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## **Empathic Tendency, Between Sensitive Love and Ontological Well-Being in Nursing Students: The Role of Parenting Attitudes**

**Hemşirelik Öğrencilerinde Empatik Eğilim, Duyarlı Sevgi ve Ontolojik İyi Oluş Arasındaki İlişki: Ebeveynlik Tutumlarının Rolü**

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## Abstract:

**Aim:** This descriptive and correlational study aimed to examine the relationship between nursing students' empathic tendencies, sensitive love, ontological well-being, and perceived parental attitudes.

**Methods:** Conducted during the 2022–2023 academic year, the research included first- and second-year nursing students from a private and a state university in Ankara. Data were collected via online surveys using the Sensitive Love, Emotional Well-being, Ontological Well-being-Life Project, Leuven Perceived Parenting, and Empathy Tendency scales.

**Results:** Private university students demonstrated significantly higher perceived maternal autonomy scores than state university students ( $Z=-2.110$ ,  $p<0.05$ ). Female students reported significantly higher maternal behavioral control than males ( $Z=-2.403$ ,  $p<0.05$ ). Sensitive love, positive emotional well-being, empathic tendency, and hope were positively correlated ( $p<0.05$ ). Conversely, negative emotional well-being negatively correlated with empathy and emptiness. Furthermore, perceived paternal psychological and behavioral control positively correlated with negative well-being ( $p<0.05$ ).

**Conclusion:** Family support and perceived parenting are key determinants of psychological well-being during nursing students' early education. Autonomy recognition is higher in private universities, whereas maternal behavioral control affects females more. Positive well-being associates with empathy and hope; however, paternal control contributes to negative well-being. Providing counseling services to enhance students' autonomy and emotional resilience is highly recommended.

**Key Words:** Compassionate well-being, perceived parenting attitudes, empathic tendency, nursing students.

## Özet:

**Amaç:** Bu tanımlayıcı ve ilişkiyel çalışma, hemşirelik öğrencilerinin empatik eğilimleri, duyarlı sevgileri, ontolojik iyi oluşları ve algıladıkları ebeveyn tutumları arasındaki ilişkiyi incelemeyi amaçlamıştır.

**Yöntem:** 2022–2023 eğitim-öğretim yılında yürütülen araştırmaya, Ankara'daki bir vakıf ve bir devlet üniversitesinde öğrenim gören birinci ve ikinci sınıf hemşirelik öğrencileri dahil edilmiştir. Veriler; Duyarlı Sevgi, Duygusal İyi Oluş, Ontolojik İyi Oluş-Yaşam Projesi, Leuven Algılanan Ebeveynlik ve Empati Eğilim ölçekleri kullanılarak çevrimiçi anketler aracılığıyla toplanmıştır.

**Bulgular:** Vakıf üniversitesi öğrencileri, devlet üniversitesi öğrencilerine göre anlamlı düzeyde daha yüksek algılanan anne özerklik puanları göstermiştir ( $Z=-2.110$ ,  $p<0.05$ ). Kadın öğrenciler, erkeklere kıyasla daha yüksek anne davranışsal kontrolü bildirmiştir ( $Z=-2.403$ ,  $p<0.05$ ). Duyarlı sevgi, pozitif duygusal iyi oluş, empatik eğilim ve umut arasında pozitif yönde anlamlı ilişkiler bulunmuştur ( $p<0.05$ ). Buna karşın, negatif duygusal iyi oluş ile empati ve boşluk hissi arasında negatif bir ilişki saptanmıştır. Ayrıca, babadan algılanan psikolojik ve davranışsal kontrol, negatif iyi oluş ile pozitif yönde ilişkili bulunmuştur ( $p<0.05$ ).

**Sonuç:** Aile desteği ve algılanan ebeveynlik, hemşirelik eğitiminin ilk yıllarında psikolojik iyi oluşun temel belirleyicileridir. Özerklik tanınması vakıf üniversitelerinde daha yüksekken, anne davranışsal kontrolü kadın öğrencileri daha fazla etkilemektedir. Pozitif iyi oluş empati ve umutla ilişkilidir; ancak baba kontrolü negatif iyi oluşu artırmaktadır. Öğrencilerin özerkliklerini ve duygusal dayanıklılıklarını güçlendirecek rehberlik hizmetlerinin sunulması şiddetle önerilmektedir.

**Anahtar Kelimeler:** Duyarlı sevgi, duygusal iyilik hali, ontolojik iyilik hali, algılanan ebeveynlik tutumları, empatik eğilim, hemşirelik öğrencileri

## Introduction

University education represents a significant turning point in an individual's life, bringing about major academic and social changes. In Turkey, admission to university occurs through an intensive and highly competitive examination system, such as the Higher Education Institutions Examination. Because this system largely emphasizes academic achievement, the development of students' emotional well-being, empathy, and social skills may often be overlooked. However, these skills become increasingly important as students adapt to the new academic and social environment of university life. <sup>(1,2)</sup>

The transition to university coincides with the developmental period between adolescence and adulthood, during which individuals experience identity formation and independence. Students may encounter challenges such as living in a new environment, interacting with individuals from diverse cultural backgrounds, and managing financial and time-related responsibilities. These challenges may negatively affect psychological well-being and create difficulties in adapting to university life. <sup>(1,3,4)</sup> Research indicates that successful adaptation to university is strongly associated with psychological well-being and social support. <sup>(5-9)</sup>

Nursing students assume additional responsibilities because of the human-centered nature of their profession. Nursing practice requires competencies such as empathy, sensitivity, and effective interpersonal communication. <sup>(9,11-16)</sup> Empathy enables nurses to understand patients' experiences, communicate effectively, and improve the quality of care. Empathetic tendencies and emotional awareness are largely shaped through family interactions and early life experiences. <sup>(8,9)</sup>

Family environment and perceived parental attitudes play important roles in individuals' emotional development and social adjustment. Research shows democratic parental attitudes support autonomy, decision-making skills, and improved social adaptation. <sup>(17,18)</sup> In addition, responsive love reflects individuals' ability to direct love toward themselves and others and contributes to empathic relationships and emotional well-being. <sup>(6)</sup> Ontological well-being, defined as a sense of meaning, internal security, and self-confidence, also supports resilience and professional identity development among university students. <sup>(15,16)</sup>

Although the number of studies examining empathy, compassion, and emotional well-being in nursing students is increasing, current studies largely address these concepts in isolation or within limited educational or clinical contexts. While previous research has predominantly focused on the development of empathy and self-compassion through educational interventions or clinical experience, the broader psychosocial determinants of these traits, particularly perceived parental attitudes, have not been adequately examined.

Furthermore, while the emerging literature emphasizes the importance of ontological well-being and relational perspectives in nursing care, empirical studies that integrate ontological well-being with emotional well-being, empathic tendency, and responsive (compassionate) love are few and conceptually fragmented.

Importantly, there is a lack of comprehensive models that simultaneously examine these interrelated variables within a single framework, especially in the context of nursing students whose professional identity formation is shaped by both personal and familial influences. Addressing this gap, the present study aims to contribute to the literature by offering an integrated analysis of sensitive love, emotional and ontological well-being, and empathic inclination, examining their relationships with perceived parental attitudes, and providing a more holistic understanding of the psychosocial and developmental factors supporting compassionate care in nursing education. In this regard;

- Is there a relationship between students' levels of sensitive affection, emotional well-being, ontological well-being, empathic tendencies, and perceived parental attitudes?
- Is there a difference between student characteristics and scale scores?

## **Materials and Methods**

### **Article Type**

This study had a descriptive and correlational design.

### **Universe and Sample of the Research**

#### **Setting and Rationale**

The study population consisted of in 2022–2023 academic year first and second-year nursing students (N = 416) studying at a state (n=260) and a private university (n=156) in Ankara. The sample was selected using convenience sampling and specifically limited to students in their first two years of education. This was because students in this period are in a unique phase of both individual and professional development. During this time, students are often separated from their families for the first time, which requires a high level of ontological well-being to maintain a sense of existence and find meaning in a new environment. At the same time, they are introduced to the nursing profession and clinical practices for the first time. This initial encounter with patient care necessitates the development of fundamental professional values such as empathy and compassionate love. By focusing on these early years, the researchers aimed to examine how students' existential grounding (ontological well-being) and capacity for connection (empathy and compassionate love) are shaped during the most variable and formative phase of their professional socialization.

## **Inclusion and Exclusion Criteria**

### **• Inclusion Criteria:**

- Being a registered first- or second-year nursing student at the participating universities.
- Being 18 years of age or older.
- Voluntarily agreeing to participate and providing digital informed consent.

### **• Exclusion Criteria:**

- Students who had a prior degree or professional experience in a health-related field.
- Students who were not actively attending classes or clinical rotations during the data collection period.
- Incomplete or inconsistent questionnaire responses.

The study was completed with 162 students who voluntarily agreed to participate. To evaluate the statistical adequacy of this final sample size, a post-hoc power analysis was performed using G\*Power 3.1. Based on a medium effect size ( $r = 0.30$ ) and a significance level of  $\alpha = 0.05$ , the statistical power ( $1 - \beta$ ) for the sample of 162 participants was calculated to be 0.99. This value exceeds the conventional threshold of 0.80, confirming that the sample size was more than sufficient to detect significant effects for the planned analyses.

While convenience sampling may limit the direct generalizability of the results to all nursing students in Turkey, the inclusion of two different university models (state and foundation) helps mitigate institutional bias and provides a more comprehensive perspective on the research variables within the capital city of Ankara.

## **Data Collection Procedure and Data Quality**

The data were collected via an online questionnaire hosted on Google Forms. To ensure data quality and ethical integrity in a digital environment, the following measures were taken:

- The first page of the online form consisted of an Informed Consent Form. Participants could only proceed to the survey after electronically confirming their voluntary participation and consent for the use of their data for academic purposes. To prevent social desirability bias and ensure students felt free to decline, it was explicitly stated that participation was independent of their academic grades or clinical evaluations.
- Although some researchers held teaching roles at the participating institutions, they were not the primary instructors or evaluators for the specific course modules during

the data collection period. Data were collected anonymously to ensure that students' responses had no impact on their academic standing.

- To prevent multiple submissions from the same participant, the "limit to one response" feature (via email verification) was enabled. Following data collection, the dataset was screened for "straight-lining" (identical answers to all items) and incomplete forms. Forms with more than 10% missing data or inconsistent response patterns were excluded from the final analysis.

### **Data Collection Tools**

- **Descriptive Information Form (DIF):** Data were collected using a DIF developed by the researchers in line with the relevant literature. This form included questions regarding the participants' sociodemographic characteristics, such as type of university (state or private), gender and place of residence (Ankara or outside Ankara).
- **Compassionate Love Scale (CLS):** Developed by Sprecher and Fehr (2005) and adapted by Akın and Eker (2012). It is a 7-point Likert scale (21 items). Scores range from 21 to 147; higher scores indicate a higher level of compassionate love toward others. Cronbach's alpha was reported as 0.89<sup>(11,13)</sup> and in this study, it was 0.87.
- **Emotional Well-Being Scale (EWBS):** Developed by Şimşek (2011). It is a 5-point Likert scale (14 items) with two sub-dimensions: positive and negative emotional well-being. Higher scores in a sub-dimension reflect higher levels of that specific emotional state. Cronbach's alpha was reported as 0.88<sup>(19)</sup> and in this study, it was 0.87.
- **Ontological Well-Being-Life Project Scale (Ontological Well-Being Scale):** Developed by Şimşek and Kocayörük (2013). This 24-item, 5-point Likert scale evaluates individuals' life projects through four sub-dimensions: regret, nothingness, hope, and activation. High total scores signify strong existential groundedness and meaning. Items 13, 15, and 17 are reverse-scored. Cronbach's alpha was reported as 0.91<sup>(20)</sup> and in this study, it was 0.88.
- **Leuven Adolescent Perceived Parenting Scale (LAPPS):** The LAPPS was developed by Soenens et al. (2004) and adapted into Turkish by Sevim (2014) to evaluate adolescents' perceptions of parental behaviors across four sub-dimensions: Sensitivity (support and closeness), autonomy support (encouragement of independence), psychological control (coercive interference), and behavioral control (regulation through rules). The scale consists of 28 items, with seven items per sub-dimension and is evaluated using a 5-point Likert-type scale (1 = never true to 5 = always true). Participants complete the scale separately for their mothers and fathers. Scoring is conducted individually for each sub-dimension rather than as a cumulative total. the internal consistency reliability for the adolescent–mother version was

reported as 0.88 for sensitivity, 0.81 for psychological control, 0.72 for autonomy support, and 0.58 for behavioral control. For the adolescent–father version, the reliability coefficients were 0.91 for sensitivity, 0.78 for behavioral control, 0.77 for psychological control, and 0.67 for autonomy support. <sup>(21)</sup> In the present study, the Cronbach’s alpha coefficients for the mother version were ( $\alpha = 0.85$  for sensitivity,  $\alpha = 0.72$  for autonomy support,  $\alpha = 0.80$  for psychological control, and  $\alpha = 0.55$  for behavioral control). For the father version, the coefficients were ( $\alpha = 0.88$  for sensitivity,  $\alpha = 0.66$  for autonomy support,  $\alpha = 0.76$  for psychological control and  $\alpha = 0.61$  for behavioral control). <sup>(19)</sup>

- **Empathic Tendency Scale (ETS):** Developed by Dökmen (1988), this 20-item, 5-point Likert scale measures the potential for empathy in daily life. Scores range from 20 to 100, where higher scores indicate a greater empathic tendency. Items 3, 6, 7, 8, 11, 12, 14, and 16 are reverse-scored. Cronbach's alpha was reported as 0.82<sup>(22)</sup> and in this study, it was 0.80.

### **Ethical Considerations**

The study was conducted in strict accordance with the ethical principles outlined in the Helsinki Declaration. Ethical approval was obtained from the Lokman Hekim University Non-Interventional Research Ethics Committee (Approval No: 2020/015, Date: March 2020). Prior to data collection, institutional approvals were obtained from the relevant departments of the state and private universities where the study was conducted. Furthermore, written permissions were obtained via email from the researchers who adapted all scales used in the study into Turkish or from the original authors. Participants were informed about the purpose of the study, the nature of the questions, and their right to withdraw at any stage without penalty. Digital informed consent was obtained from each student on the first page of the online questionnaire. To ensure that students did not feel any academic pressure or obligation to participate, it was explicitly stated that their responses would remain strictly anonymous and that participation (or non-participation) would not affect their academic grades, clinical evaluations, or relationships with their instructors.

### **Data Analysis**

The data obtained from the study were analyzed using the SPSS (Statistical Package for the Social Sciences) 25.0 software package. The conformity of the variables to a normal distribution was evaluated using the Kolmogorov-Smirnov test, alongside skewness and kurtosis values. Based on the analysis, it was determined that the data did not follow a normal distribution ( $p < 0.05$ ).<sup>(23,24)</sup>

Accordingly, the non-parametric Mann-Whitney U test was employed to compare independent groups with two categories (university type and gender). The relationships between continuous variables were examined using Spearman Correlation Analysis. In the presentation of descriptive statistics, frequency (n), percentage (%), median values were utilized. For all statistical analyses, the level of significance was accepted as  $p < 0.05$ .

### **Limitations of the Study**

Despite providing valuable insights into the professional socialization of nursing students, this study has several limitations that must be acknowledged:

-The study employed a non-probability convenience sampling method and was conducted in only two nursing faculties (one state, one foundation) in a single city (Ankara). While including different institutional models enhanced the diversity of the data, the findings cannot be fully generalized to the entire nursing student population in Türkiye.

-The research was intentionally limited to first- and second-year students to examine the critical transition period of leaving home and starting clinical practice. However, this focus excludes the perspectives of senior students who may have developed more advanced levels of empathy and ontological well-being through prolonged professional experience.

-A significant limitation is the imbalance in gender distribution (147 females, 15 males). Although this reflects the historical gender demographics of the nursing profession in Türkiye, the small number of male participants limits the statistical power of gender-based comparisons and the representativeness of male nursing students' experiences.

### **Results**

Among the participating 1st- and 2nd-year nursing students, 67.9% studied at a foundation university, 90.74% were female and the mean age was 20 years (92%). The majority (80.24%) lived with their families in Ankara.

No statistically significant differences were found in the mean scores of the sub-dimensions of sensitive love, empathic tendency, emotional well-being (both positive and negative), ontological well-being (nothingness, hope, regret, and action), and perceived parenting (mother and father forms; sensitivity, psychological control, and behavioral control) based on the type of university attended ( $p > 0.05$ ). However, a statistically significant difference was observed in the “autonomy support” sub-dimension of the leuven perceived parenting scale (mother form) according to university type ( $Z = -2.110$ ,  $p = 0.043$ ). Specifically, students at private universities reported significantly higher mean scores for autonomy support compared to those at state universities ( $p < 0.05$ ) (Table 1).

**Table 1. Comparison of Mean Scale Scores by University Type (n=162)**

SCALES	Variable	n	$\bar{X} \pm SD$	Min-Max Median	Z*	p
<b>Responsive Love</b>	Foundation	110	114.51 ± 18.06	51-147 119.50	-0.808	0.419
	State	52	115.11 ± 24.22	24-147 121.00		
<b>Empathic Tendency</b>	Foundation	110	72.73 ± 7.39	57-94 73	-0.440	0.660
	State	52	72.21 ± 8.77	51-88 71		
<b>Emotional Well-Being</b> Positive Emotional Well-Being	Foundation	110	24.00 ± 6.00	7-35 24	-0.693	0.488
	State	52	23.32 ± 6.40	7-35 23.50		
Negative Emotional Well-Being	Foundation	110	15.39 ± 6.90	7-35 13.00	-0.354	0.723
	State	52	15.76 ± 6.92	7-34 14.50		
<b>Ontological Well-Being</b> Nothingness	Foundation	110	14.65 ± 2.74	10-27 14	-1.035	0.301
	State	52	15.25 ± 3.31	10-25		
Hope	Foundation	110	20.12 ± 6.97	6-30 19.50	0.178	0.858
	State	52	19.80 ± 7.70	7-30 20.50		
Regret	Foundation	110	15.10 ± 4.80	9-35 14	-0.112	0.911
	State	52	14.34 ± 3.11	7-23 14		
Taking Action	Foundation	110	11.27 ± 1.66	7-16 11	-1.126	0.260
	State	52	11.61 ± 1.62	8-16 11.50		
<b>Leuven Perceived Parenting Mother Form</b> Sensitiveness	Foundation	110	20.05 ± 2.78	11-26 20	-1.138	0.255
	State	52	19.32 ± 3.27	11-26 19		
Autonomy Granting	Foundation	110	9.49 ± 2.37	4-15 9.5	-2.110	0.043
	State	52	8.67 ± 2.72	3-15 9		
Psychological Control	Foundation	110	14.80 ± 2.13	4-20 15	-,945	,344
	State	52	14.53 ± 2.08	10-20 14		
Behavioural Control	Foundation	110	14.18 ± 2.06	6-20 14	-1,851	,064
	State	52	12.94 ± 2.14	8-18 12.5		
<b>Leuven Perceived Parenting Father Form</b> Sensitiveness	Foundation	110	19.66 ± 4.54	6-30 20	-1,467	,142
	State	52	18.67 ± 5.34	6-30 20		

**Table 1 (Contunie) Comparison of Mean Scale Scores by University Type**

Autonomy Granting	Foundation	110	9.38 ± 1.93	3-15 9	-,238	-,812
	State	52	9.32 ± 2.21	4-14 9		
Psychol ogical Control	Foundation	110	14.10 ± 2.57	8-20 14,5	-,548	,584
	State	52	13.88 ± 2.75	8-20 14		
Behavioural Control	Foundation	110	13.98 ± 2.65	8-20 15	-1,851	,064
	State	52	13.38 ± 2.15	9-19 14		

\* Z : “Mann-Whitney U Testi”

No statistically significant differences were found in the mean scores of sensitive love, empathic tendency, emotional well-being (positive and negative) and ontological well-being (nothingness, hope, regret, and action) according to gender ( $p > .05$ ). Similarly, no significant differences were observed in any sub-dimensions of the Leuven Perceived Parenting Father Form ( $p > .05$ ). However, a statistically significant difference was identified in the “Behavioural Control” sub-dimension of the Leuven Perceived Parenting Mother Form based on gender ( $Z = -2.403$ ,  $p = .016$ ). According to this finding, the mean mother behavioral control scores of female students ( $13.91 \pm 2.12$ ) were significantly higher than those of male students ( $12.46 \pm 2.16$ ,  $Z = -2,403$ ,  $p = 0,016$ ). All other sub-dimensions of the Mother Form, including sensitivity, autonomy training, and psychological control, showed no significant variation by gender ( $p > .005$ ) (Table 2).

**Table 2. Comparison of Mean Scale Scores by Gender (n=162)**

<b>Vari ables</b>	<b>Groups</b>	<b>n</b>	<b><math>\bar{X} \pm SD</math></b>	<b>Min- Max</b>	<b>Medi an</b>	<b>Z*</b>	<b>p</b>
<b>Responsive Love</b>	Female	147	114.89±20.72	24-147	120	-1.165	0.244
	Male	15	112.86±14.00	89-141	113		
<b>Empathic Tendency</b>	Female	147	72.90±7.68	54-90	73	-1.646	0.100
	Male	15	69.26±8.79	51-86	69		
<b>Emotional Well-Being</b>						-1.386	0.075
Positive Emotional Well-Being	Female	147	23.53±6.20	7-35	24		
	Male	15	26.33±4.68	15-34	27		
Negative Emotional Well- Being	Female	147	15.27±6.80	7-35	13	-1.386	0.166
	Male	15	17.86±7.55	9-33	16		
<b>Ontological well-being</b>						-0.599	0.549
Nothingness	Female	147	14.82±2.99	10-27	14		
	Male	15	15.06±2.52	11-20	16		
Hope	Female	147	19.75±7.21	6-30	19	-1.395	0.163
	Male	15	22.66±6.62	12-30	25		
Regret	Female	147	14.82±4.36	7-35	14	-0.314	0.754
	Male	15	15.13±4.29	11-27	14		
Taking Action	Female	147	11.33±1.66	7-16	11	-1.333	0.182
	Male	15	11.86±1.50	9-14	12		
<b>Leuven Perceived Parenting Mother Form</b>							
Sensitiveness	Female	147	19.82±2.92	11-26	20	-0.189	0.850
	Male	15	19.80±3.42	13-25	20		
Autonomy granting	Female	147	9.27±2.52	3-15	9	-0.647	0.518
	Male	15	8.80±2.42	5-13	9		
Psychological Control	Female	147	14.82±1.93	10-20	15	-1.067	-2.286
	Male	15	13.73±3.32	4-18	14		
Behavioural Control	Female	147	13.91±2.12	8-20	14	-2.403	0.016
	Male	15	12.46±2.16	6-16	12		
<b>Leuven Perceived Parenting Father Form</b>							
Sensitiveness	Female	147	19.53±4.62	6-30	20	-1.209	0.227
	Male	15	17.46±6.33	6-28	18		
Autonomy granting	Female	147	9.37±2.00	3-15	9	-0.299	0.765
	Male	15	9.26±2.25	6-14	9		
Psychological Control	Female	147	14.10±2.62	8-20	15	-1.185	0.236
	Male	15	13.33±2.63	8-18	12		
Behavioural Control	Female	147	13.91±2.46	8-20	14	-1.656	,0.098
	Male	15	12.60±2.79	8-16	12		

\* Z : "Mann-Whitney U Testi"

A weak but statistically significant positive correlation was found between students' scores on the sensitivity love sub-dimension and their scores on positive emotional well-being, empathic tendency, hope and the parenting perception mother form sub-dimensions of Responsiveness and Autonomy Granting ( $p<0.05$ ).

Positive emotional well-being scores showed moderate to weak positive correlations with empathic tendency, hope and the parenting perception mother form autonomy granting sub-dimension ( $p<0.05$ ). In contrast, a moderate and significant negative correlation was found between negative emotional well-being scores and the scores of empathic tendency and nothingness ( $p<0.01$ ). Furthermore, while a significant negative correlation was observed between nothingness and both positive emotional well-being and empathic tendency; a weak but significant positive relationship was found between the parenting perception father form Psychological control and behavioral control sub-dimensions and negative emotional well-being ( $p<0.05$ ) (Table 3).

**Table 3. The Relationship Between Students' Scale Score Averages**

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Responsive Love (1)	r*		,197		,183		,184	,253	,269	,183							
	p		,012		,020		,019	,001	,001	,020							
Positive Emotional Well-Being (2)	r				,453		,593				,243						
	p				,001		,001				,002						
Negative Emotional Well-Being (3)	r				-,431	-,333	,593	,374	,239		-,168		,334		,210	,240	
	p				,001	,001	,001	,001	,002		,032		,001		,007	,002	
Empathic Tendency(4)	r						,210			,218		,189	,194		,259	,283	
	p						,007			,005		,016	,014		,001	,001	
Nothingness (5)	r		-,333	,428	-,347					-,180	-,180	-,259		-,167			
	p		,001	,001	,001					,022	,022	,001		,033			
Hope (6)	r																
	p																
Regret(7)	r																
	p																
Taking Action (8)	r																
	p																

\* "Spearman Korelasyon Testi", Leuven Perceived Parenting Mother Form; 9. Sensitiveness, 10. Autonomy granting, 11. Psychological Control, 12. Behavioral Control, Leuven Perceived Parenting Fathar Form; 13. Sensitiveness, 14. Autonomy granting, 15. Psychological Control, 16. Behavioral Control,

## Discussion

The present study investigated the complex interplay between parenting perceptions, emotional well-being, and empathic tendencies among nursing students. Our findings underscore that Responsive Love, Hope and Positive Emotional Well-being are significantly intertwined with students' empathic capacities. This aligns with the broader literature suggesting that a supportive familial environment functions as a "secure base," enabling students to develop the emotional regulation necessary for professional compassion. <sup>(25-28)</sup> In the demanding context of nursing education, where empathy is a core competency linked to superior patient outcomes and reduced student burnout,<sup>(27)</sup> the role of family-based emotional support appears to be a critical antecedent for clinical excellence.

Regarding institutional differences, the significantly higher levels of maternal autonomy granting perceived by students at private (foundation) universities offer a compelling point for discussion. This discrepancy may be attributed to the socioeconomic nuances often associated with private education, where parenting styles frequently emphasize self-direction and independence. As supported by Howard et al. (2025), autonomy-supportive parenting is a robust predictor of independent decision-making—a skill that is indispensable in high-pressure clinical environments. <sup>(29)</sup> Students who are encouraged to function autonomously at home may find it easier to navigate the complexities of patient-centered care and clinical judgment. <sup>(30)</sup>

The gender-based differences identified in this study reflect enduring patterns of gender socialization. The finding that female students perceive higher maternal behavioral control suggests that traditional monitoring mechanisms remain more stringent for daughters, even within a female-dominated profession that advocates for empowerment. While behavioral control can serve a protective function, its excess may impede the development of self-regulation and professional agency. <sup>(31)</sup> For nursing students, whose roles require high levels of autonomy and clinical responsibility, such restrictive domestic dynamics could potentially delay the transition from student to independent practitioner.

A particularly striking finding was the association between paternal psychological/behavioral control and negative emotional well-being, specifically feelings of "nothingness" and regret. This suggests that paternal intrusiveness may trigger ontological struggles, creating an "existential void" during the sensitive period of professional identity formation. Unlike maternal support, paternal psychological control—often characterized by guilt induction—may shift the student's cognitive resources toward internal distress, thereby

diminishing their capacity for empathic engagement with patients. <sup>(32)</sup> This highlights the need for nursing curricula to account for paternal influences, which are often overlooked in traditional psychosocial assessments of students.

In conclusion, our results demonstrate that nursing students' psychological and ontological well-being are profoundly shaped by perceived parental attitudes. Autonomy-supportive and responsive parenting styles not only bolster students' mental health but also foster the empathic resilience required for compassionate nursing practice. It is recommended that nursing education programs integrate psychosocial support strategies and faculty mentorship to mitigate the negative impacts of restrictive parenting and to actively promote student autonomy and empathy.

### **Implications**

Orientation programs for freshman nursing students should go beyond academic information and include modules on self-care and emotional resilience. Especially in state universities, more space should be given to student-centered discussion environments and simulation-based practices where students can exercise independent decision-making to strengthen their perception of autonomy. It is recommended that university counseling units provide targeted support for students living with their families who perceive high maternal/paternal control, helping them manage potential conflicts during the process of gaining professional independence.

### **Conclusion**

This study examined the relationship between parenting perceptions and psychological well-being among first-and second-year nursing students, who are in the early stages of their professional identity development. The key findings are as follows:

- The fact that 67.9 % of the participants were enrolled in a private (foundation) university and a significant majority (80.24%) continued to live with their families suggests that family support remains a dominant protective factor during the initial years of nursing education. In this period, where clinical stress has not yet intensified, the positive correlation between sensitivity love and positive well-being with hope and empathy provides a favorable ground for the development of professional compassion.
- Students at private universities perceived their mothers as more “autonomy granting” compared to their peers at state universities. This suggests that the individualization process of private university students might be more supported by their families. This

perception of autonomy, established in the first two years of education, may positively reflect on nursing clinical decision-making skills in the future.

- The finding that female students perceived significantly higher “behavioral control” from their mothers compared to males indicates that, in a female-dominated profession like nursing, traditional domestic disciplinary and monitoring mechanisms remain stronger for female children.
- The observation that paternal psychological and behavioral control increases students' negative emotional well-being reveals that familial pressure can trigger ontological struggles such as "nothingness" and "regret" in young individuals at the beginning of their professional journey.

### **Recommendations for Future Research**

- Since this study covers only 1st and 2nd-year students, future research comparing these levels with senior (4th-year) students would provide clearer data on the impact of nursing education on the "separation-individuation" process.
- The relationship between autonomy/control perceived from the family and students' "career commitment" and their initial motivation for choosing the nursing profession could be investigated.
- Since this sample mostly consists of students living with their families in Ankara, it is suggested that future studies compare these findings with students living in dormitories or in different geographic regions.

### **Ethics Committee Approval**

The study was conducted in accordance with the principles of the Declaration of Helsinki, after informing the student about the purpose of the study and obtaining consent from each student who agreed to participate.

### **Author Contributions**

Study design: FÖ, HMB, Data collection: FÖ,HMB, Data analysis: FÖ, HMB, Study supervision: FÖ, Manuscript writing: FÖ, HMB , Critical revisions for important intellectual content: FÖ.

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### **Data availability**

The datasets generated during and/or analyzed during the current study are available from the corresponding author upon reasonable request.

### **Authorship statement**

All listed authors meet the authorship criteria and are in agreement with the content of the manuscript.

### **Conflict of interest**

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. Author FÖ declares that she has no conflicts of interest. Author HMB declares that she has no conflict of interest.

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