Nurses' Perceptions of Customized Nursing Care in Acute Medical and Perioperative Environments

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Abstract

Background/Objectives: Individualized nursing care is essential as it allows for systematic assessment and intervention, considering a patient's preferences, values, and context, which can contribute to a positive care trajectory. However, its operationalization has proven challenging. This research aimed to evaluate nurses' perceptions of individualized care and analyze their relationship with sociodemographic variables.

Methods: This was a cross-sectional study conducted with 122 eligible and registered nurses at a hospital, including various clinical units such as ophthalmology, cardiology, internal medicine, and the medical emergency unit. The nursing version of the Individualized Care Scale (ICS-Nurse), which includes three sub-dimensions (clinical situation, personal life situation, and decisional control), was used for the assessment. Cronbach's alpha and principal component analysis were used for data analysis, and the STROBE checklist was used to report the study.

Results: No statistically significant differences were found based on the nurses' age, gender, level of education, or years of professional experience within the sub-dimensions of individualization. The nurses overall had a good perception of the importance of individualized care, but faced difficulties in its implementation during their last shift. The items considered most important were related to the physical and emotional needs arising from illness and assistance in decision-making through educational instructions. Aspects related to the personal lives of patients, such as family inclusion, everyday habits, and previous hospitalization experiences, received the lowest scores.

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Conclusions: Recognizing priority areas for improvement in the individualization of nursing care can contribute to developing training programs and policies that promote a more holistic approach. Future studies should consider patient outcomes related to their needs for individualization.
Keywords: patient individualization, nursing care, acute care, perioperative care

Introduction

The global population is experiencing a significant demographic shift, with an increased number of older adults [1]. This trend, known as demographic aging, is driven by declining birth rates and increased life expectancy. According to the World Health Organization, the proportion of the population aged 60 and over is projected to increase from 1 billion in 2020 to 1.4 billion by 2030, and the number of people aged 80 and over is expected to triple between 2020 and 2050 [1]. This aging population has led to a higher dependency rate, as older adults experience a progressive reduction in functional reserve mechanisms and homeostatic capacities, as well as various psychosocial concerns [2-5].

In perioperative and acute care settings, understanding illness and planning surgery represent situational transitions of health and illness for both a person and their family, which involve uncertainties, fragility, and risk to life [6,7]. Exacerbation of chronic illness or a sudden event can affect a person's health condition, potentially leading to functional deficits, activity restrictions, and limitations in participation in decision-making about their health project [6-8]. Therefore, the relationship between a nurse, a hospitalized person, and their family needs to be supported by a partnership intervention model that ensures genuine sharing of power and the right to make choices [9].

Individualized nursing care is essential for addressing the complex and diverse needs of patients in various healthcare settings [10-14]. It goes beyond the one-size-fits-all model, recognizing that each patient's health status, personal history, and preferences play a crucial role in shaping their care needs [13,14]. Delivering individualized nursing care offers a multidimensional approach to patient assessment, addressing individuals' physical, emotional, social, and spiritual needs [15]. This involves considering and incorporating aspects of gender, religion, ethnicity, and ideology into care while addressing pathophysiological, psychological, mental, and socio-economic conditions [16,17].

Recent studies have demonstrated the positive effect of individualized care on patient outcomes [18-21].However, the implementation of individualized nursing care faces several challenges, including limitations in resources and variability in care practices, organizational culture, leadership styles, and ratios [22,23]. Nonattendance to individualized care results in insufficient identification of patient dimensions, which can compromise the health trajectories of people, families, and caregivers [24-28].

Materials and Methods

This study aimed to characterize the sociodemographic profile of nurses in acute medical and perioperative care settings and identify the aspects of nursing care individualization that nurses perceive as most integrated into their clinical practice [10,29]. The study utilized two assessment tools, ICS-A-NURSE and ICS-B-NURSE, which are designed to measure nurses' perceptions regarding the customization of care, including the nursing version of the Individualized Care Scale (ICS-Nurse) [16,21]. The data collection took place at a healthcare facility, involving various clinical units that manage different patient conditions, from acute to chronic illnesses. This diverse range of settings provided a comprehensive context for evaluating how nurses perceive and practice individualized care across various patient scenarios [33,34,35,36].

The sample consisted of 112 nurses (participation rate = 76.7%) practicing in the targeted acute medical and perioperative settings. To minimize selection bias, the sample was non-probabilistic, based on convenience, and included nurses with at least 6 months of professional experience in the medical and surgical specialty services where they were allocated, as well as nurse managers. The nurses who expressed voluntary and informed consent to participate were included in the study [22,23,30].

The ICS-Nurse scale, which has been translated and validated for the local population [16,21], was used to assess nurses' perceptions of individualized care. The ICS-A-Nurse subscale evaluated how nurses support their patients' individuality through specific nursing activities during their current practice, while the ICS-B-Nurse subscale assessed nurses' perceptions of how they evaluate the maintenance of individuality in their care during their last shift. These dimensions included three subscales: clinical situation, personal life situation, and decisional control over care-related decisions. Potential confounding factors, such as age, gender, level of education, and years of professional experience, were also measured and accounted for during the analysis.

Data Analysis:
Statistical analysis was performed using appropriate software. Descriptive analysis was conducted to examine the sociodemographic and employment characteristics of the participants. Internal consistency reliability was assessed using Cronbach's alpha, and principal component analysis (PCA) was used to understand the relationships between the variables. The appropriate statistical tests were used to examine the distribution of the variables related to the individualization of nursing care and the relationship between sociodemographic factors and the sub-dimensions of individualized care. A 5% acceptable error probability was considered in all statistical tests, with a result deemed statistically significant if $p < 0.05$ [30-32].

Results

Participant Characteristics
The study sample consisted of 112 nurses (76.7% participation rate) from various acute medical and perioperative settings. Table 1 presents the sociodemographic characteristics of the nurses. The majority of participants were female (82.1%) and held an undergraduate degree (72.3%). Most nurses had 11 or more years of professional experience (59.8%).

Table 1. Sociodemographic Characteristics of Nurses

Characteristic	n (%)
Age (years)	
≤25	16 (14.3%)
26-30	21 (18.8%)
31-35	8 (7.1%)
36-40	24 (21.4%)
41-50	20 (17.9%)
≥51	23 (20.5%)
Gender	
Female	92 (82.1%)
Male	20 (17.9%)
Education Level	
Undergraduate	81 (72.3%)
Postgraduate	15 (13.4%)
Master's	16 (14.3%)
Professional Category	
Nurse	84 (75.0%)
Specialized nurse	27 (24.1%)
Nurse manager	1 (0.9%)
Experience (years)	
≤2	18 (16.1%)
3-5	13 (11.6%)
6-10	14 (12.5%)
≥11	67 (59.8%)
Total	112 (100.0%)

The principal component analysis revealed good internal consistency for the sub-dimensions of individualized care, . The Cronbach's alpha values ranged from 0.684 to 0.905, indicating acceptable to excellent internal consistency.

The sub-dimensions of clinical situation and decisional control showed stronger internal consistency compared to the personal life situation sub-dimension. This suggests that nurses tended to perceive individualized care more in terms of assessing patients' clinical needs and involving them in decision-making, rather than fully considering their personal life circumstances.

Overall, the ICS-A-NURSE group consistently reported higher levels of individualization across all three sub-dimensions compared to the ICS-B-NURSE group. The highest scoring items were related to "Instructions to patients," "Needs that require care and attention," and "Feelings about illness/health condition." Lower scores were observed for items such as "Ask patients at what time they want to wash," "Family to take part in their care," and "Previous experiences of hospitalization," indicating areas for potential improvement in the individualization of nursing care.

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Table 2 provides a detailed description of the ICS-Nurse item scores for both the ICS-A-NURSE and ICS-B-NURSE groups.

Table 2. Description of ICS-Nurse Items

Items	ICS-A-NURSE			ICS-B-NURSE		
	Mean ± SD	Median	Range	Mean ± SD	Median	Range
Clinical Situation						
Feelings about illness/health condition	4.38 ± 0.602	4	2-5	4.31 ± 0.658	4	2-5
Needs that require care and attention	4.45 ± 0.551	4	3-5	4.44 ± 0.582	4	3-5
Chance to take responsibility as far as possible	4.19 ± 0.704	4	2-5	3.95 ± 0.909	4	1-5
Personal Life Situation						
What kind of things they do in their everyday life	4.16 ± 0.789	4	2-5	3.73 ± 0.939	4	2-5
Previous experiences of hospitalization	3.57 ± 0.984	4	1-5	3.52 ± 0.986	4	1-5
Decisional Control						
Instructions to patients	4.62 ± 0.524	5	3-5	4.37 ± 0.615	4	3-5
Help patients take part in decisions	3.93 ± 0.791	4	2-5	3.76 ± 0.713	4	2-5

The findings suggest that nurses in acute medical and perioperative settings perceive individualized care as an important aspect of their practice, with higher levels of individualization reported in the clinical situation and decisional control sub-dimensions compared to the personal life situation sub-dimension. The study highlights areas for potential improvement, such as involving patients' families and considering their previous hospitalization experiences in the individualization of care.

Discussion

The sociodemographic characteristics of nurses have been associated with the degree of individualization of the care they provide; however, in this study, no statistically significant differences were found. This is contrary to previous research that has shown nurses with more professional experience, advanced nursing education, or postgraduate qualifications tend to provide more individualized care [33-36]. One possible explanation for this discrepancy could be that the nurses in this study, regardless of their years of experience or educational level, have all internalized the importance of individualized care and strive to incorporate it into their practice. The nursing curriculum and continuing education programs in Portugal may place a strong emphasis on patient-centered approaches, leading to a more homogeneous understanding and application of individualized care among nurses, even those with varying backgrounds.

The reliability and internal consistency of the ICS-A-NURSE and ICS-B-NURSE scales were confirmed in this study, with Cronbach's alpha values consistent with those reported in previous research [16,37,38]. This suggests that the items within each subscale and the overall scales effectively measure the underlying concept of individualized nursing care. The high Cronbach's alpha values across multiple studies conducted in different countries further strengthen the psychometric properties of these instruments, making them valuable tools for assessing individualized care in various healthcare settings[39-40].

The finding that nurses in the ICS-A-NURSE group reported higher levels of individualized care across the sub-dimensions compared to the ICS-B-NURSE group is noteworthy. This indicates an overall recognition among nurses of the importance of individualized care, but potential difficulties in fully translating this recognition into practice. The greater emphasis on the clinical situation sub-dimension reflects a focus on integrating the patient's current health status and needs, which may be more readily accessible and tangible for nurses to address [41,42,43,44]. In contrast, the personal life situation and decisional control sub-dimensions, which require a deeper understanding of the patient's unique circumstances and active engagement in the care process, may pose more significant challenges for nurses to incorporate consistently.

Specific aspects of individualized care, such as clear communication, attentiveness to patient needs, and emotional support, received notably high scores. These findings align with previous research that has highlighted the importance of empathetic communication and emotional support in delivering high-quality nursing care [45-51]. Nurses who are skilled in these areas can build trust, rapport, and better adherence to treatment plans, ultimately contributing to improved patient outcomes and satisfaction.

However, the study also identified areas for improvement in individualized care, such as involving patients' families and considering their previous hospitalization experiences [52-61]. The COVID-19 pandemic and the associated restrictions on family access to healthcare units may have exacerbated these gaps, as nurses faced significant challenges in integrating families into the care process. Incorporating the patient's personal life and care history is essential for a more holistic and personalized approach, as it can enhance empathy, understanding, and the ability to anticipate and respond to the individual's evolving needs.

Conclusion

Future efforts should focus on addressing the gaps identified to improve individualized care. This includes adopting more flexible scheduling practices to accommodate patient preferences, enhancing family involvement in care processes, and fostering a more participatory approach to decision-making. The aspects most integrated and valued by nurses in acute medical and perioperative care were instructions to patients, needs that require care and attention, feelings about illness/health conditions, and how their health condition affects them, highlighting an emphasis on the physical and psycho-emotional dimensions. No statistically significant differences were found between the sociodemographic characteristics of the nurses and their perceptions of individualized care.

Furthermore, continuous professional development and training programs emphasizing these aspects can further strengthen the implementation of individualized care practices. Integrating these improvements can lead to better patient outcomes, reduced missed care, increased satisfaction, and overall improved quality of care. It is essential to highlight the critical role of nursing education in preparing future nurses for individualized care of patients. Well-structured knowledge and learning experiences in this area are vital for equipping nurses with the skills necessary to assess and respond to the diverse needs of their patients. Emphasizing individualized care in nursing curricula enhances the quality of patient care and promotes better health outcomes. So, educational programs focused on effective communication, cultural competence, and family involvement should be created to ensure that nurses are adept at delivering personalized interventions that truly address the complexities of each patient's situation. Integrating technology, such as clinical decision support systems, wearable devices, mobile health applications, and telehealth, can also facilitate collecting and responding to comprehensive patient data, enhancing nurses' ability to give personalize care based on individual histories and preferences. Policies promoting interprofessional collaboration and integrated care planning should also be encouraged to ensure that all healthcare providers involved in a patient's care align with their approach to individualized care.

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