

## Original Article

### Nurses' Perceptions of Individualized Care: A Sample from Turkey

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#### Abstract

**Aim:** This research has been conducted with the aim of evaluate nurses' perceptions of individualized care.

**Methods:**

The population of this descriptive and cross-sectional study consisted of nurses working in intensive care, surgery and internal medicine services of a state hospital and the sample group consisted of 97 nurses who agreed to participate in the study. Research data were collected with the "Introductory Information Form" and the "Individualized Care Scale-A-Nurse Version". The data obtained were evaluated using the arithmetic mean, standard deviation, frequency, percentage distribution, t test and variance analysis in the SPSS 22.0 package program.

**Results:** The total item score average of nurses' Individualized Care Scale-A-Nurse Version is  $3.75 \pm 0.74$ . Subscale item score averages were  $3.95 \pm 0.75$  for the Clinical Status subscale,  $3.37 \pm 0.95$  for the Personal Life status subscale, and  $3.94 \pm 0.95$  for the Decision-Making Control subscale.

Individualized Care Scale mean scores in nurses working in internal clinics and having between 21-30 years of experience in clinical practice were higher, and the difference was significant ( $p < 0.05$ ).

**Conclusions:** It was found that nurses' perceptions of individualized care were better, those in internal clinics and those with more years of experience in internal clinics were more concerned with the individuality of the patient.

**Key Words:** Nursing, care, individualized care.

#### Introduction

Nursing is a health discipline based on philosophy, theory, practice and research, aiming to define and treat the physiological and psychosocial needs of the individual, family and society against existing and potential problems with a holistic and humanistic approach (Kozier, 2004; Potter Perry, 2009; Birol, 2011). The need for nursing is universal. While nurses help to meet this need, they perform several responsibilities thanks to their

implementation, research, training, administration and professional roles and functions (Potter Perry, 2009; Birol, 2011; Idvall, 2012).

Nurses perform their implementation roles with dependent and independent functions. Their independent functions covered by the role include the practices of "care giving" and "helping" directed to the problems for which they use their professional knowledge, skills and abilities and that they could solve with their knowledge and skills (Idvall et al.,

2012). Caring is a relationship that starts and develops with at least two people. It is defined as all the positive functions that help the individual to feel good (Potter Perry, 2009). It includes care-giving, empathy, health education and counselling, coping behaviours, health-protection and healing behaviors, moral support, trust, and many supportive and helping behaviours (Suhonen et al., 2010).

Individualized care is the provision of care by attitudes such as trust, sincerity, openness, understanding and responsibility by respecting the dignity, uniqueness, individuality and integrity of each individual, taking into account their differences (Acaroglu, 2010). Individual differences in terms of health, illness and needs make individualized nursing care necessary (Suhonen et al., 2004). Focusing on the patient throughout the care process is the main reason for supporting the individualized care (Karadag & Ucan, 2006). In recent years, individualized nursing care in the health care system has been clearly accepted (Velioglu 1999; Suhonen et al., 2004).

Individualized nursing care, considered as the key to quality nursing care, shapes nursing practices within the uniqueness of each patient, changing all standard nursing procedures and activities (Acaroglu et al., 2010). Individualized care affects patient satisfaction and autonomy positively by allowing patients to participate in their own care and to make decisions on the care (Suhonen et al., 2011). This form of care, which reflects the belief of the nursing in person's valuableness and uniqueness, also contributes to patient satisfaction by increasing the quality of nursing care (Can & Acaroglu 2015). In addition, it is stated that individualized care improves job satisfaction and motivation in nurses (Suhonen et al., 2011).

Nurses who adopt individualized care accept the uniqueness of each patient and plan and implement the care without ignoring the patient's unique characteristics (Ceylan,

2014). In a study conducted in Finland, Suhonen et al. (2010) found that nurses working in the field of mental health had a positive view of individualized care, while those working in long-term primary health care services had a negative viewpoint. In a different study carried out to determine the perceptions of individualized care of the nurses in different countries, Suhonen et al. (2011) found out that nurses' perceptions of individualized care were at good level, with differences among countries. Nurses' perceptions of individualized care were found to be affected by work duration, level of education and country differences (Idvall et al., 2012). Furthermore, Can and Acaroglu (2015) also found that nurses gave more importance to the individuality of the patients in care initiatives as their perception of professional value increased.

There are a limited number of studies in our country that examine nurses' perceptions of individualized care and the influencing factors. This study was planned with the aim of revealing the factors affecting the nurses' assessments regarding individualized care, and the results are thought to provide positive contributions for the nurses to implement the individualized care.

## Methodology

**Desing:** A descriptive and cross-sectional desing was used in this study.

**Sample and Participant Selection:**The population of this study consisted of 270 nurses working at Tokat State Hospital between 01 June 2015 and 30 July 2015, and the sample of the study consisted of 97 nurses who were informed about the purpose, content and method of research and who agreed to participate in the research.

**Instruments:** For the collection of the data, the Introductory Information Form and the Individualized Care Scale-A-Nurse Version (ICS-N) were used.

Introductory Information Form: In the form developed by researchers based on the literature, there are a total of 10 questions

including nurses' age, gender, educational status, years of professional work, and the service they are working in.

**Individualized Care Scale-Nurse Version:** The Individualized Care Scale-Nurse Version was developed by Suhonen et al. in 2007 in order to evaluate the opinions of the nurses about the individualized care in the healthcare environment and its validity and reliability was made by Acaroglu et al. (2010). The scale consists of two parts and 34 questions, the first part of which includes questions assessing nurses' perceptions of supporting the individuality of the patients in nursing care practises (ICSA-Nurse) and the second part includes questions assessing nurses' perceptions of individualization of patient care (ICSB-Nurse). ICSA-Nurse was used in this study.

The scale, which is 5-point Likert type, consists of three subscales including clinical status, personal life status and decision-making control and 17 questions, and the item score averages that can be taken from the scale are minimum 1 and maximum 5.

#### **Ethical and Legal Aspects of the Study:**

For the research, approval was obtained from Clinical Research Ethics Committee of Medical Faculty at Gaziosmanpasa University, and written permission was taken from General Secretariat of Tokat Public Hospitals Union and Tokat State Hospital Administration. Verbal and written permission were taken from the nurses who participated in the survey, indicating that the decision on participating in the study completely depended on them, that no name could be written on the questionnaire form, that the data to be collected from the study would be used only for research purposes, and that the privacy would be provided.

#### **Analysis of Data**

The data obtained from the research were assessed by using SPSS for Windows 22.0

program. In the assessment of the data, number and percentage measures which are descriptive statistical measures, parametric (t test and Anova) and nonparametric (Mann Whitney U and Kruskal Wallis) significance tests and correlation analysis were used, and significance level was taken as  $p < 0.05$ .

#### **Results**

It was revealed that the average age of the nurses was  $33.09 \pm 7.80$ , 78.4% were women, 67% were married, and 48.5% had a bachelor's degree. It was also found out that 57.7% of the nurses worked for total 0-10 years, 64.9% were in the internal services, 35.1% in the intensive care units and 86.7% in the same clinic for 0-10 years (Table 1). The mean score of total items of ICSA for nurses is  $3.75 \pm 0.74$ . Subscale item score averages were  $3.95 \pm 0.75$  for the Clinical Status subscale,  $3.37 \pm 0.95$  for the Personal Life Status subscale, and  $3.94 \pm 0.95$  for the Decision-Making Control subscale (Table 2). When the ICSA total and subscale scores were analyzed according to gender, marital status and education level of nurses, the averages of total scale and subscale scores of the nurses who are female, married and have postgraduate degree were found to be higher, but the difference was not statistically significant ( $p > 0.05$ ) (Table 3). It was also found that the mean scores of total scale and subscale were higher in nurses working in internal clinics, and the difference between them was significant except for personal life status subscale ( $p < 0.05$ ). The total and subscale ICSA mean scores of the nurses with a total work experience of 21-30 years were determined to be higher, but the difference was not statistically significant ( $p > 0.05$ ). It was also found out that the difference between the ICSA total and subscale scores of the nurses and the work experience in the clinic was significant, and the scores of those who had 21-30 years of experience were higher ( $p < 0.05$ ) (Table 3).

**Table 1. Distribution of the Nurses by Their Introductory Characteristics ( n=97)**

<b><u>Introductory Characteristics</u></b>	<b>Number</b>	<b>%</b>
<b>Age (X±SD=33.09±7.80, Min=20, Max=50)</b>		
between 20 - 30	43	44.3
between 31 - 40	41	42.3
between 41 - 50	12	12.4
51 and older	1	1.0
<b>Gender</b>		
Female	76	78.4
Male	21	21.6
<b>Marital Status</b>		
Married	65	67.0
Single	32	33.0
<b>Graduation</b>		
Vocational Health High School	12	12.4
Associate Degree	35	36.1
Bachelor's Degree	47	48.5
Postgraduate	3	3.1
<b>Clinics</b>		
Internal Clinic	63	64.9
Intensive Care	34	35.1
<b>Total Work Experience</b>		
0 - 10 years	56	57.7
11 - 20 years	22	22.7
21 - 30 years	19	19.6
<b>Work Experience in Clinic</b>		
0 - 10 years	85	87.6
11 - 20 years	7	7.2
21 - 30 years	5	5.2

**Table 2. Nurses' Mean Scores of ICS-N**

Subscales and Scale	Mean Score $\bar{X}\pm S$	The Highest and Lowest Scores Taken from This Study (Min- Max)	The Highest and Lowest Scores That Could Be Taken from the Scale (Min- Max)
Clinical Status	3.95±0.75	1.14-4.93	1-5
Personal Life Status	3.37±0.95	1.00-4.88	1-5
Decision-Making Control	3.94±0.95	1.00- 5.00	1-5
Total ICS-N	3.75±0.74	1.05-4.87	1-5

**Table 3. ICS-N Mean Scores by Introductory Characteristics**

	ICS-N Total	Clinical Status	Personal Life Status	Decision-Making Control
<b>Gender</b>				
Female	3.82±0.70	3.98±0.71	3.48±0.83	3.99±0.77
Male	3.51±0.84	3.85±0.88	2.96±1.22	3.74±0.80
<i>p</i>	t=1.65 <i>p</i> >0.05	t=0.70 <i>p</i> >0.05	t=2.25 <i>p</i> >0.05	t=1.32 <i>p</i> >0.05
<b>Marital Status</b>				
Married	3.79±0.77	4.01±0.73	3.39±0.98	3.95±0.81
Single	3.68±0.68	3.81±0.77	3.31±0.90	3.90±0.70
<i>p</i>	t=0.68 <i>p</i> >0.05	t=1.24 <i>p</i> >0.05	t=0.39 <i>p</i> >0.05	t=0.28 <i>p</i> >0.05
<b>Education</b>				
Vocational Health High School	3.58±0.55	3.71±0.62	3.21±0.98	3.81±0.72
Associate Degree	3.80±0.69	3.99±0.68	3.45±0.96	3.95±0.70
Bachelor's Degree	3.72±0.82	3.94±0.83	3.30±0.95	3.93±0.86
Postgraduate	4.29±0.37	4.50±0.32	3.95±0.47	4.41±0.41
<i>p</i>	F=0.79 <i>p</i> >0.05	F=0.96 <i>p</i> >0.05	F=0.63 <i>p</i> >0.05	F=0.46 <i>p</i> >0.05
<b>Clinics</b>				
Internal Clinic	<b>3.92±0.55</b>	4.07±0.59	3.58±0.82	4.10±0.54
Intensive Care	3.44±0.93	3.71±0.93	2.97±1.05	3.62±1.03

<i>p</i>	t=3.18 <i>p</i> <0.05	t=2.02 <i>p</i> <0.05	t=3.12 <i>p</i> >0.05	t=2.52 <i>p</i> <0.05
<b>Total Work Experience</b>				
0 - 10 years	3.70±0.75	3.86±0.77	3.34±0.98	3.92±0.78
11 - 20 years	3.67±0.52	4.06±0.51	3.08±0.73	3.88±0.60
21 - 30 years	3.97±0.90	4.07±0.88	3.78±0.78	4.06±0.96
<i>p</i>	F=1.07 <i>p</i> >0.05	F=0.89 <i>p</i> >0.05	F=2.96 <i>p</i> >0.05	F=0.31 <i>p</i> >0.05
<b>Work Experience in Clinic</b>				
0 - 10 years	3.73±0.69	3.95±0.68	3.32±0.92	3.92±0.73
11 - 20 years	3.40±1.12	3.41±1.24	3.21±1.16	3.59±1.22
21 - 30 years	4.64±0.28	4.72±0.27	4.45±0.56	4.75±0.24
<i>p</i>	F=4.69 <i>p</i> <0.05	F=4.79 <i>p</i> <0.05	F=3.60 <i>p</i> <0.05	F=3.57 <i>p</i> <0.05

## Discussion

Care requires holistic evaluation, taking into account the humanistic characteristics of the healthy/sick individual. As for individualized care, it is the implementation of the belief in one's individuality, uniqueness and unity in the field of practice. In the study, nurses' perceptions of individualized care were evaluated and the factors affecting it were discussed.

It was determined that the average age of the nurses was 33.09±7.80, 78.4% were female, 67% were married and 48.5% had bachelor's degree. When the occupational characteristics were analyzed, it was found out that 42.3% of the nurses worked more than 10 years, 64.9% of them were working in the internal services and 35.1% were working in the intensive care units.

The mean score of total items of ICSA for the nurses is 3.75±0.74. Subscale item mean

scores were 3.95±0.75 for the Clinical Status subscale, 3.37±0.95 for the Personal Life Status subscale, and 3.94±0.95 for the Decision-Making Control subscale.

In different studies in which nurses' perceptions of individualized care were analyzed; Can and Acaroglu found that ICSA total mean score was 3.88±0.66, Clinical Status subscale was 4.09±0.62, Personal Life Status subscale was 3.36±1.03, Decision-Making Control subscale was 3.98±0.74, and these results were revealed to be higher than those of our study except for the personal life status subscale. In a study in which Suhonen et al. (2011) compared the individualized care perceptions of nurses working in different countries, they noted that the ICSA total mean score of the Turkish nurses was 3.96±0.48, Clinical Status subscale was 4.16±0.48, Personal Life Status subscale was 3.50±0.71, Decision-Making Control

subscale was  $4.04 \pm 0.52$ , which are higher than the results of our study.

It was also found out that nurses' perceptions of individualized care were at a good level, the lowest score was taken from the personal life status subscale, and these results show similarity to the findings in other studies (Suhonen et al. 2010, Suhonen et al., 2011, Can and Acaroglu, 2015).

**Gender:** It was revealed that the majority of the nurses participating in the study were female (78.4%) and that the ICS subscale and total scale average scores were higher in female nurses, but that the difference was not significant ( $p > 0.05$ ). Similarly, in different studies (Suhonen et al., 2010; Idvall et al., 2012 2013) in which nurses' perceptions of individualized care were analyzed, there was no significant relationship between gender and individualized care perception. This conclusion is thought to be due to the fact that the female gender is high in number in the nursing profession and the roles that are imposed on women affect it.

**Marital Status:** When the marital status of nurses was compared with the ICS subscale and total scale mean scores, it was determined that the mean scores of the married ones were higher but the difference was not significant ( $p > 0.05$ ). However, in a study conducted in our country, marital status was found to affect individualized care (Can 2013).

**Education:** When the ICS subscale and total scale mean scores of the nurses' education level were evaluated, it was found that nurses who received postgraduate education had higher individualized care perceptions but the difference was not significant. In studies conducted by Suhonen et al. (2010) and Idvall et al. (2012), no significant relationship between nurses' education levels and their perceptions of individualized care was found.

**Clinics:** It was revealed that the clinics in which nurses work affected their perceptions of individualized care, and that ICSA and

subscale item mean scores in nurses working in internal clinics were higher than those working in intensive care unit ( $p < 0.05$ ). In another study, there was no statistically significant difference between total mean scores of ICSA and item mean scores of the three subscales according to the clinics they are working in (Can 2013). It is thought that the results of the study are influenced by the long-term care given by nurses to the patients with chronic illnesses in internal clinics.

**Work Duration in Clinics:** The difference between the ICSA total and subscale scores of the nurses and the work duration in the clinic was found to be significant, and the scores of those with 21-30 years of experience were found to be higher. Can (2013) noted that there was a highly significant and positive relationship between the work experience of the nurses in clinics and the ICSA total and Personal Life Status and Decision-Making Control item score averages ( $p < 0.01$ ). On the contrary, Suhonen et al. (2010) found no statistically significant difference between nursing care experience and individualized care perceptions. Idvall et al. (2012) found that the duration of work experience influenced nurses' perceptions of individualized care. This result can be interpreted in the way that as the clinical experience of the nurses working in internal clinics increases, they attach more importance to the individuality of the patient and consider participation in decisions regarding patient care.

## Conclusion and Suggestions

As a result of this study, it was found that, in patient care, the nurses' perception level of individuality of the patient and the level of individualization of the patient care are better. It was also found that occupational experience and the clinic nurses work in positively affected their perceptions of the individualized care. In accordance with these results, it may be suggested that the ICS-Nurse should be studied in larger groups and, considering the factors affecting the individualized care in nurses, nurses should

be supported in terms of these factors, and that in-service training regarding individualized care should be planned and applied.

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