (21). Turkish language validity and reliability were tested by Akın and Eker. The Compassionate Love Scale is a 21-item and 7-point Likert type scale (1 point = Not at all correct for me, 7 points = Completely correct for me). The minimum and maximum scores are 21 and 147 points. High scores show high compassionate love levels. The Cronbach's alpha coefficient of the Turkish version for CLS was 0.890 (30), and the Cronbach's alpha for this study was 0.910.

The following questions were used to collect the qualitative data of the study and to examine the students' views:

• What does patience mean for nurses? Please explain.

• What do you think about the acceptance of diversity of individuals in practice for nurses?

• Is compassionate love necessary and important for a nurse? Can you explain?

### 2.3. Data Analysis

The data of the study were evaluated using the SPSS (Windows 21.0) package program. Descriptive statistical methods (mean, standard deviation, frequency, minimum, maximum) were used in descriptive tests. Data were evaluated for normal distribution. Because the data do not conform to normal distribution, the Mann Whitney U and Spearman's correlation tests were used to evaluate the relationship between scales.

The descriptive analysis method was used to analyse the qualitative data of the study. Firstly, interviews were transcribed verbatim. Participants' oral descriptions were read separately by the researchers. Then, researchers analyzed the data into meaningful categories, and the conceptual expressions were examined. Codes were combined to create categories. The formulated meanings were then organized into themes. Differences were discussed until a final agreement was made. Themes were created by combining the categories. So, themes were decided to reflect common opinions of participants. Finally, the researchers discussed and agreed on the themes. After data analysis in Turkish, the participant's statements were then translated into English, keeping the original meaning. The English translation was then back-translated into Turkish by a bilingual speaker to ensure that the translation was correct. Finally, the two translations were matched for the original meaning of the Turkish version.

In order to ensure the reliability of the interview data, the statements of the participants were examined by both the researchers and the participants. In addition, the scale and interview data were evaluated together to ensure the reliability of the interview data. The sample selection and characteristics of the participants were clearly shared in order to obtain statements that reflect the opinions of the participants, and they were included in the text. In addition, analyses were repeated one month later to ensure the reliability of qualitative data. To ensure the validity of the interview data, two different experts on this issue were consulted, and the literature was reviewed and re-examined.

### 2.4. Ethical Considerations

Permission to conduct the study was obtained from the University's Ethics Committee (08.01.2020/2/8). In addition, the participants were informed about the research, and the study was carried out in accordance with the Helsinki Declaration.

### 3. Results

The mean age of students was  $20.39\pm1.54$ . 75.4% (n=181) of the students were female, and 27.1% (n=65) were in their third year of university study (Table 1).

Table 1: Characteristics of Students

		n	%
Gender	Female	181	75.4
	Male	59	24.6
Class	1 <sup>st</sup>	57	23.7
	2 <sup>nd</sup>	59	24.6
	3 <sup>rd</sup>	65	27.1
	4 <sup>th</sup>	59	24.6

The students' mean Patience Scale score was  $38.07\pm7.01$ , the Acceptance of Diversity Scale score was  $32.40\pm5.84$ , and the Compassionate Love Scale score was  $106.01\pm18.18$ . The sub-dimension scores of the Patience Scale and the Acceptance of Diversity Scale are shown in Table 2.

### Table 2: The mean scores of the scales

Scales	X±(SD)	Min	Max
Compassionate Love Scale	106.01±18.18	21	147
Acceptance of Diversity Scale	32.40±5.84	9	45
Acceptance of diverse religions/ethnicities	12.10±2.64	3	15
Acceptance of diverse appearances	10.82±3.10	3	15
Acceptance of diverse ideas/values	9.48±3.08	3	15
Patience Scale	38.07±7.01	11	55
Interpersonal patience	17.95±3.77	5	25
Long-term patience	10.88±2.53	3	15
Short-term patience	9.23±2.36	3	15

Correlations between the scales are shown in Table 3. There was a weak and positive correlation between the Patience Scale and the Compassionate Love Scale (r=0.252, p<0.050). No statistically significant relationship was found between the Patience Scale and the Acceptance of Diversity Scale (p>0.050). Furthermore, a very weak positive correlation between the Compassionate Love Scale and the Acceptance of Diversity Scale of Diversity Scale was determined (r=0.157, p<0.050) (Table 3).

A statistically significant relationship was found between gender and the Compassionate Love Scale, and Acceptance of Diverse Appearances sub-dimension of the Acceptance of Diversity Scale (ZMWU=-2.611, ZMWU=-5.902; p<0.050). The results showed that scores of female students had higher than male students (Table 4).

es
B
S
6
2
2
B
š
2
9.
đ
e
5
S.
~
m
å
5
Ц

Scales	A	в	B1	B2	B3	U	C1	2	C
Compassionate Love Scale (A)	1.000								
Acceptance of Diversity Scale (B)	0.157*	1.000							
Acceptance of diverse religions/ethnicities (B 1)	0.073	0.596*	1.000						
Acceptance of diverse appearances (B2)	0.218*	0.754*	0.271*	1.000					
Acceptance of diverse ideas/values (B3)	0.029	0.591*	600.0	0.181*	1.000				
Patience Scale (C)	0.252*	0.036	0.007	0.062	0.042	1.000			
Interpersonal patience (C1)	0.182*	0.021	-0.011	0.035	0.055	0.881*	1.000		
Long-term patience (C2)	0.250*	0.017	0.024	0.056	-0.013	0.830*	0.637*	1.000	
Short-term patience (C3)	0.195*	0.075	0.031	0.105	0.031	0.632*	0.318*	0.371*	1.000

# Table 4: Relationship between gender and scales

		Compassionate Love Scale	late Love e	Acceptance of Diversity Acceptance of diverse Scale religions / ethnicities	Diversity	Acceptance religions / ei	of diverse thnicities	Acceptance of diverse appearances	of diverse ances	Acceptance of diverse ideas / values	of diverse alues	Patience	Scale	Interperson	al patience	Patience Scale Interpersonal patience Long-term patience Short-term patience	patience	Short-term	patience
1		X±(SD)	*Z	X±(SD)	*Z <sub>MWU</sub>	X±(SD)	*z <sub>wwu</sub> p	*Z <sub>Mwu</sub> P X±(SD)	*Z <sub>MWU</sub>		*Z <sub>MWU</sub>	X±(SD)	*Z <sub>MWU</sub>	X±(SD)	*Z	$X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD)  *Z_{MWU}  X\pm(SD) $	*Z*	X±(SD)	*Z <sub>MWU</sub>
			٩		٩				٩		٩		٩		٩		٩		٩
	Female	Female <b>107.75±17.85</b>	-2.611	32.83±6.09	-1.921	12.23±1.95	-0.875	11.30±2.15	-5.902	9.30±3.00	-1.797	38.18±6.95	-0.0.73	16.79±3.14	-0.160	10.96±2.51	-0.670	9.26±2.08	-0.160
	Male	100.67±18.30	•**600.0	31.08±4.81	0.055	11.69±2.08	0.388	9.33±3.15	0.000**	10.05±3.66	0.072	37.74±7.24	0.941	16.35±3.68	0.873	10.64±2.58	0.503	9.15±2.31	0.873
*ZAAN																			

\*ZMWU: Mann Whitney U

The following three themes and six categories emerged as a result of the interviews with the nursing students:

Theme 1. Being patience is for the benefit of a nurse.

1.1. There is a close relationship between patience and resilience.

1.2. The patient-nurse is close to ensuring happiness.

Theme 2. Acceptance of diversity is for the benefit of nursing.

2.1. Acceptance of diversity creates virtuous nurses.

2.2. Diversities improve nursing.

Theme 3. Compassionate love is for the benefit of humanity.

3.1. Compassion and love are prerequisites for patience and acceptance of diversity.

3.2. Compassionate love plays a role in meeting biopsychosocial needs.

3.1. Being Patience is for The Benefit of a Nurse.

The participants stated that patience increases the resilience of nurses, so patience is important. In addition, they explained that nurses with a high level of patience would feel psychologically competent because of their high coping with difficulties, and this will make them happy.

3.1.1. There is a close relationship between patience and resilience.

Participants stated that patience improves resilience or that people with high levels of resilience can be patient more easily. Some expressions of the participants are included below:

"...Nurses should be patient with the recovery of patients in care. However, sometimes problems may arise during this caring process. New complications can develop. Sometimes I observe that the nurses are impatient to heal the patient. They also overreact when a new complication develops. They are getting angry, saying that all my efforts are wasted..." (Female, 21).

"...Some of my friends can find easier solutions to their problems in the hospital and they are patient for a solution. But impatient and stubborn people like me have a lot of trouble, especially with patient's relatives. Since we are nursing students, they can intervene more easily with us. I want to leave school when I experience something like this. Unfortunately, I cannot show the patience necessary for our nurses and educators to understand the problem..." (Male, 24).

3.1.2. The patient-nurse is close to ensuring happiness.

Participants explained that a patient-nurse can be happy in life. They stated that nurses who are especially patient with their colleagues can understand others more easily in their lives. Participant's statement is given below: "...Nurses sometimes can be very hurtful to each other. They are very stressful in some clinics and when they work hard and when they care for critically ill patients. A nurse can perceive a colleague's unconscious behaviour negatively and upset him/her. He/she later apologizes, but it can get more annoying if his/her colleague is not patient until the situation is clear. This situation can happen frequently. I think a nurse who is patient with this situation can easily endure many difficulties in his/ her private life. This develops the patience necessary to solve his/her problems. If patience develops, he/she will not worry about the small things, many of the problems are solved in time. This provides psychological wellbeing..." (Female, 23).

3.2. Acceptance of Diversity is for The Benefit of Nursing.

Participants stated that acceptance of diversity is inherent in nursing, and all differences such as individual, cultural, and social are necessary for the enrichment of nursing philosophy.

3.2.1. Acceptance of diversity creates virtuous nurses.

Participants stated that nurses who respect and adopt differences would move away from prejudices, provide an understanding of the deepest feelings of themselves and the individuals they care for, and can gain virtue by internalizing ethical principles. The statements by the participants are included below:

"... We acknowledge that every nurse who cares for people actually respects diversities. But is this really true? I do not know. I can say that the nurses, I can feel and observe in their feelings, thoughts, and behaviours, have only a higher life philosophy..." (Female, 25).

"... I think to respect differences is to respect yourself. I think its most important benefit is to reduce prejudices..." (Male, 20).

### 3.2.2. Diversities improve nursing.

Participants stated that meeting with different individuals with different demands and expectations can contribute to creating new perspectives in nursing. Some expressions of the participants are included below:

"...Every patient is exclusive. Sometimes I can witness some of them comfort me even in their worst moments. I cannot understand how this happens. So I don't always teach the patient. Sometimes the patient teaches me..." (Female, 25).

"...I want to research and write a book called the nuances of the art of understanding patients. Every patient is very different. Difficulties, coping, happiness, peaceful things... Witnessing all these makes nursing an indispensable profession on earth..." (Female, 19).

3.3. Compassionate Love is for The Benefit of Humanity.

Participants stated that compassionate love improves communication, increases people's tolerance for each other, provides respect for others, and ultimately, compassionate love is beneficial because of its healing effect. 3.3.1. Compassion and love are prerequisites for patience and acceptance of diversity.

Participants stated that compassionate love is important for patience and acceptance of diversity. Some of what the participants said is given below:

"...Being full of compassion and love... This allows us to be more optimistic and sacrificing not only towards humans but also towards all living things. I think the nurse is also important because he/she is a profession dealing with people..." (Male, 20).

"...Compassion, love, patience, respect... These will heal all of humanity, let alone one person. The butterfly effect occurs. Why shouldn't the healing energy of the nurse spread throughout the universe? A person can heal a family, a family can heal a society, a society can heal a country, a country can heal the world..." (Female, 23).

# 3.3.2. Compassionate love plays a role in meeting biopsychosocial needs.

Participants stated that patients should rely on their nurses to determine and meet their psychosocial needs. They emphasized the role of compassion and love in building trust. A statement by the participants is included below:

"...Every person is in love with compassion. When we feel this from the other person, we trust him/her. We do not hide our feelings and thoughts. When we become such a nurse, the patient transfers conscious and unconscious materials to us. This allows us to do the best for the patient..." (Female, 25).

### 4. Discussion

This study examined the relationship of patience, acceptance of diversity, and compassionate love, and identified evaluations regarding their place in nursing care by nursing students. According to the results of this study, the nursing students' mean score of the Patience Scale (38.07±7.01, min:11, max:55) and the mean scores of the Interpersonal Patience (17.95±3.77, min:5, max:25), Longterm Patience (10.88±2.53, min:3, max:15) and the Shortterm Patience (9.23±2.36, min:3, max:15) which are subdimensions of the scale were above average (Table 2). This may be important in gaining a positive personality trait and a professional identity while practicing their profession. Researchers have demonstrated the importance of patience in creating a balanced life, in psychological difficulties, in waiting and making decisions in difficult situations, and in a stressful life (5, 9, 31, 32). In the individual interviews with students in this study, students stated that patience was for the benefit of a nurse. They emphasized that there is a close relationship between patience and resilience, and nurses with high levels of patience have a higher chance of being happy and that patience will increase the psychological well-being of nurses. The views on the relationship between the patience of the nurses and their psychological well-being such as resilience and happiness are also supported by the literature. Studies have found a positive relationship between patience and resilience and cognitive flexibility (5, 33). In addition, it has been reported that people with high resilience have low stress levels, and when individuals' resilience increases, their burnout and stress levels decrease (31). A positive relationship has been determined between resilience and individuals' optimism,

hope, and coping skills (34, 35). Li and Hasson (36) stated that resilience prevents psychiatric disorders such as anxiety, depression, and post-traumatic stress disorder and increases their psychological well-being in nurses.

According to the results of this study, the nursing students' mean score of the Acceptance of Diversity Scale (32.40±5.84, min:9, max:45) and the mean scores of the Acceptance of Diverse Religions/ethnicities (12.10±2.64, min:3, max:15), Acceptance of Diverse Appearances (10.82±3.10, min:3, max:15) and the Acceptance of Diverse Ideas/values (9.48±3.08, min:3, max:15) which are subdimensions of the scale were above average (Table 2). In the interview conducted with the students to evaluate the importance of acceptance of diversity for nursing care, the students stated that acceptance of diversity is important for the development of nursing. They stated that acceptance of diversity will provide nurses who have ethical principles and can form a life philosophy, and therefore it is important for developing new perspectives for nursing. When the philosophical foundations of nursing are examined, it has been reported that nursing is in close relationship with science fields such as philosophy, sociology, education, and religion. Each individual is equal and unique in nursing care which includes components such as human value and applied ethics. It also has been reported that life values that affect the professional behaviour of individuals affect the ideals, beliefs, and attitudes (37, 38). In addition, the view that accepting and understanding diversity may be effective in creating new concepts relating to nursing care, and this view can be valuable for nursing. In fact, care theories can be developed by creating hypotheses about emotions, thoughts, and behaviours such as empathy, communication, touch, interaction, understanding, respect, compassion, feedback, and sensitivity that enable understanding of different patients and individuals (6, 39-42) Bousso et al. (41) stated in their study named "Nursing Concepts and Theories" that different concept analyses in nursing practices should be done and theories should be continuously developed by using education and practices.

It is seen that the compassionate love levels of the participants participating in this study were high (106.01±18.18, min:21, max:147) (Table 2). When the views of the students about the place and importance of compassionate love in nursing practices were evaluated, they stated that compassionate love may be the prerequisite for patience and acceptance of diversity, and compassionate love is important in the formation of a sense of trust, which is important in meeting the biopsychosocial needs of the patient. In the literature, it is stated that good communication is prerequisites for establishing trust, empathy, understanding, and compassion, and providing biopsychosocial care. It is also stated that compassion and love should increase the level of tolerance for the needs of other people, take action for their well-being, do not experience anger and disappointment, do not judge, and increase the level of tolerance (32, 43). Compassionate nurses strive to relieve the patient's pain. At the same time, this dynamic tends to develop further and strengthen the nurses' human values (6). Thus, it can be said that a nurse may be more patient with patients due to the altruism inherently present in compassion.

This study found a weak and positive relationship between the Patience Scale and the Compassionate Love Scale (r=0.252, p<0.050). Moreover, a positive relationship was determined between the interpersonal patience, the long-term patience, and the short-term patience subdimensions of the Patience Scale and the Compassionate Love Scale (r=0.182, r=0.250, r=0.195, p<0.050) (Table 3). Compassionate love is associated with altruistic behaviour beyond compassion, and this is a concept where others are central (21). Although compassionate care is thought to be necessary for nursing, studies conducted with nurses have reported that the dimensions of compassion have been expanded, and the patient is the main focus for the nurse, just like in compassionate love. In fact, we can cite the founder of modern nursing, Florence Nightingale, who devoted her life and practiced compassionate love with all persons regardless of race, language, religion, and gender. In her diaries, she wrote that she gave nursing care with compassion, love, and patience (44). In this study, the relationship between patience and compassionate love is in accordance with the philosophy of Florence Nightingale.

Results of this study found a very weak and positive relationship between the Compassionate Love Scale and the Acceptance of Diversity Scale (r=0.157, p<0.050). In addition, a positive relationship was determined between the Compassionate Love Scale and the acceptance of diverse appearances, a sub-dimension of the Acceptance of Diversity Scale (r=0.218, p<0.050) (Table 3). Nursing students create a professional identity influenced by their cultural background and globalization. This professional identity suggests that they are willing to accept other cultures, different beliefs, emotions, appearances, attitudes, and behaviours (7). In order to increase the quality of nursing practices around the world, the International Council of Nurses creates themes every year that focus on promoting a common perspective among nurses with different cultures, education, and personality traits. With the impact of globalization, internet access, and migration, nurses encounter individuals from many different cultures. To provide patients with the highest quality of care, nurses should be able to accept the differences. Transcultural nursing also emphasizes the importance of accepting the difference between individuals (45). Leininger's Culture Care Theory strives to provide culturally compatible nursing care by providing "cognitive-based assistive, supportive, facilitative or enabling acts or decisions that are mostly tailor-made to fit with the individual's cultural values, beliefs, and lifestyles" (45). Dudas (42) suggested that nurses should care for their patients by accepting colour, gender, race, ethnicity, socioeconomic status, educational level, and religious differences. The significant relationship between nurses' acceptance of diversity and compassionate love determined in the current study can be explained by their high level of empathy inherent in the altruistic feature of compassionate love (46). Perhaps individuals with a high level of compassionate love can more easily accept differences by empathizing with others.

Another result obtained from this study shows that the average score of female students on the Patience Scale was higher than male students (Table 4). A statistically significant relationship was determined between the Compassionate Love Scale and the genders of the students (z=-2.611, p<0.050). Moreover, a statistically significant relationship was determined between the acceptance of diverse appearances sub-dimension of the Acceptance of Diversity Scale score and the gender of

the students(z=-5.902, p<0.050). The compassionate love levels of female students were higher than male students, and female students accepted individuals with different appearances more easily (Table 4). The Nelwati, Abdullah, and Chong's study (47) examined the professional values of nursing students and reported that female students had higher professional values including providing care without prejudice to the patient. The Kavradim et al. study (19) of perception of compassion and professional values in nursing students determined that female students had high humanity values. There may be cultural, psychological, and neurophysiological reasons for female students to have high levels of patience, compassionate love, and acceptance of diversity (48, 49).

### Limitations

This study was conducted with students from a nursing school in Turkey. Some aspects of the cultural and environmental experiences of Turkish nursing students in this study cannot be generalized to nursing student populations in other countries. In addition, because the personality and psychological characteristics of each student are different, other factors affecting students' levels of compassionate love, acceptance of diversity and patience could not be controlled.

### 5. Conclusions

The study results revealed a positive relationship between compassionate love and patience and acceptance of diversity. Additionally, the qualitative and quantitative results of this study reveal some of the benefits of patience, acceptance of diversity, and compassionate love for nurse, nursing and humanity. According to the results of this study, developing patience, acceptance of diversity, and compassionate love of students will make a positive contribution to their professional future preparation. Therefore, the results of this study suggest that nurse educators should determine their students' needs and integrate them into the curriculum.

### 6. Contributions

The development of students' thoughts and behaviour about patience, acceptance of diversity, and compassionate love will make a positive contribution to their professional future preparation.

### **Ethical Considerations**

Permission to conduct the study was obtained from the University's Ethics Committee (08.01.2020/2/8). In addition, the participants were informed about the research, and the study was carried out in accordance with the Helsinki Declaration.

### **Conflict of Interest**

This article did not receive any financial fund. There is no conflict of interest regarding any person and / or institution.

### **Authorship Contribution**

Concept: Öİ, SM, MÇ; Design: Öİ, SM, MÇ; Supervision: Öİ, SM, MÇ; Funding: Öİ, SM, MÇ; Materials: None; Data Collection/Processing: Öİ, SM, MÇ; Analysis / Interpretation: Öİ, SM, MÇ; Literature Review: Öİ, SM, MÇ; Manuscript Writing: Öİ, SM, MÇ; Critical Review: Öİ, SM, MÇ.

### References

1. Sherwood G. The chemistry of nurses' caring. A model for humane health care. Humane Medicine. 1995;11:62-5.

 Aupia A, Lee TT, Liu CY, Wu SFV, Mills ME. Caring behavior perceived by nurses, patients and nursing students in Indonesia. J Prof Nurs. 2018;34(4):314-9.

**3.** Loke JC, Lee KW, Lee BK, Noor AM. Caring behaviours of student nurses: Effects of pre-registration nursing education. Nurse Educ Pract. 2015;15(6):421-9.

4. Armstrong AE. Nursing ethics: A virtue-based approach. 1st ed. New York: Palgrave Macmillan, Basingstoke; 2007.

**5.** Gökçen G, Arslan C, Tras Z. Examining the relationship between patience, emotion regulation difficulty and cognitive flexibility. European Journal of Education Studies. 2020;7(7):131-52.

6. Blomberg K, Griffiths P, Wengström Y, May C, Bridges J. Interventions for compassionate nursing care: A systematic review. Int J Nurs Stud. 2016;62:137-55.

**7.** Tosun B, Sinan Ö. Knowledge, attitudes and prejudices of nursing students about the provision of transcultural nursing care to refugees: A comparative descriptive study. Nurse Educ Today. 2020;85:104-10.

**8.** Schnitker SA. An examination of patience and well-being. J Posit Psychol. 2012;7(4):263-80.

**9.** Music D. Patience in group decision-making with emotional agents. In Pérez JB, Rodríguez JMC, Fähndrich J, Mathieu P, Campbell A, Suarez-Figueroa MC, Adam E, Fernandez Caballero A, Hermoso R, Moreno MN editors. Trends in Practical Applications of Agents and Multiagent Systems. Switzerland: Springer International Publishing; 2013. p. 163-70.

**10.** Doğan M, Gülmez Ç. Adaptation of the patience scale into Turkish: The study of validity and reliability. Atatük Üniversitesi İlahiyat Fakültesi Dergisi. 2014;42:263-79.

**11.** Lavelock C. Four virtues: Interventions for goodness' sake [dissertation on the internet]. Virginia Commonwealth University; 2013. [cited 2020 Jan 22] Available from: https://doi.org/10.25772/2E7G-VP30

**12.** Okçu D, Pilatin U. Evaluation of perception of secondary school students about value of patience. Batman University Refereed Journal of Islamic Sciences Faculty. 2018;2(1):102-13.

**13.** Piedmont RL, Village A. Research in the social scientific study of religion. In Streib H, Klein C, editors. Xenosophia and Religion. Biographical and Statistical Paths for a Culture of Welcome. Leiden: Brill; 2010. p. 1-14.

14. Rosati AG, Stevens JR, Hare B, Hauser MD. The evolutionary origins of human patience: Temporal preferences in chimpanzees, bonobos, and human adults. Curr Biol. 2007;17(19):1663-8.

**15.** Miyazaki K, Miyazaki KW, Yamanaka A, Tokuda T, Tanaka KF, Doya K. Reward probability and timing uncertainty alter the effect of dorsal raphe serotonin neurons on patience. Nat Commun. 2018;9(1):1-11.

**16.** Sümen A. Comparing the Florence Nightingale pledge with The International Nursing Pledge and evaluating them in terms of ethical principles: Review. Turkiye Klinikleri Journal of Medical Ethics-Law and History. 2017;25(2):43-8.

**17.** Chadwick A. A dignified approach to improving the patient experience: Promoting privacy, dignity and respect through collaborative training. Nurse Educ Pract. 2012;12(4):187-91.

**18.** Martin-Ferreres ML, Pardo MÁDJ, Porras DB, Moya JLM. An ethnographic study of human dignity in nursing practice. Nurs Outlook. 2019;67(4):393-403.

**19.** Kavradım ST, Akgün M, Özer Z, Boz İ. Perception of compassion and professional values in nursing students: A cross-sectional multivariate analysis from Turkey. Nurse Educ Pract. 2019;41:102-9.

**20.** Reid J. Respect, compassion and dignity: the foundations of ethical and professional caring. J Perioper Pract. 2012;22(7):216-9.

**21.** Sprecher S, Fehr B. Compassionate love for close others and humanity. J Soc Pers Relat. 2005;22(5):629-51.

22. Burunat E. Love is a physiological motivation (likehunger, thirst, sleeporsex). Med Hypotheses. 2019;18:2-54.

**23.** Perry RE, Blair C, Sullivan RM. Neurobiology of infant attachment: Attachment despite adversity and parental programming of emotionality. Curr Opin Psychol. 2017;17:1-6.

**24.** Hatfield E, Rapson RL. Love and intimacy. In Encyclopedia of Mental Health. Academic Press; 1994. p. 583-91.

**25.** Nijboer AA, der Cingel Van MCJM. Compassion: Use it or lose it? A study into the perceptions of novice nurses on compassion: A qualitative approach. Nurse Educ Today. 2018;72:84-9.

26. Elliott AM. Identifying professional values in nursing: An integrative review. Teach Learn Nurs. 2017;12(3):201-6.

**27.** Mersin S, Demiralp M, Öksüz E. Addressing the psychosocial needs of patients: Challenges for nursing students. Perspect Psychiatr Care. 2019;55(2):269-76.

28. Sellman D. Professional values and nursing. Med Health Care Philos. 2011;14(2):203-8.

**29.** Deniz L, Tutgun Ünal A. Development of a set of scales toward the use of social media and values of generations in social media age. International Journal of Society Researchers. 2019;11(18):1-33.

**30.** Akın A, Eker H. Compassionate Love Scale: Validity and reliability study. Journal of Uludag University Faculty of Education. 2012;25(1):75-85.

**31.** Lee YR, Lee JY, Kim JM, Shin IS, Yoon JS, Kim SW. A comparative study of burnout, stress, and resilience among emotional workers. Psychiatry Investig. 2019;16(9):686.

**32.** Chen CS, Chan SWC, Chan MF, Yap SF, Wang W, Kowitlawakul Y. Nurses' perceptions of psychosocial care and barriers to its provision: A qualitative study. J Nurs Res. 2017;25(6):411-8.

**33.** Deng JJ, Li TA. Development and validation of the Buddhist patience questionnaire. Ment Health Relig Cult. 2017;19(8):807-17.

**34.** Reyes AT, Andrusyszyn M, Iwasiw C, Forchuk C, Babenko-Mould Y. Nursing students' understanding and enactment of resilience: a grounded theory study. J Adv Nurs. 2015;71(11):2622-33.

**35.** Thomas LJ, Revell SH. Resilience in nursing students: An integrative review. Nurse Educ Today. 2016;36:457-62.

**36.** Li ZS, Hasson F. Resilience, stress, and psychological wellbeing in nursing students: A systematic review. Nurse Educ Today. 2020;90(104440).

**37.** Abdullah KL, Chong MC. Factors influencing professional values among Indonesian undergraduate nursing students. Nurse Educ Pract. 2019;41(102648).

**38.** Crigger NJ. The Trouble with Caring: A Review of eight arguments against an ethic of care. J Prof Nurs. 1997;13(4):217-21.

**39.** Dickson N. A theory of caring for midwifery. Aust Coll Midwives Inc J. 1996;9(2):20-4.

40. Bullington J, Söderlund M, Sparén EB, Kneck Å, Omérov P, Cronqvist A. Communication skills in nursing: A phenomenologically-based communication training approach. Nurse Educ Pract. 2019;39:136-41.

**41.** Bousso RS, Poles K, Cruz DDALMD. Nursing concepts and theories. Rev Esc Enferm USP. 2014;48(1):141-5.

**42.** Dudas KI. Cultural competence: An evolutionary concept analysis. Nurs Educ Perspect. 2012;33(5):317-21.

### İbrahimoğlu ve ark., Sabır, farklılıkları kabul ve duyarlı sevgi

**43.** Strauss C, Taylor BL, Gu J, Kuyken W, Baer R, Jones F, et al. What is compassion and how can we measure it? A review of definitions and measures. Clin Psychol Rev. 2016;47:15-27.

**44.** Cook ET. The Life of Florence Nightingale. BoD–Books on Demand [Internet]. 2018 [cited 2020 Jan 22] Available from: https://www.icn.ch/ what-we-do/campaigns/international-nurses-day

**45.** Leininger M. Culture care theory, research, and practice. Nurs Sci Q. 1996;9(2):71-8.

**46.** Davis MH. Measuring individuals differences in empathy: Evidence for a multi-dimensional approach. J Pers Soc Psychol. 1983;44:113-26.

**47.** Nelwati N, Abdullah KL, Chong MC. Factors influencing professional values among Indonesian undergraduate nursing students. Nurse Educ Pract. 2019;14:102-8.

**48.** Mattei JF. Humanity and human DNA. Eur J Med Genet. 2012;55(10):503-9.

**49.** Nitschke JB, Nelson EE, Rusch BD, Fox AS, Oakes TR, Davidson RJ. Orbitofrontal cortex tracks positive mood in mothers viewing pictures of their newborn infants. Neuroimage. 2004;21(2):583-92.