

The effectiveness of a training program on perceptions of caring culture among Turkish nurses: A quasi-experimental trial

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Abstract

Aim: To assess the effectiveness of a training program on perceptions of caring culture among Turkish nurses and investigate the relationships among caring culture, job satisfaction, and intention to leave.

Background: Every organisation has its on culture with its vairous components including values, symbols, practices and policies. Healthcare organizations need a favorable caring culture to support nurses and other professional working in the organisation.

Methods: This was a quasi-experimental trial of an educational intervention conducted between October and December 2020 at a university hospital in Turkey. The sample of the study consisted of 86 nurses. A four-week training program based on caring culture was provided for the training group. The data were collected using a Personal Information Form, the Turkish version of the Caring Culture Survey, and the Job Satisfaction Scale. Intention to leave was measured with a single question.

Findings: The mean total caring culture and personal caring scores of the training group were significantly higher after the training than before ($p < 0.05$). There were significant positive correlations between the mean caring culture total and subscale scores of the participants and their total job satisfaction scores. Besides, there were significant negative correlations between the caring culture total and subscale scores of the participants and their intentions to leave, but these relationships were weak or moderate ($p < 0.05$).

Conclusion: This training program based on caring culture can contribute to improving the caring culture perceptions of nurses. Caring culture is positively related to job satisfaction and negatively related to intentions to leave.

Implications for nursing and health policy: Healthcare organizations should prioritize creating a caring culture and designing initiatives that focus on caring culture. The perceptions of nurses about caring culture should be measured and identified regularly.

KEYWORDS

caring, culture, intention to leave, job satisfaction, nursing, Turkey

BACKGROUND

The definition of a healthy workplace has greatly changed over the few decades. Today, this definition includes psychosocial factors such as work organization and culture, which can significantly impact the health of both employees and patients (Burton, 2010). Organizational culture consists of values, symbols, and rituals shared among members (Kava et al., 2019), and hospitals are cultural mosaics with complex structures (Mannion & Davies, 2018).

Organizational culture includes a caring culture as one of its components (Rafferty et al., 2017), and previous studies have shown that the organizational culture of nursing affects various outcomes such as nurses work performance (Han et al., 2020; Kim & Hwang, 2019), turnover (Pedrosa et al., 2020), job satisfaction (Chung & Ahn, 2019), and intention to leave (Heinen et al., 2013; Zhang et al., 2014). A caring culture is essential for developing a team spirit and creating a synergy among colleagues (Wei et al., 2020). Addressing the caring culture at an organization, therefore, plays

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a critical role in ensuring the effectiveness of the nursing workforce.

The importance of caring is emphasized by many nursing theories, including Watson's (2015) and Gould et al.'s (2018) theories of caring. The term "caring culture" is used here to refer to an environment in which everyone in the healthcare team respects and cares for each other (Mensik et al., 2019). Alternatively, Rafferty et al. (2017) defined a caring culture as a workplace in which employees feel supported, valued, and respected.

The job satisfaction of nurses is another critical issue since it affects them in terms of performing to the best of their ability (Karem et al., 2019). Nurses represent the largest proportion of the healthcare workforce and have the ability to make a great impact on the quality of patient care (Brown et al., 2010). Job satisfaction can broadly be defined as "a response or attitude an individual has toward their job" (Dilig-Ruiz et al., 2018). Previous studies have indicated that job satisfaction is directly related to intention to leave (Zahednezhad et al., 2021) and varies across different organizations (Lu et al., 2019).

To the best of our knowledge, no previous study has focused on creating a caring culture in hospital settings. To fill this gap in the literature, this study addresses the following hypotheses: (a) there is a statistically significant difference between the pretest and posttest scores of the training group; (b) there is a relationship between the perceptions of nurses regarding caring culture and their job satisfaction; and (c) there is a relationship between the perceptions of nurses regarding caring culture and their intentions to leave.

METHODS

Design, setting, and participants

This was a quasi-experimental trial of an educational intervention. The study complied with the CONSORT 2010 statement for randomized studies. It was conducted at a university hospital in the Aegean Region in Turkey between October and December 2020. A total of 38 units in which direct care was provided by nurses were identified. Units were stratified by type of unit (medical unit, surgical unit, emergency unit, and intensive care unit) and randomized within strata at a 1:1 ratio. Stratified randomization was performed using the OpenEpi Random Number Generator (open-source software for epidemiologic statistics) by a colleague of the research team not involved with recruitment or data entry. Consequently, 19 units were randomly assigned to the training group, and 19 units were randomly assigned to the control group. The reason for using stratified randomization is to prevent selection bias by ensuring the similarity of the groups included in the study.

The inclusion criteria were: being a nurse, being directly involved in patient care services, being over 18 years of age, and having at least three months of experience in one's current unit. Nurse managers who were not directly involved in

patient care and nurses who refused to participate in the study were excluded.

The researchers invited nurses to participate in this study. In total, 380 nurses were approached, but only 105 gave their consent and agreed to participate in the study. Nineteen nurses withdrew after the pretest due to their heavy workload and lack of motivation. Twenty Seven nurses in the training group (from 13 different units) and 59 nurses in the control group (from 16 different units) completed the study (Figure 1).

Ethical considerations

This study was carried out with ethical approval from the Manisa Celal Bayar University Local Ethics Committee (reference number: 20.478.486/408) and following the tenets of the Declaration of Helsinki. Permission to conduct the study was obtained from the institution where it would be conducted. Besides, permission was granted by the authors of the Caring Culture Survey for its use in this study. The nurses were informed about the study, and their anonymity and confidentiality were guaranteed. The written informed consent of each participant was taken prior to the study. The data protection law in Turkey (No. 6698, 2016) was taken as a basis for the confidentiality of personal data. Regarding confidentiality, the data were kept on a password-protected flash drive which was used only by the researchers.

Instruments

Personal information form

This form was prepared by the researchers to determine the sociodemographic and occupational characteristics of the participants. It was composed of 10 questions on different pieces of information including age, gender, level of education, marital status, position, and department.

A single yes/no question was used to assess the intentions of the participants to leave (would you leave your current job in the next year if possible?) (Biegger et al., 2016).

Caring culture survey

The perceptions of the participants regarding caring culture were measured using the Turkish version of the Caring Culture Survey (CCS-Tr). Mensik et al. (2019) developed the original version of the survey to evaluate the perceptions of healthcare employees toward a caring culture. The Turkish validity and reliability study of the survey was carried out by Gülşen and Kutlu (2021). The survey utilizes a 7-point Likert-type scale (ranging from 1 for never to 7 for every time) that is evaluated through mean scores. It consists of 14 positive items in three subscales: personal caring (seven items), leadership caring (four items), and coworker caring (three items). According to the survey, personal caring refers to the attitudes

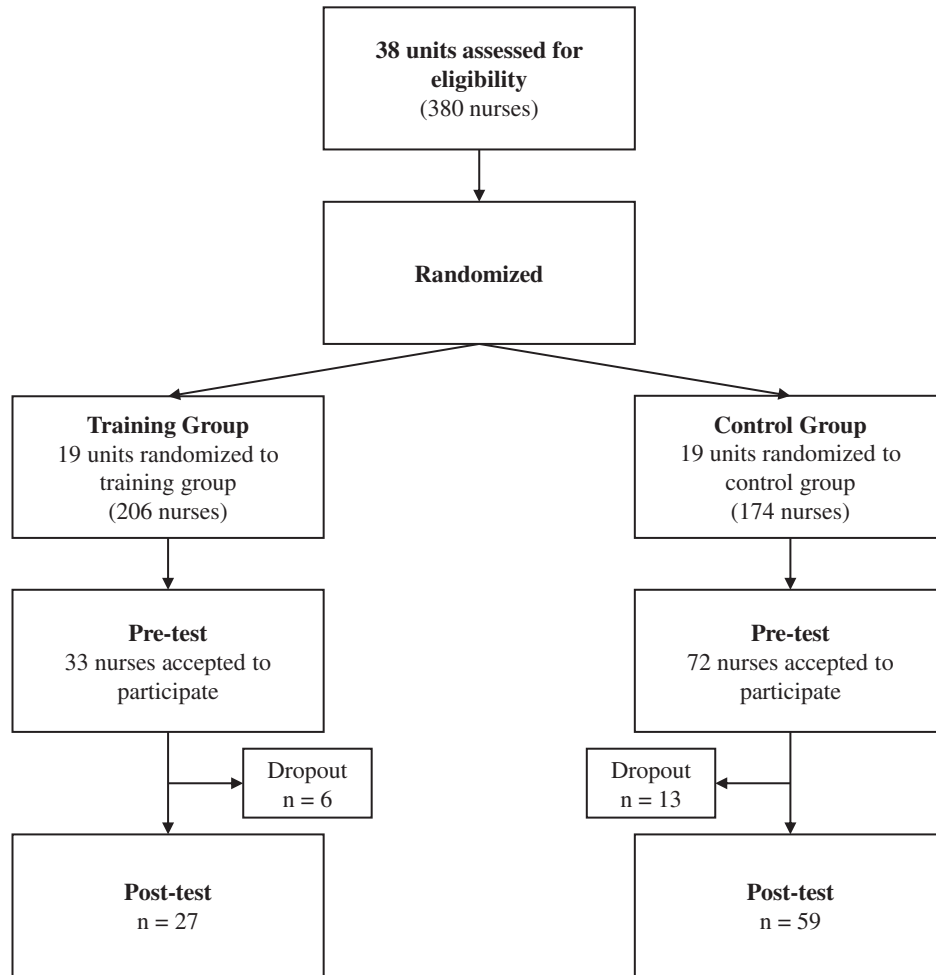


FIGURE 1 Flowchart showing nurses recruitment and dropouts in the study.

and actions of employees, while coworker caring reflects their sense of community. Leadership caring pertains to the perceptions of employees regarding their managers. Higher scores indicate a more pronounced caring culture.

Gülşen and Kutlu (2021) reported Cronbach's alpha (internal consistency) coefficient of the total scale as 0.84, and the coefficients ranged from 0.67 to 0.91 for the subscales. In this study, the Cronbach's alpha coefficient of the total scale was 0.84, and the coefficients of the subscales ranged from 0.73 to 0.89.

Job satisfaction scale

To measure job satisfaction, the Job Satisfaction Scale (JSS) developed by Muya et al. (2014) was used in this study. It was adapted to Turkish by Türe-Yılmaz and Yıldırım (2016). The scale consists of 27 items in four subscales (positive emotions toward work, eight items; appropriate support from superiors, six items; perceived significance in the workplace, eight items; pleasant working environment, five items). The scale items are rated on a 5-point scale, from 1 (definitely no) to

5 (definitely yes). A higher score indicates a higher level of job satisfaction. Türe-Yılmaz and Yıldırım (2016) reported the Cronbach's alpha coefficient of the total scale as 0.90. In this study, the Cronbach's alpha coefficient of the total scale was 0.91 for the pretest and 0.89 for the posttest.

Intervention

At the beginning of the study, a pretest survey, which included the Personal Information Form, CCS-Tr, and JSS, was administered to all participants. Then, a training program was designed and prepared by the researchers based on the pretest results and their review of the relevant literature. Additionally, this program was reviewed and approved by a doctoral thesis committee (Table 1).

Next, the training group participated in a four-week training program led by the researchers who have experience working and doing research in nursing. Each session was held once a week on the Zoom video conferencing platform and took about one hour. These sessions fostered interaction among the participants and their sharing of expe-

TABLE 1 Training program content.

Topic	Content
Communication and empathy	Communication process Types of communication Managing organizational communication Communication barriers Principles of effective communication Communication in health and nursing services Empathy
Conflict	Concept of conflict Levels and types of conflict experienced by nurses Causes and solutions of conflict Positive and negative consequences of conflict in organizations Conflict management and strategies
Leadership and empowerment	Leadership and leadership styles Nursing and leadership Nursing empowerment
Teamwork and positive work environments	The importance of teamwork Characteristics of effective teams Tips for better workplace teamwork Creating positive work environments

riences and knowledge. Besides, training booklets detailing each session were provided. Access to session recordings was available to the training group throughout the intervention. The participants were able to communicate with the researchers via e-mail, live chat, or phone to get feedback when they needed it.

The training program consisted of four units: (i) communication and empathy, (ii) conflict management, (iii) leadership and empowerment, and (iv) teamwork and positive work environments. This training program included a variety of teaching methods, such as lectures, group discussions, and sharing real-life experiences. The participants were encouraged to show caring behaviors with patients, coworkers, and leaders.

At the end of each session, the participants completed an anonymous online survey to assess the presentation content and presenter (e.g., expertise on the topic and use of relevant examples). Overall, the feedback of the participants was positive and constructive.

After 4–6 weeks of the training program, the posttest was administered to determine whether the training program had resulted in differences between the groups. The pretest and posttest were applied to both groups at the same time via Google Forms. The online survey link was delivered to the participants via SMS, WhatsApp, or e-mail. Meanwhile, the control group did not receive any intervention.

Statistical analysis

Descriptive statistics were used to summarize the characteristics of the sample, including frequency, percentage, mean, and

standard deviation values. Pearson chi-squared and Fisher exact tests were used for the comparisons of the categorical data. Student *t* test and the Mann–Whitney *U* test were used to examine the differences between independent samples. Intra-group comparisons were made using paired-samples *t* tests and the Wilcoxon signed-rank test. Correlations were tested by Pearson correlation analysis. The internal consistency of the survey was deemed acceptable if its Cronbach's alpha values exceeded 0.70 (Nunnally & Bernstein, 1994). According to the skewness and kurtosis coefficients, the data showed normal distribution (Kim, 2013). The skewness and kurtosis coefficients were in the range of -1 to 1 . The significance level of *p* values was set at 0.05. All analyses were performed using the SPSS statistics software (IBM SPSS, Armonk, NY, USA) for Windows, version 23.

To validate confidence for the sample size, the power of the study was analyzed using the G*Power program, version 3.1.9.7 (Heinrich-Heine University of Düsseldorf, Düsseldorf, Germany). A post hoc two-tailed *t* test was performed in G*Power, with an effect size of 0.61, and the power of this study was found to be 0.84.

FINDINGS

Participant characteristics

The training group consisted of 27 participants, and the control group consisted of 59 participants. It was found that 48.1% of the participants in the training group and 62.7% of those in the control group were older than 30 years old. Most participants in both groups were female (70.4% and 86.4% in the training and control groups, respectively) and clinical nurses (85.2% and 83.1%, respectively). Of the participants in the training group, 40.8% had bachelor's degrees, 48.1% were married, 74.1% were working more than 45 hours in a week, and 26.0% were working in medical, surgical, or emergency units. In the control group, more than half of the participants had bachelor's degrees (61.0%) and were married (78.0%). Almost half of the participants in both groups had at least 10 years of experience in the profession, and at least five years of experience in their current positions.

No significant difference was found between the two groups in terms of their sociodemographic and occupational characteristics, except for marital status and weekly working hours.

Effects of the intervention on perceptions of caring culture

The results of the analyses on the effects of the intervention on the perceptions of the participants regarding caring culture are presented in Table 2. No statistically significant differences were found between the two groups in the pretest ($p > 0.05$). After the intervention, the training group had a significant

TABLE 2 Total and subscale scores of the Turkish version of the Caring Culture Survey, and comparisons ($n = 86$).

Variables	Group	<i>n</i>	Pretest			Posttest			Test	<i>p</i> value
			<i>M</i> ± <i>SD</i>	Min	Max	<i>M</i> ± <i>SD</i>	Min	Max		
Total score	Training group	27	5.20 ± 0.81	3.57	6.57	5.61 ± 0.65	4.36	6.50	$Z_W = -2.301$	$p = 0.021^a$
	Control group	59	5.15 ± 0.60	3.79	6.43	5.23 ± 0.57	2.93	6.50	$t = -0.791$	$p = 0.432$
Subscale scores										
Personal caring	Training group	27	5.41 ± 0.72	4.29	6.57	5.73 ± 0.67	4.43	6.71	$Z_W = 2.012$	$p = 0.044^a$
	Control group	59	5.48 ± 0.68	3.71	6.86	5.44 ± 0.74	2.86	7.00	$t = 0.325$	$p = 0.747$
Leadership caring	Training group	27	4.97 ± 1.28	2.25	7.00	5.45 ± 0.85	3.50	6.75	$Z_W = -1.478$	$p = 0.139$
	Control group	59	4.77 ± 0.89	2.75	6.50	5.00 ± 0.84	3.00	7.00	$t = -1.657$	$p = 0.103$
Coworker caring	Training group	27	5.03 ± 1.27	2.00	6.67	5.55 ± 0.91	3.67	7.00	$Z_W = -1.771$	$p = 0.076$
	Control group	59	4.89 ± 1.03	1.33	7.00	5.06 ± 0.79	3.00	6.67	$t = -1.010$	$p = 0.317$

Note: Data are presented as the mean ± SD. Significant values are shown in bold. *t*, paired-samples *t* test; Z_{MU} , Mann-Whitney *U* test; Z_W , Wilcoxon signed-rank test. ^aStatistically significant at $p < 0.05$.

increase in personal caring ($Z_W = 2.012$; $p = 0.044$) and total CCS-Tr ($Z_W = -2.301$; $p = 0.021$) mean scores, while the control group showed no significant change. Besides, in the posttest, the differences between leadership caring ($Z_{MU} = -2.193$; $p = 0.028$), coworker caring ($Z_{MU} = -2.558$; $p = 0.011$), and total CCS-Tr ($Z_{MU} = -2.719$; $p = 0.007$) mean scores of the two groups were found to be statistically significant.

Relationships among caring culture perceptions, job satisfaction, and intention to leave

Statistically significant positive correlations were identified between the CCS-Tr total and subscale scores of the participants and their job satisfaction scores in both the pretest and posttest, but the relationships were weak or moderate ($r = 0.29$ to 0.49). Besides, there was a significant negative correlation between personal caring and intention to leave in the pretest mean scores ($r = -0.254$). After the intervention, there were statistically significant negative correlations between the CCS-Tr total and subscale scores of the participants and their intentions to leave, but the relationships were weak or moderate ($r = -0.29$ to -0.42).

DISCUSSION

The concept of caring culture has gained increasing attention in recent years due to its potential not only to improve patient outcomes but also to support healthcare workers, especially nurses. To our knowledge, this is the first quasi-experimental trial of an educational intervention to evaluate the effectiveness of a training program to create a caring culture in a hospital setting in Turkey. Besides, the relationships among caring culture perceptions, job satisfaction, and intention to leave were examined.

A healthier and more productive workplace requires cultural changes and appropriate management tools, as generally accepted (Brunges & Foley-Brinza, 2014). At this point, CCS-Tr was preferred because it is easy to use and apply (Mensik et al., 2019).

In this study, the total CCS-Tr scores of the participants ranged from 5.15 (± 0.60) to 5.61 (± 0.65) out of 7, all of which were considered positive/favorable (Table 2). On the other hand, CCS scores were reported to range from 3.1 (± 1.2) to 4.3 (± 0.7) in a survey study with a sample of US nurses (Barrieault, 2020). These differences may be due to different samples because a work environment can differ significantly between countries or even between hospitals.

The results of this study supported the first hypothesis by showing a statistically significant increase in the personal caring and total CCS-Tr mean scores in the training group. However, recent results showed that the Language of Caring implementation, a Branch of Planetree International, had a positive effect on organizational culture, coworker relationships, leader effectiveness, collaboration and teamwork, employee engagement, and empathy (Language of Caring, 2020). According to WHO (2010), a healthy workplace is characterized by a collaborative relationship between employees and managers in the workplace. Kocaman et al. (2018) developed healthy work environment standards that are specific to nursing in Turkey. These standards describe globally accepted key features necessary for healthy work environments and emphasize the importance of a caring culture.

Moreover, the relationships among caring culture perceptions, job satisfaction, and intention to leave were also examined in this study. The results of the study supported the second and third hypotheses by showing that caring culture is positively correlated with job satisfaction and negatively correlated with intention to leave. These relationships are important because they may provide insight

into how the perceptions of nurses regarding a caring culture are associated with their job satisfaction and intention to leave. Not surprisingly, the participants of this study who scored higher in terms of organizational care culture tended to score more positively on questions about job satisfaction and more negatively on questions about their intentions to leave. Kimberly (2020) reported similar results, showing that a caring culture helps retain employees in the organization.

Besides, other studies in the literature have revealed that job satisfaction and intention to leave are negatively associated with each other (Zahednezhad et al., 2021). Many recent studies have shown that nurses who work in healthy work environments are more satisfied (Wei et al., 2018). Labrague et al. (2021) suggested that improving the job satisfaction levels of nurses can be possible by enhancing interprofessional collaboration. Furthermore, there is evidence based on qualitative research suggesting that relationships have a significant impact on both the working conditions and job satisfaction levels of nurses (Squires & Juárez, 2012). However, although healthcare professionals are considered to be caring people by nature, they are often too busy and task-oriented to reflect this in their work. Therefore, it is essential to support caring relationships in work environments (Leebov, 2013).

On the other hand, current discussions about healthcare services mostly include the increasing demand for healthcare and existing health workforce shortages (Michaeli & Michaeli, 2022). In a recent report, the Organisation for Economic Cooperation and Development (OECD) highlighted that the number of nurses per capita grew in almost all OECD countries in the last two decades (OECD, 2019). However, Turkey is still dealing with a significant shortage of nurses in practice. The number of nurses per 1000 inhabitants in 2017 was 2.1 for Turkey (OECD, 2021). Consequently, the job satisfaction levels of nurses and their intentions to leave are more critical for Turkey to ensure the continuity of care.

It is clear that the working environment at health institutions has a great impact on both nursing and patient outcomes (ICN, 2014; Zhang et al., 2014). Therefore, healthcare managers should prioritize creating a caring culture in healthcare organizations. However, there is no doubt that partial solutions are not likely to be lasting. It is believed that this training program should be repeated regularly, and activities should focus on creating caring cultures, to maintain the effect. Indeed, ensuring the maximum effectiveness of a training program is likely to require organizational and managerial support.

To summarize, in our study, all three hypotheses were confirmed. The effectiveness of this program can be attributed to (1) a customized training program based on pretest results, (2) live online sessions rather than conventional sessions, and (3) organizational and managerial support. Although each unit has specific problems, there are core issues shared across all units that negatively affect the perception of caring culture such as communication problems.

LIMITATIONS

This study had several limitations. First, the study was conducted in only one university hospital, and the sample reflects only one region of Turkey. Thus, the findings cannot be generalized to all Turkish nurses. Second, there were significant differences between the two groups in terms of marital status and weekly working hours, although the online sessions removed barriers to joining the study and were available to any internet user. It is believed that their workload reduced the motivation of nurses to join the study. Besides, a balance between the groups in terms of the numbers of individuals could not be achieved. Therefore, future studies should have a more homogeneous distribution.

CONCLUSIONS

This is a pioneering study demonstrating that training programs based on caring culture can contribute to improving the perception of nurses regarding caring culture. Besides, this study highlights the importance of and need for creating a caring culture in healthcare settings. Nursing and healthcare managers should focus on creating a caring culture as a key priority for achieving better healthcare services for all.

IMPLICATIONS FOR NURSING AND HEALTH POLICY

This study provides a comprehensive contribution to the literature as it is the first quasi-experimental study that has focused on creating a caring culture in hospital settings. Moreover, the results of the study showed that caring culture is related to job satisfaction and intention to leave. It provides nurse managers with an awareness of creating a caring culture. The perceptions of nurses regarding caring culture, their job satisfaction levels, and their intentions to leave should be measured and identified regularly. Healthcare organizations should design initiatives that focus on caring culture because a caring culture can create an environment fostering the job satisfaction levels of nurses. A well-designed training intervention can contribute to improving the perception of nurses regarding caring culture.

AUTHOR CONTRIBUTIONS

Study design: MG, AK; data collection: MG; data analysis: MG, AK; study supervision: AK; manuscript writing: MG, AK; critical revisions for important intellectual content: MG, AK.

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CONFLICT OF INTEREST STATEMENT

No conflict of interest has been declared by the authors.

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ETHICAL APPROVAL

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DATA AVAILABILITY STATEMENT

Research data are not shared.

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REFERENCES

- Barrieault, K.L. (2020) Engaging caregivers: examining the correlation between caring culture, job embeddedness, burnout, and retention (unpublished doctoral thesis). Ashford University.
- Biegger, A., De Geest, S., Schubert, M. & Ausserhofer, D. (2016) The “magnetic forces” of Swiss acute care hospitals: a secondary data analysis on nurses’ job satisfaction and their intention to leave their current job. *NursingPlus Open*, 2, 15–20. <https://doi.org/10.1016/j.npls.2016.01.002>
- Brown, D.S., Donaldson, N., Burnes Bolton, L. & Aydin, C.E. (2010) Nursing-sensitive benchmarks for hospitals to gauge high-reliability performance. *Journal for Healthcare Quality*, 32(6), 9–17. <https://doi.org/10.1111/j.1945-1474.2010.00083.x>
- Brunges, M. & Foley-Brinza, C. (2014) Projects for increasing job satisfaction and creating a healthy work environment. *Journal of Chemical Information and Modeling*, 100(6), 670–681. <https://doi.org/10.1016/j.jaorn.2014.01.029>
- Burton, J. (2010) WHO healthy workplace framework and model: background and supporting literature and practices. Retrieved from https://www.who.int/occupational_health/healthy_workplace_framework.pdf
- Chung, H.J. & Ahn, S.H. (2019) Relationship between organizational culture and job satisfaction among Korean nurses: a meta-analysis. *Journal of Korean Academy of Nursing Administration*, 25(3), 157–166. <https://doi.org/10.1111/jkana.2019.25.3.157>
- Dilig-Ruiz, A., MacDonald, I., Varin, M.D., Vandyk, A., Graham, I.D. & Squires, J.E. (2018) Job satisfaction among critical care nurses: a systematic review. *International Journal of Nursing Studies*, 88, 123–134. <https://doi.org/10.1016/j.ijnurstu.2018.08.014>
- Gould, M., Mann, M., Martin, H., Erwin, R., Schultz, R. & Swanson, K. (2018) Caring cards: preventing patient harm through the heart of nursing. *Nursing Administration Quarterly*, 42(3), 254–260. <https://doi.org/10.1097/NAQ.0000000000000299>
- Gülşen, M. & Kutlu, A. (2021) Adaptation and validation of the Turkish version of the Caring Culture Survey. *Journal of Nursing Management*, 29(6), 1631–1638. <https://doi.org/10.1111/jonm.13292>
- Han, J.E., Park, N.H. & Cho, J. (2020) Influence of gender role conflict, resilience, and nursing organizational culture on nursing work performance among clinical nurses. *The Journal of Korean Academic Society of Nursing Education*, 26(3), 248–258. <https://doi.org/10.5977/jkasne.2020.26.3.248>
- Heinen, M.M., van Achterberg, T., Schwendimann, R., Zander, B., Matthews, A., Kózka, M. et al. (2013). Nurses’ intention to leave their profession: a cross-sectional observational study in 10 European countries. *International Journal of Nursing Studies*, 50(2), 174–184. <https://doi.org/10.1016/j.ijnurstu.2012.09.019>
- International Council of Nurses (2014). Nurses: a force for change: a vital resource for health. Retrieved from <https://www.icn.ch/>
- Karem, M.A., Mahmood, Y.N., Jameel, A.S. & Ahmad, A.R. (2019). The effect of job satisfaction and organizational commitment on nurses’ performance. *Journal of Humanities and Social Sciences Reviews*, 7(6), 332–339. <https://doi.org/10.18510/hssr.2019.7658>
- Kava, C.M., Parker, E.A., Baquero, B., Curry, S.J., Gilbert, P.A., Sauder, M. & Sewell, D.K. (2019). Associations between organizational culture, workplace health climate, and employee smoking at smaller workplaces. *Tobacco Use Insights*, 12, 1–9. <https://doi.org/10.1177/1179173219835842>
- Kim, H.Y. (2013). Statistical notes for clinical researchers: assessing normal distribution (2) using skewness and kurtosis. *Restorative Dentistry & Endodontics*, 38(1), 52–54. <https://doi.org/10.5395/rde.2013.38.1.52>
- Kim, S.R. & Hwang, J.I. (2019). Relationships among workplace bullying, organizational culture and nursing performance in nurses. *Health Communication*, 14(2), 155–164. <https://doi.org/10.15715/kjhcom.2019.14.2.155>
- Kocaman, G., Arslan Yürümezoğlu, H., Uncu, S., Türkmen, E., Göktepe, N. & İntepeler, Ş.S. (2018). Development of healthy work environment standards for nurses in Turkey. *Journal of Education and Research in Nursing*, 15(1), 30–38. <https://doi.org/10.5222/head.2018.030> (in Turkish)
- Labrague, L.J., Al Sabei, S., Al Rawajfah, O., AbuAlRub, R. & Burney, I. (2021). Interprofessional collaboration as a mediator in the relationship between nurse work environment, patient safety outcomes and job satisfaction among nurses. *Journal of Nursing Management*, 30(1), 268–278. <https://doi.org/10.1111/jonm.13491>
- Language of Caring. (2020). Measurable results. Retrieved from <https://languageofcaring.org/results/measurable-results/>
- Leebov, W. (2013). Want to sustain a culture of caring? Remove barriers. *Heartbeat*, 5(9), 1–2.
- Lu, H., Zhao, Y. & While, A. (2019). Job satisfaction among hospital nurses: a literature review. *International Journal of Nursing Studies*, 94, 21–31. <https://doi.org/10.1016/j.ijnurstu.2019.01.011>
- Mannion, R. & Davies, H. (2018). Understanding organisational culture for healthcare quality improvement. *BMJ*, 363, 1–4. <https://doi.org/10.1136/bmj.k4907>
- Mensik, J., Leebov, W. & Steinbinder, A. (2019). Survey development: caregivers help define a tool to measure cultures of care. *Journal of Nursing Administration*, 49(3), 138–142. <https://doi.org/10.1097/NNA.0000000000000727>
- Michaeli, D.T. & Michaeli, T. (2022). The healthcare labour shortage: practice, theory, evidence, and ways forward. SSRN. <https://doi.org/10.2139/ssrn.4067462>
- Muya, M., Katsuyama, K., Ozaki, F. & Aoyama, H. (2014). Development of a scale measuring the job satisfaction of Japanese hospital nurses. *Japan Journal of Nursing Science*, 11(3), 160–170. <https://doi.org/10.1111/jjns.12017>
- Nunnally, J. & Bernstein, I. (1994). *Psychometric theory* (3rd edn.) McGraw-Hill.
- Organization for Economic Cooperation and Development. (2019). Health at a glance 2019. Retrieved from <https://www.oecd.org/mexico/health-at-a-glance-mexico-EN.pdf>
- Organisation for Economic Cooperation and Development. (2021). OECD data/nurses. Retrieved from <https://data.oecd.org/healthres/nurses.htm>
- Pedrosa, J., Sousa, L., Valentim, O. & Antunes, V. (2021). Organizational culture and nurse’s turnover: a systematic literature review. *International Journal of Healthcare Management*, 14(4), 1542–1550. <https://doi.org/10.1080/20479700.2020.1801160>
- Rafferty, A.M., Philippou, J., Fitzpatrick, J.M., Pike, G. & Ball, J. (2017). Development and testing of the “culture of care barometer” (CoCB) in healthcare organisations: a mixed methods study. *BMJ Open*, 7(8), 1–8. <https://doi.org/10.1136/bmjopen-2017-016677>

- Squires, A. & Juárez, A. (2012). A qualitative study of the work environments of Mexican nurses. *International Journal of Nursing Studies*, 49(7), 793–802. <https://doi.org/10.1016/j.ijnurstu.2012.02.001>
- Türe-Yılmaz, A. & Yıldırım, A. (2016). Validity and reliability of the nurse job satisfaction scale in Turkish. *Journal of Health and Nursing Management*, 3(3), 158–168. <https://doi.org/10.5222/shyd.2016.158> (in Turkish)
- Watson, J. (2015). Jean Watson's theory of human caring. In M.E. Parker & M.C. Smith (Eds.) *Nursing theories and nursing practice*. Philadelphia, PA: F. A. Davis Company, pp. 321–339.
- Wei, H., Corbett, R. W., Ray, J. & Wei, T. L. (2020). A culture of caring: the essence of healthcare interprofessional collaboration. *Journal of Interprofessional Care*, 34(3), 324–331. <https://doi.org/10.1080/13561820.2019.1641476>
- Wei, H., Sewell, K.A., Woody, G. & Rose, M.A. (2018). The state of the science of nurse work environments in the United States: a systematic review. *International Journal of Nursing Sciences*, 5(3), 287–300. <https://doi.org/10.1016/j.ijnss.2018.04.010>
- World Health Organization. (2010). Healthy workplaces: a model for action. For employers, workers, policy-makers and practitioners. Retrieved from https://www.who.int/occupational_health/publications/healthy_workplaces_model_action.pdf
- Zahednezhad, H., Hoseini, M.A., Ebadi, A., Farokhnezhad Afshar, P. & Ghanei Gheshlagh, R. (2021). Investigating the relationship between organizational justice, job satisfaction, and intention to leave the nursing profession: a cross-sectional study. *Journal of Advanced Nursing*, 77(4), 1741–1750. <https://doi.org/10.1111/jan.14717>
- Zhang, L., You, L., Liu, K., Zheng, J., Fang, J., Lu, M., et al. (2014). The association of Chinese hospital work environment with nurse burnout, job satisfaction, and intention to leave. *Nursing Outlook*, 62(2), 128–137. <https://doi.org/10.1016/j.outlook.2013.10.010>

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