

## Original Article

# Surgical Patients' Awareness of Individualized Care and their Satisfaction with Nursing Care

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### Abstract

**Background:** Guaranteeing and preserving individuality in care is conceivable with individual planning and implementation of interventions in helping to solve the problems determined by the evaluation of all dimensions of the patient and with the contribution of the patient in the care pronouncements.

**Aim:** To investigate the association between surgical patients' awareness of individualized care and their satisfaction with nursing care.

**Methods:** The cross-sectional, descriptive, and correlational study conducted with 112 patients hospitalized in a state hospital where they agreed to participate between May and August 2019. Participants completed Patient information forms, "Individualized Care Scale" and "The Newcastle Satisfaction with Nursing Scale".

**Findings:** The mean age of the surgical patients contributing to the study was  $41.28 \pm 19.82$  (min-max: 18-84) and the mean duration of hospitalization was  $3.35 \pm 3.19$  (min-max: 1-23). Moreover, the mean score of Recognizing the Nursing Action was  $3.43 \pm 0.94$ , and the mean score of Awareness of Individuality was  $3.66 \pm 0.81$ , which is the subscale of Individualized Care Scale; the mean Newcastle Satisfaction with Nursing Scale score is  $69.80 \pm 15.51$ . It was shown that there was a positive correlation between the patients' mean Recognizing the Nursing Action, Awareness of Individuality, and Newcastle Satisfaction with Nursing Scale scores ( $p < 0.01$ ).

**Conclusion:** The satisfaction level increases when the level of awareness of individualized care of surgical patients increases. Therefore, nursing initiatives should be planned by protecting the individuality of patients for increasing the quality of care and satisfaction.

**Keywords:** Individualized care, satisfaction, surgical patient, nursing, care.

### Introduction

Care and caregiving, which forms the foundation of nursing, is defined in the nursing literature as "a scientific, ethical, aesthetic, professionally individualized interpersonal process with the interaction of two people in physical, mental, spiritual and sociocultural ways" (Efstathiou, 2019; Fadime, 2020). The communication between the patient and the nurse aims to help the individual's needs that he/she cannot meet in case of illness or any inadequacy. Moreover, nursing care becomes personal and individual with the participation of factors such as the individual's situation, general health status, capacity, and decision-making preferences in care and care planning. The rate of individualization of care increases with the

rate of participation of the individual's characteristics and integrity in care (Rodríguez-Martín et al., 2019; Stolt et al., 2021).

Individualization of the concept of caring regarding beliefs, values, feelings, thoughts, preferences, and experiences is defined as the patient's perceptions. (Kousoulou et al., 2019) Individualized nursing care has been noted to have emerged in the nursing literature when van Servellen used the term in a review in the early 1960s. It has since been recognized as an important topic in modern nursing science. In later times, it was thought that individualized care would be effective in recognizing the uniqueness, individuality, personality, and human frailties of nursing care (Stolt et al., 2021; Theys et al., 2022).

Guaranteeing and maintaining individuality in care is possible with individual planning and implementation of interventions in helping to solve the problems determined by the evaluation of all dimensions of the patient and with the contribution of the patient in the care decisions. Factors for instance personal status, general health, capacity, and decision-making preferences should be addressed with the patient in planning care (Kousoulou et al., 2019).

While nurses attach importance to individualized care of patients so this continues with the proclamation "I want to be treated as a unique individual instead of seeing him/her as a diagnosis or room number" (Ceylan & Eser, 2016). Today, it is detected that the propensity to benefit from standardized protocols, which ignore the individuality of the patient as an individual, is becoming increasingly common in the practice of nursing care. Unfortunately, interventions in these standardized protocol goals, routine or task-oriented care, do not take into account that patients are not the same as each other and for that reason, more individualized nursing activities are required. For this reason, individualized care is often compared to task-oriented or routine care. While routine care meets the needs of a group of patients or the community, individualized care addresses the care needs of a particular person (Bukecik & Terzioglu, 2021; Efstathiou, 2019; Fadime, 2020). Individualized care has been proven to be more effective and less costly, with interviews and private patient visits with patients receiving individualized care and routine care (Yildiz & Tugut, 2021).

Patient satisfaction is generally accepted as a vital element of the quality of nursing care, which determines the willingness of the patient to be compatible with the treatment and affects the effectiveness of care, and it occurs as a result of meeting the wishes and expectations of the patients. Some researchers have defined "patient satisfaction" as the degree of congruence between the care that patients expect and the care they receive. Donebedian defines patient satisfaction as "the basic criterion that gives information about the level of meeting patient values and expectations and shows the quality of care for

which the main authority is the patient". Satisfaction with nursing care was first defined by Risser in 1975 as "the compatibility of ideal nursing care with the nursing care received by the patient" (Bozkurt, 2019; Yilmaz et al., 2021).

Therefore, this study aimed to evaluate the association between surgical patients' awareness of individualized care and their satisfaction with nursing care.

## **Methods**

**Design and participants:** This study was conducted in cross-sectional, descriptive, and correlational design to examine the association between surgical patients' awareness of individualized care and their satisfaction with nursing care. The population of the study consisted of patients aged 18 and over, who were able to be contacted, who voluntarily accepted to participate in the study, and who met the research criteria, who were hospitalized in various surgical clinics in a state hospital between May-August 2019.

**Data collection:** Before the study, the patients were informed about the research and its purpose by the researcher, and their verbal and written consents were obtained. The data were collected in face-to-face interviews using a questionnaire form and the technique of answering under observation. One-on-one interviews with the patients lasted approximately 15-20 minutes.

**Instruments:** Patient information forms containing demographic data, "Individualized Care Scale (ICS)" and "Newcastle Nursing Care Satisfaction Scale (NSNS)" were used to collect data.

**Individualized Care Scale (ICS) – Patient Version:** The Individualized Care Scale was developed by Suhonen et al. (Suhonen et al., 2002). Adaptation of the scale to Turkish society was done by Acaroglu et al. in 2005. ICS is a two-part scale, each containing 17 items; It evaluates the patient's awareness of nursing actions aimed at supporting individuality (ICA) and the patient's awareness of individuality in their care (ICB). In the Individualized Care Scale, items were scored from 1 to 5 (never 1, rarely 2, sometimes 3, often 4, constantly 5). Scores of ICA and ICB are obtained by adding the item scores of their sub-dimensions and dividing them by the number of items and are

evaluated separately. After the scores of all the items in the scale are summed, they have evaluated over 1-5 points. The higher the score obtained from ICA, the more individualized the nursing interventions provided to the patient, and the higher the score obtained from ICB, the higher the awareness of the individuality of the patient in the care provided. The Chronbach's alpha coefficient of the ICA Scale was found to be 0.92, and the Chronbach's alpha coefficient of the ICB Scale was found to be 0.93 (Acaroglu et al., 2011). In this study, the Chronbach's alpha coefficient of the ICA Scale was found to be  $r = 0.936$ , and the Chronbach's alpha coefficient of the ICB Scale was  $r = 0.939$ .

**The Newcastle Satisfaction with Nursing Scale (NSNS):** The Newcastle Satisfaction with Nursing Scale (NSNS) was developed by Thomas et al. (Thomas et al., 1996) in 1996, and the Turkish validity and reliability study of the scale was conducted by Uzun in 2003 and also by Akin and Erdogan in 2007. The reliability coefficient of the study was found to be 0.95. The scale is a 5-point Likert-type scale consisting of 19 items including nursing care. In the scoring used to determine the degree of satisfaction, "1. I was not satisfied at all, 2. I was rarely satisfied, 3. I was satisfied, 4. I was very satisfied, 5. I was completely satisfied". Score evaluation is made over 0-100 points by converting to 100 after the scores of all items marked on the scale are summed. A total score of 100 indicates satisfaction with all aspects of nursing care (Akin & Erdogan, 2007; Uzun, 2003). In this study, Chronbach's alpha coefficient of the NSNS was found to be  $r = 0.961$ .

**Statistical Analysis:** The data were analyzed in the SPSS 21.0 package program. The normality of the data was evaluated using the Shapiro-Wilk test. The data were not normally disseminated. Number, percentage distribution, mean, Mann-Whitney U and Kruskal-Wallis tests, and Spearman correlation analysis was used in the analysis of the data.  $p < 0.05$  was considered statistically significant.

**Ethical approval:** The data of the research were collected after the consent of the

Scientific Research Ethics Committee and legal permissions were obtained from the institution where the research would be conducted (Number of Ethics Committee Decision: 95531838-050.99) on May 8, 2019. Before information collection, patients were informed about the study, and their consent was obtained.

## Results

Socio-demographic characteristics of surgical patients are given in Table 1. The mean age of the surgical patients contributing to the study was  $41.28 \pm 19.82$  (min-max: 18-84) and the mean duration of hospitalization was  $3.35 \pm 3.19$  (min-max: 1-23). It was determined that 61.6% of the patients were male, 63.4% required elective surgery, and 55.4% were hospitalized in the general surgery clinic.

The distribution of the mean scores of the patients in ICA, ICB, and NSNS is given in Table 2. The mean ICAA total score of the patients was  $3.43 \pm 0.94$ , the mean ICB total score was  $3.66 \pm 0.81$ , and the mean NSNS total score was  $69.80 \pm 15.51$ .

There is a significant difference between ICA and education ( $p < 0.01$ , Table 3). It was determined that the patients who were primary school graduates had higher awareness of nursing actions. In addition, it was determined that there was a highly significant difference between ICA, ICB, Satisfaction with Nursing Care, and surgical clinics where patients were hospitalized ( $p < 0.01$ , Table 3). It was stated that the patients hospitalized in the orthopedic clinic had higher scores for Awareness of Nursing Action, Awareness of Individuality, and Satisfaction with Nursing Care.

There is a statistically significant positive correlation between the mean scores of ICA, ICB, and Satisfaction with Nursing Care ( $p < 0.01$ , Table 4). It was determined that ICA and ICB mean scores increased when the Newcastle Satisfaction with Nursing Scale (NSNS) scores increased.

**Table 1. Socio-demographic characteristics of surgical patients (N=112)**

Socio-demographic characteristics	N	%
<b>Gender</b>		
Male	69	61.6
Female	43	38.4
<b>Marital status</b>		
Married	70	62.5
Single	42	37.5
<b>Educational status</b>		
Primary school	67	59.8
High school	34	30.4
University	11	9.8
<b>Job</b>		
Non-working	58	51.8
Working	54	48.2
<b>Social security</b>		
Yes	77	68.8
No	35	31.3
<b>Surgery requirement</b>		
Elective	71	63.4
Urgent	41	36.6
<b>Surgical Clinics</b>		
General surgery	62	55.4
Urology	28	25
Otolaryngology	12	10.7
Orthopedics	10	8.9
<b>Days in hospital<sup>a</sup></b>	3.35±3.19 days	(min-max:1-23)
<b>Age<sup>a</sup></b>	41.28±19.82 years	(min-max:18-84)

<sup>a</sup>Mean ± SD.

**Table 2. Total Scores of the Individualized Care Scale sub-dimensions and the Newcastle Satisfaction with Nursing Scale**

Scales	$\bar{X} \pm SD$	Min	Max
ICA*	3.43 ± 0.94	1	5
ICB**	3.66 ± 0.81	1	5
NSNS***	69.80 ± 15.51	0	100

\* Recognizing the Nursing Action, \*\* Awareness of Individuality, \*\*\* The Newcastle Satisfaction with Nursing Scale

**Table 3. Distribution of the mean scores of the Individualized Care Scale sub-dimensions and the Newcastle Satisfaction with Nursing Scale by socio-demographic characteristics**

Variables	Individualized Care Scale				NSNS***	
	ICA*		ICB**		X ± SD	test and p value
	X ± SD	test and p value	X ± SD	test and p value		
<b>Gender</b>						
Male	3.37±1.02	U=1390	3.58±0.86	U=1280	69.3±16.07	U=1400
Female	3.52±0.81	p> 0.001	3.80±0.70	p> 0.001	70.5±14.7	p> 0.001
<b>Marital status</b>						
Married	3.54±0.91	U=1230	3.72±0.81	U=1269	70.4±15.1	U=1388
Single	3.24±0.98	p> 0.001	3.56±0.80	p> 0.001	68.8±16.2	p> 0.001
<b>Educational status</b>						
Primary school	3.67±0.88	KW=10.05 p< 0.01 <sup>a</sup>	3.73±0.83	KW=2.61 p> 0.001	70.7±16.0	KW=0.91 p> 0.001
High school	3.06±0.98		3.60±0.77		68.1±13.1	
University	3.11±0.76		3.41±0.75		69.0±19.7	
<b>Job</b>						
Non-working	3.48±0.99	U=1436	3.72±0.86	U=1427	70.1±15.8	U=1559
Working	3.37±0.89	p> 0.001	3.60±0.75	p> 0.001	69.3±15.3	p> 0.001
<b>Social security</b>						
Yes	3.44±0.89	U=1346	3.67±0.72	U=1275	69.68±16.0	U=1343
No	3.41±1.05	p> 0.001	3.63±0.98	p> 0.001	70.09±14.3	p> 0.001
<b>Surgery requirement</b>						
Elective	3.48±0.98	U=1296	3.69±0.87	U=1298	71.9±14.9	U=1136
Urgent	3.34±0.87	p> 0.001	3.61±0.69	p> 0.001	66.7±15.9	p> 0.001
<b>Surgical Clinics</b>						
General surgery	3.41±1.02	KW=19.81 p< 0.01 <sup>a</sup>	3.75±0.72	KW=23.90 p< 0.01 <sup>a</sup>	69.1±15.4	KW=24.20 p< 0.01 <sup>a</sup>
Urology	2.95±0.71		3.06±0.79		61.3±13.6	
Otolaryngology	3.99±0.40		4.16±0.56		81.1±9.20	
Orthopedics	4.21±0.55		4.22±0.68		84.1±8.35	

\* Recognizing the Nursing Action, \*\* Awareness of Individuality, \*\*\* The Newcastle Satisfaction with Nursing Scale <sup>a</sup>p<0.01

**Table 4. The correlation between the Individualized Care Scale sub-dimensions and the Newcastle Satisfaction with Nursing Scale**

		ICA*	ICB**	NSNS***
ICA*	r	<b>1</b>	.796 <sup>a</sup>	.652 <sup>a</sup>
	p		.000	.000
ICB**	r	.796 <sup>a</sup>	<b>1</b>	.733 <sup>a</sup>
	p	.000		.000
NSNS***	r	.652 <sup>a</sup>	.733 <sup>a</sup>	<b>1</b>
	p	.000	.000	

\* Recognizing the Nursing Action, \*\* Awareness of Individuality, \*\*\* The Newcastle Satisfaction with Nursing Scale <sup>a</sup>p<0.01, Spearman correlation

## **Discussion**

Although surgery continues to be an increasingly preferred form of treatment, the importance of basic needs for the patient whose body integrity is impaired, who has organ and function loss, and who will undergo surgical intervention is increasing. Individualized care actions aim to get the healthcare requirements of a particular individual at a particular time. It is possible to ensure and protect the individuality of individuals by participating in the decision to help solve the problems determined by the implementation of personal planning and interventions for the individual and the evaluation of all their dimensions (Bukecik & Terzioglu, 2021; Kersu et al., 2020; Kousoulou et al., 2019; Leino-Kilpi & Rannikko, 2019; López-Domingo & Rodríguez-Martín, 2021; Rose, 2018; Tekin & Findik, 2015; Yildiz & Tugut, 2021).

Individualized care is provided to improve the quality of care, determine the direction of care, establish clinical guidelines, and create and improve positive patient outcomes. In this study, it was stated that the individual care awareness of surgical patients was good. In this context, it shows that patients believe that they are in control of the nursing care process and that their individuality is supported by their caregivers. In another study by Tekin on orthopedic patients in Turkey, it was found that patients' awareness of individual care was high (Tekin & Findik, 2015).

An important indicator in the evaluation of nursing care quality is patient satisfaction. Nursing care is one of the factors that increase the quality of care (Akbas, 2019). Individualized care, which is offered by taking into account the unique characteristics of individuals, provides very important advantages such as personal health and the functioning of health, service quality, autonomy, ensuring the quality of life and satisfaction of patients, and improving the use of their autonomy (Ozturk et al., 2020).

Akin et al. In their study, they found that the satisfaction levels of the patients treated in the internal medicine clinic were higher than the patients treated in the surgery clinic (Akin & Erdogan, 2007). To increase the satisfaction of surgical patients, perioperative care must

be performed in a flawless and qualified manner. It was observed that the satisfaction of the surgical patients participating in this study was good. Similarly, Kersu et al. Surgical patients were found to be quite satisfied with their nursing care (Kersu et al., 2020). In addition, in the study of Olowe and Odeyemi, 77% of the patients expressed a high level of satisfaction (Odeyemi, 2019).

In this research, it was determined that patients hospitalized in orthopedic clinics had higher mean scores of individual care awareness and satisfaction. There are similar results in the literature supporting this finding (Digin et al., 2021; Leino-Kilpi & Rannikko, 2019; Tekin & Findik, 2015). The study of Suhonen and Leino-Kilpi on orthopedic patients stated that elderly patients were more positive in evaluating individualized care (Suhonen & Leino-Kilpi, 2012). It is thought that the positive awareness of the elderly towards individualized care may have resulted from the increase in chronic diseases and the increase in the need for care for daily activities.

Education level may be a factor connecting with patient satisfaction and awareness of individualized care. In the research, it was found that patients with low education levels had higher individualized care awareness and satisfaction score averages. Although it is thought that this result may be because individuals with low educational levels have lower expectations for care, this finding is also supported by similar studies in the literature (Ceylan & Eser, 2016; Koberich et al., 2016). In Cerit's study on internal medicine and surgery patients, it was stated that education level was negatively related to patient satisfaction (Cerit, 2016). On the other hand, Alasad et al. stated that the level of education has a significant effect on patient satisfaction and that as the education level of the patients increases, their expectations regarding the quality of care increase (Alasad et al., 2015). Therefore, it is thought that more empirical and qualitative research should be done to assess the effect of education level on individualized care awareness and satisfaction.

In this study, the positive correlation between ICA, ICB, and NSNS scores showed that the individualism of surgical patients was

supported by nursing care and their satisfaction increased. In parallel, there are studies in the literature showing that there is a positive and significant association between the awareness of nursing care and patient satisfaction (Kersu et al., 2020; Kilic et al., 2022; Tekin & Findik, 2015). At any point in a person's life, until he or she dies, they need caregiving practices. The fact that each person has different life experiences, values, cultures, and backgrounds makes them private over other individuals and requires the implementation of care taking into account these characteristics. It is clear that individualized care has a very important place in the nursing discipline. Moreover, this form of care, which reflects the faith of nursing in the value, uniqueness, and individuality of human beings, adds to patient satisfaction by increasing the quality of nursing care. Providing individualized and active patient care depends on good nursing management. For individualized nursing care to be provided in full, the number of available nurses has to be increased and nurses' workloads have to be reduced. At the same time, the use of a patient taxonomy system in allocating nurses to the different clinics in the hospital would ease the workload of nurses and simplify the provision of individualized patient care (Ceylan & Eser, 2016)

**Study limitations:** Since the study was cross-sectional, no causal effects were examined. Another scope of the study is that it is based on the statements of patients hospitalized in surgical clinics in only one center. Therefore, the resulting research group can be generalized.

**Conclusion:** As a result, in this study patients who have taken surgical care have detected that nursing initiatives support their uniqueness and have encouraged awareness of individuality in their care. This demonstrates the significance of individualized care in improving patient satisfaction and nursing quality. It is therefore very important that nurses take into account the patient's autonomy and individuality when dealing with the patient. In addition, nursing initiatives should be planned by protecting the individuality of patients and taking into account every aspect of their lives. Finally, further experimental and qualitative

investigation is recommended to examine the association between individualized care and patient satisfaction.

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