

Patients' Point of View about Nurses' Support of Individualized Nursing Care in Training Hospitals Affiliated with Tabriz University of Medical Sciences

Alehe Seyyed Rasooli¹, Vahid Zamanzadeh¹, Azad Rahmani¹, Mahnaz Shahbazpoor^{1*}

¹ Department of Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran

ARTICLE INFO	ABSTRACT
<p>Article Type: Original Article</p> <hr/> <p>Article History: Received: 1 Mar. 2013 Accepted: 15 Mey. 2013 ePublished: 27 Agu. 2013</p> <hr/> <p>Keywords: Point of view Patient Nursing care Individuality</p>	<p>Introduction: Individualized nursing care is the key element in quality of nursing care. In fact, it changes all standardized nursing procedures and activities. In addition, it tailored nursing activities with unique peculiarity of each patient. Focusing on patient during care process is one main reason for supporting individualized care. Individual differences among patients in terms of their health, illness and needs which emphasize on providing individualized care. This research aimed to demonstrate patients' point of view about nurses' support of individualized care.</p> <p>Methods: A descriptive study conducted with participation of 400 being discharged patients from internal and surgical units in teaching hospitals of Tabriz University of Medical Sciences. Proportional stratified random sampling method was used. Data was collected by interviewing with patients using Suhonen Individualized Care Scale, after assessing its content validity and reliability with Chronbach's alpha method. Data analysis were done by using SPSS ver. 13.</p> <p>Results: The mean of patients' point of view about nurses' support of individualized care was 2.60 (1.14). The results showed the mean of support for clinical situation 2.61 (1.27), support for personal life situation 2.36 (1.28), and support for decisional control over care 2.77 (1.17). Comparing aspects of support showed that support for decisional control over care was the highest and the lowest was support for personal life situation.</p> <p>Conclusion: According to results of the study and comparison with other researches in other countries, it is recommended that nursing care planners pay more attention to the aspects of nursing support based on individuals.</p>

Introduction

In recent years, individualized nursing care has received a significant attention in health care system. All the activities which are based on individual patients' needs are highly important. The health care ethics, as well as nursing ethics has been emphasized the importance and value of each patient as an individual.¹⁻³

Focusing on patient during the care process is one of the main reasons for supporting individualized nursing care.⁴ In addition, Individual differences among patients, in terms of their health, illness and needs

emphasize the necessity of individualized nursing care.³ In fact, this type of care is the key element for quality care in nursing.^{2,3}

According to Van Servellen, individualized nursing care changes all standardized nursing procedures and activities. Actually, it adopts nursing activities with unique peculiarity of each patient condition.⁵ Suhonen et al defined individualized nursing care as a method in which patients' personal characteristics, clinical situation, living situation and individual preferences take to account by nurses with regard to promoting their participation in decision-making.⁵⁻⁷ From patient's point of view individualized

* Corresponding Author: Mahnaz Shahbazpoor (Msc), E-mail: mshahbazpoor@gmail.com

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nursing care can be defined from two different perspectives: First, how much the nursing provided interventions suit individual condition, characteristics, needs and preferences. Secondly, how much the patient's individuality was understood by the nursing staff, in other words patient's perceptions of how much their individuality was taken into account in the care they received.^{2,6,8-10} In this study we considered the first perspective of patients' view.

Supporting of individualized nursing care, is related to objective and factual issues such as responsibilities, nursing interventions, and what nurses do.¹¹ Therefore, to perform this type of care: nurses need to talk to their patients about his/her feeling towards illness and caring needs. Give patient an opportunity to take responsibility in care based on his/her ability. Identify changes in patient's feelings. Talk to patient about their concerns and fears. Understand the disease effect on patient in hospital, as well as outside of hospital on their everyday life. Find out about the meaning of disease to patient by talking to them, his/her daily habits and his/her family participation in care. Make sure that the provided instruction by hospital has been understood well by patient. Ask patient what he/she wants to know about his/her health state or disease. Listen to individual personal preferences of patients about his/her care. Help him/her to make decision and express their point of views about care, also let the patient to choose among care options and encourage patient to ask questions about his/her care.¹² Therefore, to perceive individualized nursing care, nurses should tailor nursing interventions for each patient.⁵ Also they should carry out individualized nursing care by considering personal life situation such as education and culture, beliefs and traditions, habits, actions, preferences and family involvement in patient care.¹ Sometimes patients need to talk about their individuality during patient-nurse interaction. Actually, this interaction is based on sharing

information about preferences, needs and perceptions, and tailored with patient's characteristics, situations, reactions and responses to their health concerns, and physical and socio-environmental characteristics of the health care context.⁵

There is a lot of evidence emphasizing the positive effects of this type of care,^{1-3,11} which led to more appropriate treatment and better outcomes for patients,^{9,12} could increase self-help¹¹, reduced patient's dependency and length of hospitalization.¹³

Individualized nursing care is an important indicator for quality of nursing care;^{1,3} that it can increase patient satisfaction,^{2,8,9} greater awareness about health and illness,^{8,9} increases autonomy and health-related quality of life.^{1,8} In a review study by Suhonen *et al.*, which was conducted in 2008, more than 81% of researches reported positive effects of individualized nursing care.¹⁴

A review of researches in the field of individualized nursing care showed that nearly all researches were conducted in European countries^{9,11,15-17}, while there is no research in this regard was found in Iran.

Today, between provided cares in medical environments like hospital, nursing care is of more importance than others. In fact, health and improvement of patients is at stake of quality care.¹⁸ However, recently in all areas of health systems, emphasis is towards patient-centered care rather than quality of care and ultimately, to enhance patient's satisfaction.¹⁹ Unfortunately, nursing profession has major problem in Iran, such as poor quality of care and patient dissatisfaction. Researches in our country pay less holistic and comprehensive attention to care concept.²⁰ In fact, in most researches which have done in the country, discussion about the quality of care was general. In other words, how quality of nursing care should be considered specifically for each patient has not been considered. With failure of the present situation, maybe planners could not encounter these issues and choose the right

method successfully. Therefore, identifying the fact that how much patients perceive nurses' support of individualized nursing care could be a factor to enhance quality of nursing care. So, this research aimed to demonstrate point of view of patients about nurses' support for individualized nursing care.

Materials and methods

This was a descriptive study with a research society of all patients of internal medicine and surgical units of teaching hospitals of Tabriz University of Medical Sciences. After a pilot study and according to $\alpha=0.05$, Mean=2.5, SD=1.1, $d=0.1$, a sample size of 400 was calculated. Patients with following conditions were recruited: at least 18 years and older, being discharged, was hospitalized for three days and were able to answer questions. Sampling lasted from February 2010 to August 2011. After coordination with several teaching hospitals of Tabriz University of Medical Sciences, patients were enrolled by proportional stratified random sampling (in terms of the wards of hospitals: internal medicine and surgery). Each of them was given a consent form and a form of demographic characteristics to fill. In addition, patients were informed of the voluntary nature of participation in the research. The data collection techniques of this questionnaire, was individual interviews.

Data were collected using Suhonen Individualized Care Scale for Patient (ICS-patient) 2005.⁶ The questionnaire consisted of two parts as following: Part one includes socio- demographic characteristics and some medical information.

The second part of the questionnaire examines the patients' point of view about nurses' support of individualized nursing care. This is the ICS-A part of individual based care tools of Suhonen for patients. It consists 19 statements that examine patient's clinical situation (7 statements), personal life

situation (5 statements) and decisional control over care (7 statements). Each statement has been placed on a 5 optional Likert range from completely disagree to agree strongly. Each option was given a score of one to 5. The questionnaire scale ranged from 19 to 95. Higher score shows a good perspective of individuals towards care.

The questionnaire used in the research was given to three members of faculty that two of them had a master degree in English and one of them was a PhD in obstetrics to make sure the accuracy of translation from English to Persian language. Then the next step, content validity of the questionnaire was checked by ten members of the medical faculty of Tabriz University of Medical Sciences that 7 of them had a master degree in nursing and 3 of them had a PhD in nursing. After receiving comments, the necessary corrections were applied.

Reliability was determined after pilot study using Cronbach's alpha. For the Suhonen ICS-A part (questionnaire of patients' point of view about the nurses' support of individualized nursing care), Cronbach's alpha coefficient was 0.96 and for three aspects of clinical situation (0.94), personal life situation (0.90) and decisional control over care was (0.91) respectively.

It should be explained that to use questionnaire copyright was obtained and its translation to Persian. Descriptive statistics was used for data analysis by using; mean, standard deviation and confidence interval of 95%. This activities conducted by using SPSS ver. 13 software.

Results

Results of the present research in terms of socio- demographic peculiarities showed that average age of patients were 46.55 (17.82) years, 57.8% female, 82.5% married, 36% were of elementary and junior high school education, 66% of emergency admissions, 54.8% admitted to the surgical unit, 52.2% housewives and 32.8% did not have a

previous admission to hospital. The mean number of days of hospitalization was 5.66 (4.31) days.

Data analyses showed that the mean of patients' point of view about nurses' support of individualized nursing care was 2.60 (1.14). The results showed that the mean of patients' point of view about nurses' support of individualized nursing care in the aspect

of clinical situation was 2.61 (1.27). Mean support in the aspect of personal life situation was 2.36 (1.28) and mean decisional control over care was 2.77 (1.17). Comparing aspects of patients' point of view about nurses' support of individualized nursing care, the highest mean was support for decisional control over care and the lowest was support for personal life situation (Table 1).

Table 1. Patients' point of view about nurses' support for individualized nursing care and its aspects (n=400)

Patients' point of view about	Mean (SD) *	Confidence Interval of 95%
Nurses' support of individualized care	2.60 (1.14)	2.49 - 2.71
Nurses' support of individualized care in clinical situation	2.61 (1.27)	2.48 - 2.73
Nurses' support of individualized care in personal life situation	2.36 (1.28)	2.23 - 2.48
Nurses' support of individualized care in decisional control over care	2.77 (1.17)	2.65 - 2.89

*Score range was from 1 to 5

Discussion

This research aimed to demonstrate patients' point of view about nurses' support of individualized nursing care in teaching hospitals of Tabriz University of Medical Sciences. According to the findings, support for decisional control over care had the highest mean, and the lowest mean belonged with support for personal life situation.

Land and Suhonen research in 2006 in the UK showed that orthopedic and trauma patients' point of view about support for clinical situation had the highest mean which is inconsistent with the findings of our results and the lowest was in support for personal life situation¹¹ which is consistent with results of our research.

The research results of Berg, Suhonen and Idvall in Sweden in 2004 and 2005 showed that views of orthopedic patients had the highest mean in clinical situation, which is inconsistent with our findings, while support for personal life situation had the lowest mean¹⁰ which is consistent with our results.

A comparative research of Suhonen et al in 2005 in Greece, Finland, Sweden and the

United Kingdom on orthopedic and trauma patients showed that in Finland, Sweden and the UK support for clinical situation had the highest mean which is inconsistent with our results. In Greece support for decisional control over care was the highest which is consistent with our results. In addition mean support for personal life situation was the lowest in Finland, Sweden and the UK that is consistent with our findings; while in Greece, support for clinical situation had the lowest mean⁹ which is inconsistent with the result of the present research.

Research results which were conducted by Suhonen, Välimäki and Leino-kilpi in 2001 showed that surgery patients' point of view about support for clinical situation had the highest mean which is inconsistent with the result of our study. On the other hand the lowest mean had been obtained in support for personal life situation² which is consistent with our results.

Research of Suhonen, Välimäki and Kätäjisto in Finland in 1996, reported that the highest support of individuality in care is about easing patient involvement in decision

making²¹ which is consistent with results of this research.²¹

As it can be seen, out of all discussed studies, only the study results of Greece and the later research is consistent with the results of the present research in aspects of high average in decisional control over care. It should be added that maybe the results show that nurses understand decisions and preferences of patients, therefore activities and interventions delivered based on this information.

According to the results, the patients' personal life situation is not being noticed completely. Therefore, there is a need to develop interventions that notice patient's personal life situation outside hospital, such as occupation, social life and their interests. Furthermore, tailoring cares with different situations are necessary. Most researches found that nursing interventions have been completely controlled and individual differences of patients have been neglected in care. So, it is necessary that nurses have the flexibility in different conditions, and consider the reality of being unique and personal health determinants. In addition, it should be noted that nursing interventions should be individualized and various interventions should be used for different patients.¹¹

Low assessment of patients about some aspects of supporting individuality in care could show that nursing interventions do not support individuality of patients⁹. Nurses do not respond patient's request. In fact, they prefer to perform based on a fixed schedule and stable routines rather than individual peculiarities¹¹. It might be the result of a small number of patient- nurse ratio, and therefore limited opportunities for performing nursing interventions and high work pressure. In addition, the low number of nursing staff leads to reduced numbers of patient- nurse interaction.⁹

Study of Suhonen *et al.* in Finland indicated that nurses' point of view on long -term care units had the highest mean on patient's

clinical situation while the lowest related to the support for patient's personal life situation.¹⁷

Suhonen *et al.* in a research in Finland showed that nurses' point of view had the highest mean on patient's clinical situation while the lowest related to the support for patient's personal life.⁵

Like other studies, this research had some limitations which are as following: 1- Physical, mental and social condition of subjects while completing the questionnaire could affect responding and likely the research results which were out of control by the researcher.

2- There was the possibility that subjects had unrealistic and inaccurate answers for questions. Therefore it was tried to obtain their trust and by explaining that the content of questionnaire was reported confidential, it was controlled to some extent by reminding that there is no need to mention their name and surname.

Conclusion

According to the research results which were conducted with aim to demonstrate present condition in care from patients' point of view in nursing context based on individualized nursing care. In fact, by comparing with other countries it is recommended that nursing care planners should notice aspects of support for individualized nursing care more than before. Further research in the field of individualized nursing care and applying provided solutions by experts of nursing to achieve patients' satisfaction could be effective.

In addition, since enough manpower is effective in carrying out individualized nursing care. Therefore, bringing necessary condition and increasing sufficient manpower are factors which should be accounted.

Ethical issues

None to be declared.

Conflict of interest

The authors declare no conflict of interest in this study.

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