

## Original Article

## Patients' Perception of Individualized Care and Satisfaction with Nursing Care Levels in Turkey

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### Abstract

**Background:** The most important responsibility of nurses is to practice nursing care by respecting the individualism and uniqueness of their patients. Patient satisfaction is an important indicator to evaluate the quality of nursing care that was provided.

**Aim:** The aim of the study was to determine the perception of individualized care, satisfaction with nursing care levels and the relationship between them.

**Methods:** The sample for this study, which was planned as descriptive and cross-sectional, was constituted of 425 patients who were staying at the internal medicine and surgical clinics of a university hospital in Turkey. Data was collected using 'Patient Information Form', 'Individualized Care Scale' and 'Satisfaction with Nursing Scale'.

**Results:** The mean age of the patients was  $57.70 \pm 14.51$  years, the average duration of hospital stay was  $11.03 \pm 10.15$  days and 52.9% of the patients were staying at internal medicine clinics. The patients' realization of nursing care ( $3.65 \pm 0.82$ ), perception of the individualism in nursing care ( $3.88 \pm 0.69$ ) and satisfaction with nursing care ( $71.41 \pm 17.63$ ) scores were found to be above average. A positive correlation was found between satisfaction with nursing care and perception of individualized care ( $p < .001$ ).

**Conclusion:** Patients are aware of individualized care, and individualized care increases the level of patients' satisfaction with nursing services. It is important that nurses provide specific and individualized care for their patients.

**Key words:** Nursing, Individualized Care, Patient Satisfaction

### Introduction

Today's patients increasingly desire to have a voice in decisions about their condition and to participate in their own care. With the goal of better analysing patient problems, the application of patient-specific interventions and the participation of the patient in their own care decisions is possible with the provision and maintenance of individualism in care (Suhonen et al., 2010a; Charalabous et al., 2012). Schmidt (2003) emphasized that the patient's level of individualism is a primary factor in the determination of nursing care perception. Individualized care is

defined as the adjustment of nursing care according to patient's beliefs, values, emotions, thoughts, preferences, experiences and perceptions (Suhonen et al., 2007; Suhonen et al., 2011)

This concept also addresses the honour, uniqueness, and integrity of the patient, and the ethical and moral values related to the consideration and protection of the patient's rights. For this reason, in addition to the healthcare providers, healthcare service recipients' decisions also have a considerable effect on the quality of care (Acaroğlu et al., 2007; Şendir et al., 2012).

It is important to consider the patient's level of individualism in order to provide the best possible nursing care (Senarath, 2011; Burhans & Alligood, 2010). However, the individualization of patient care is not solely focused on the adaptation of nursing practice towards individual characteristics and the provision of patient satisfaction. It is broadly associated with the perception, experience, and feeling of the individual who has been provided with care (Acaoğlu & Şendir, 2012). In Berg's et al., (2007) study, 86% of the patients stated that individualized care was important, and 59% of the patients stated that they had received individualized care.

Individualized care improves personal health and the health process, while increasing the patient's quality of life, autonomy, and satisfaction regarding the quality of care (Lauver et al., 2002; Radwin & Alster, 2002; Lee et al., 2007). Suhonen et al. (2005) determined in their study that the satisfaction of patients who received individualized care in nursing interventions was high. In the field of nursing, the most widely accepted definition of "satisfaction" is that of Risser (1975), who defined patient satisfaction with nursing care as the degree of convergence between the expectations that patients have of ideal care and their perception of the care that they actually received (Merkouris et al., 1999; Akin & Erdogan, 2007). The measurement of patient satisfaction with nursing care is an important tool to determine patients' needs and to evaluate the quality of care that was provided (Merkouris et al., 2004; Akin & Erdogan, 2007).

Patient satisfaction, which is an important quality indicator for healthcare services, is a subjective case affected by multiple factors as patient's age, education, marital status, economic status, gender and socio-cultural values—including the patient's and family's culture, social status, habits, lifestyles and prejudices (Yılmaz, 2001; Schmidt, 2003; Laschinger et al., 2005; Erdem et al., 2008).

A study by Laal (2013), which investigated factors affecting patients' perceptions of nursing care, determined that age, gender, educational level, marital status, duration of hospital stay and surgical interventions affected perceptions of nursing care. The variation of patients' experiences, expectations and problems necessitates the consideration of patient perception in the individualization of care and increasing the patient's satisfaction of nursing care (Suhonen *et al.*, 2000). Examining patients' perception of individualized care and satisfaction with nursing treatment will provide information for

nurses in the planning and practice of care, increasing the quality of care and achieving positive results for patients. However, existing studies in this area are limited. The most important responsibility of nurses is to practice nursing care by respecting the individualism and uniqueness of their patients (Acaroğlu et al., 2007). This study was planned with the purpose of determining the patient's perception of individualized care, their satisfaction with nursing care levels and the relationship between these two factors.

### Research Questions

- What is the patients' perception of individualized care?
- What is the patients' level of satisfaction regarding nursing care?
- Is there a correlation between the patients' perception of individualized care and their satisfaction with nursing care?

### Methods

#### Study Design

The study, which was planned as descriptive and cross-sectional, took place in July 2014.

#### Sample

The study was carried out in seven internal medicine clinics (general internal medicine, oncology, cardiology, neurology, endocrinology, gastroenterology, pulmonary) and six surgical clinics (general surgery, thoracic surgery, cardiovascular surgery, orthopaedic surgery, plastic and reconstructive surgery, urology) in a University Health Research and Practice Hospital in Turkey. The average number of beds in each clinic was 25–30. Each clinic had an average of 7–8 nurses on staff. The power analysis was used to determine the sample. We used Geçkil et al. (2008) study's average patient satisfaction level and standard deviation ( $68.11 \pm 16.26$ ) for calculate the sample. In order to find 5 % difference significant (with  $\alpha=0.01$  margin of error and 10 % power), 344 cases were calculated in G\*Power program. We collected data from 425 patients, considering possible losses (refusal to participate in the study, missing data, etc.).

#### Ethical Consideration

Prior to carrying out the study, ethics committee approval was obtained from Trakya University's Scientific Research Ethics Committee and institutional permission was obtained from a University's Health Research and Practice Hospital.

## Instruments

### *Patient Information Form*

The patient information form consisted of questions involving age, gender, educational status, marital status and the clinic visited.

### *The Individualized Care Scale (ICS)*

The ICS was developed by Suhonen et al., (2000) with the purpose of evaluating individualized care from the patients' point of view. It was adapted into Turkish by Acaroğlu et al., (2010).

The Individualized Care Scale (ICS) consists of two sections evaluating the patients' realization of nursing care, which aim to reflect the patients' individualism during his/her hospital stay (ICS-A) and the patients' perception of the individualism in his/her own care (ICS-B). ICS-A and ICS-B consist of 17 similar positive statements. In each dimension, there are three sub-dimensions consisting of individualism in the clinical state, individualism in personal life and individualism in decisions regarding care (Acaroğlu et al., 2010; Acaroğlu & Şendir, 2012). In Acaroğlu et al., (2010) study, Cronbach's alpha coefficient of the ICS-A scale was 0.92 and Cronbach's alpha coefficient of the ICS-B scale was 0.93. In our study, Cronbach's alpha coefficient of the ICS-A scale was 0.94 and Cronbach's alpha coefficient of the ICS-B scale was 0.93.

The items in ICS are scored using a numerical range from 1–5 (never: 1, rarely: 2, sometimes: 3, mostly: 4, constantly: 5). Scores for ICS-A and ICS-B are obtained by dividing the sum of sub-dimensional item scores by the number of items. Each score is evaluated separately. The scores of all items in the scale are evaluated over 1–5 points. Higher ICS-A scores indicate that nursing interventions provided for the patient are highly individualized. Higher ICS-B scores indicate that the patient's perception of individualism in the provided care is high (Acaroğlu et al., 2010; Acaroğlu & Şendir, 2012).

### *Newcastle Satisfaction with Nursing Scale (NSNS)*

The Newcastle Satisfaction with Nursing Scale (NSNS) was developed by Thomas et al., (1996). It was adapted into Turkish by Uzun (2003). The NSNS is a 5-point Likert-type scale consisting of 19

items that include the satisfaction of patients in terms of various aspects of nursing care. To determine the level of satisfaction, patients were instructed to score every item using the following scale: 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.

After points are tallied for all the items in the scale, the score is evaluated over 0–100 points via converting it to 100. Satisfaction with nursing care increases as the score approaches 100 (Uzun, 2003). In the study completed by Uzun (2003), the Cronbach's alpha coefficient of the NSNS scale was 0.94. In our study, the Cronbach's alpha coefficient of the NSNS scale was 0.96.

## Data Collection

The purpose of the study was explained to the patients, and they were informed that they had the right to participate or not to participate in the study, or to quit the study at will. Patients who were included in the study volunteered to participate, were older than 18 years, did not have any communication problems, had been staying in a hospital for at least five days, and were literate. Data was gathered by researchers via face-to-face interviews. The average duration of the survey was 20–25 minutes.

## Data Analysis

The SPSS for Windows 16.0 (SPSS Inc., Chicago, IL, USA) program was used to evaluate data. Percentage and means were used in the evaluation of data. The correlation between the Individualized Care Scale and the Newcastle Satisfaction with Nursing Scale was evaluated by Pearson correlation analysis. Cronbach's alpha coefficients were calculated. The significance level was accepted as  $p < 0.05$ .

## Results

The mean age of the patients who participated in the study was  $57.70 \pm 14.51$  years and their mean duration of hospital stay was  $11.03 \pm 10.15$  days. 55.3% of the patients were male, 84.5% of them were married and 40.5% of the patients had graduated from elementary school. 52.9% of the patients were staying at internal medicine clinics (Table 1).

**Table 1.** Individual Characteristics  
(n=425)

<b>Characteristics</b>	<b>Mean±SD (min-max)</b>	<b>n (%)</b>
<i>Age</i>	57.70±14.51 (18–80)	
<i>Duration of Hospitalization</i>	11.03±10.15 (5–66)	
<i>Gender</i>		
Female		190 (44.7)
Male		235 (55.3)
<i>Marital Status</i>		
Married		359 (84.5)
Single		66 (15.5)
<i>Educational Status</i>		
Elementary Education		172 (40.5)
Secondary Education		107 (25.2)
High School		89 (20.9)
University		57 (13.4)
<i>Clinic Visited</i>		
Surgical Units		200 (47.1)
Internal Medicine Units		225 (52.9)
<b>Total</b>		425 (100)

**Table 2.** The Scale Points of Individualized Care and Satisfaction with Nursing Care (n=425)

Component	Mean±SD	Range	Number of Items	Cronbach's Alpha
ICS-A	3.65±0.82	1-5	17	0.94
ICS-B	3.88±0.69	1-5	17	0.93
NSNS	71.41±17.63	0-100	19	0.96

**Table 3.** The Correlation Between ICS-A, ICS-B and NSNS Scores (n=425)

Scales	ICS-A		ICS-B		NSNS	
	r <sup>a</sup>	p	r <sup>a</sup>	p	r <sup>a</sup>	p
ICS-A	-	-	0,77	.000*	0,65	.000*
ICS-B	0,77	.000*	-	-	0,62	.000*

ICS-A = Realization of nursing practice ICS-B = Perception of individualism in one's own care

NSNS = Newcastle satisfaction with nursing scale \*p<0.001, <sup>a</sup> Pearson correlation

The mean ICS-A score (realization of nursing care) was calculated as 3.65±0.82, the mean ICS-B score (patients' perception of the individualism in their own care) was 3.88±0.69 and the mean NSNS score (satisfaction with nursing care) was 71.41±17.63 (Table 2).

There were positive correlations between the ICS-A and ICS-B scores (r=0.776; p>.001), and between the NSNS and the ICS-A and the ICS-B scores (r=0.659; p<0.001, r=0.623; p<0.001, respectively) (Table 3).

### Discussion

In our study, it was found that patients' individualized care and satisfaction with nursing care scores were high and there was a positive correlation between them. The mean score of patients' realization of nursing practice (ICS-A) was 3.65±0.82 (Table 2). Various studies have been

carried out with the purpose of evaluating patients' perception of individualized care. In the study by Berg et al., (2007) that focused on patients staying at a orthopaedics clinic, an average ICS-A score of 3.90±0.82 was found; in the study carried out by Suhonen et al., (2007) in Finland, the ICS-A score was 3.54±0.97; in the study carried out by Acaroğlu et al., (2007) in Turkey, the ICS-A score was 3.86±0.87.

In another study (Suhonen *et al.*, 2010b) that compared results from different countries, ICS-A averages were identified as 3.72±0.96 in Finland, 3.01±1.16 in Greece, 3.82±0.97 in Sweden, 3.68±1.16 in England and 3.38±0.83 in the Unites States of America. Tekin (2011) completed a study of orthopaedic surgery patients and reported the average realization of nursing practice (ICS-A) was 3.94±1.02; while Rasooli et al., (2013) reported the

ICS-A point average of the patients at internal medicine and surgical units as  $2.60 \pm 1.4$ . These findings show that patients are aware of the nursing practices aimed at supporting their individualism.

The mean score of patients' perception of the individualism in their own care (ICS-B) was  $3.88 \pm 0.69$  (Table 2). Berg et al., (2007) identified the ICS-B mean score as  $4.28 \pm 0.61$ , while Suhonen et al., (2007) identified it as  $3.95 \pm 0.81$ . As for two separate studies carried out in Turkey, ICS-B mean scores were  $4.20 \pm 0.91$  (Acaroğlu et al., 2007) and  $4.26 \pm 0.07$  (Tekin, 2011). In a study that compares scores of different countries, which was carried out by Suhonen et al. (2010b), the average ICS-B scores of patients were  $4.04 \pm 0.78$  in Finland,  $3.32 \pm 0.87$  in Greece,  $4.20 \pm 0.72$  in Sweden,  $3.94 \pm 1.01$  in England and  $3.71 \pm 0.75$  in the United States of America. These findings show that patients' perception of individualism is high and that nurses practiced care specific to patients in the clinics where these studies were conducted. Nurses are expected to evaluate patients individually and practice care according to the patients' needs.

In our study, the mean score for satisfaction with nursing was found to be  $71.41 \pm 17.63$  (Table 2). The mean NSNS score was  $62.30 \pm 16.09$  in Kayrakçı and Özşaker's study (2014) and  $68.11 \pm 16.26$  in Geçkil et al.'s study (2008); it was stated that patients were moderately satisfied with the nursing care. In the study carried out by Fındık et al., (2010) in a university hospital, satisfaction level was identified as  $81.6 \pm 16.03$ . The satisfaction level was  $82.6 \pm 14$  in Tekin's study (2011) and  $76.52 \pm 20.38$  in the study by Şendir et al. (2012) that focused on orthopaedics patients; it was stated that the patients' level of satisfaction with nursing care was high. Accordingly, in Suhonen et al., (2007), it was reported that patients staying at different units were satisfied with the nursing care (mean total score of  $3.44 \pm 0.52$ ). Suhonen et al.'s study (2011) also reported that surgical patients were satisfied ( $3.31 \pm 0.59$ ) with the level of care. The results show that the patients were satisfied with the nursing care they received.

We have found a positive, strong correlation between the patients' realization of nursing, perception of individualism in nursing care and satisfaction with nursing care (Table 3).

As the patients' ICS-A and ICS-B scores increased, so did their NSNS scores. In the existing literature, it is stated that patient satisfaction is an important indicator of healthcare quality and there is a positive correlation between nursing care and satisfaction

(Schmidt, 2003; Suhonen et al., 2007; Dzomeku et al., 2013). Suhonen et al. (2011), ve Suhonen et al., (2007) also identified a positive correlation, whereas Johansson et al., (2002) determined that patient satisfaction increased in institutions that provide individualized care.

These findings show that the patients' perception of care has an effect on satisfaction with nursing care and that individualized care provided towards the patients' needs increased satisfaction with nursing care. The nurses' practice of individualized care is important in obtaining positive patient results and it increases patient satisfaction.

### Limitations

This study is limited to internal medicine and surgical clinics at a university hospital. Different practices and institutions may affect patient perception and satisfaction with care. We recommend repeating this study at different institutions and with patients hospitalized at different clinics.

### Conclusion

Patients are aware of individualized care and individualized care increases patients' satisfaction with nursing care. Patients who realize the initiatives that aim to support individualism in nursing care also realize individualism in their own care.

In accordance with these results, and with the purpose of increasing satisfaction with nursing care, it is recommended that nurses care for patients as individuals, provide care specific to each individual and support individualism in care.

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