



ORIGINAL ARTICLE

## Patients' and Nurses' Perception of Individualized Care: A Comparative Study

### Hastaların ve Hemşirelerin Bireyselleştirilmiş Bakım Algıları: Karşılaştırmalı Bir Araştırma

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#### Abstract

**Objective:** This study was carried out for purpose to evaluate the individualized care perception of patients and nurses.

**Method:** This descriptive, comparative study was carried out patients and nurses. It was conducted in the internal and surgical clinics of a university hospital.

**Results:** When the mean points that the patients and nurses scored in the individualized care scale-B were compared, the individualized care scale-B total score ( $p=0.000$ ) and the mean scores for the subdimensions of clinical condition ( $p=0.001$ ), personal life status ( $p=0.000$ ), and control over decision-making ( $p=0.000$ ) were significantly different.

**Conclusion:** It was found that the mean score differs between the score individualized care scale-B patients scale and individualized care scale-B nurse scale. Patients' perception of individualized care was higher than that of nurses. Therefore, it is important to consider the factors that affect the care perception of patients and nurses.

**Keywords:** Individualized care, nursing care, perception of care

#### Öz

**Amaç:** Bu çalışma, hastaların ve hemşirelerin bireyselleştirilmiş bakım algılarını değerlendirmek amacıyla yapılmıştır.

**Yöntem:** Bu tanımlayıcı, karşılaştırmalı çalışma hasta ve hemşireler üzerinde yapılmıştır. Bir üniversite hastanesinin dahili ve cerrahi kliniklerinde yürütülmüştür.

**Bulgular:** Hasta ve hemşirelerin bireyselleştirilmiş bakım skalası-B ölçeği puan ortalamaları karşılaştırıldığında, bireyselleştirilmiş bakım skalası-B toplam puanı ( $p=0,000$ ) ve klinik durum ( $p=0,001$ ), kişisel yaşam durumu ( $p=0,000$ ), karar verme kontrolü ( $p=0,000$ ) alt boyutlarında istatistiksel olarak anlamlı fark olduğu belirlenmiştir.

**Sonuç:** Bireyselleştirilmiş bakım skalası-B hasta ile bireyselleştirilmiş bakım skalası-B hemşire ölçeği puan ortalamalarının farklı olduğu bulundu. Hastaların bireyselleştirilmiş bakım algısı hemşirelere göre daha yüksekti. Bu nedenle hasta ve hemşirelerin bakım algısını etkileyen faktörlerin dikkate alınması önemlidir.

**Anahtar Kelimeler:** Bireyselleştirilmiş bakım, hemşirelik bakımı, bakım algısı

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## Introduction

Care practice, which is one of the main responsibilities of nurses, are interventions that require knowledge, skill, and effort based on the interaction between the patient and nurse (1). Quality nursing care incorporates interventions concerning individualized care that take into account the person's personal characteristics, beliefs, values, needs (2), therefore nurses should aim to add importance to a person's individuality (3). Individualized nursing care involves taking into account the individual characteristics, emotions, values, cultural expectations, clinical conditions, and personal preferences of patients in order to achieve positive results in care (4). Individualized nursing care has positive effects on both patients and nurses. These effects on patients improved satisfaction (1,5), and functional state of the patient (6,7). Whereas effects on nurses increase professional satisfaction and motivation (4). Studies also indicate that individualized holistic care is necessary to meet the needs of patients and their relatives (6,8).

Characteristic attributes of patients and nurses affect the perception of care in individuals (1). Therefore, it is becoming highly crucial that individualized care should be evaluated from the perspective of nurses and patients, and that factors that have an impact on their perspectives should be analyzed (6,9). Individualized nursing care is an essential component of quality nursing care and is recommended to improve healthcare experiences of patients and achieve positive health outcomes. Accordingly, nurses are expected to provide more individualized nursing care today (10). In studies comparing both patient and nurse perceptions of care, it was found that there was a difference between patient and nurse care perceptions (11,12), however, there are few studies examining perception of individualized care in Turkey (2,6). Therefore, the research was conducted to evaluate the individualized care perceptions of patients and nurses. We believe that the present study will make an important contribution to the literature as it is study that has evaluated the care perceptions of patients and nurses regarding individualized care in a single study.

## Material and Methods

### Type of Study

This descriptive, comparative study were carried out at the internal and surgical clinic at a university hospital, between August 2018 and January 2019. The STROBE checklist was used in the writing of this article.

### Main Points

- Individualized care perception of the patients was higher than that of the nurses.
- Individualized care perception of the patient is affected by the educational background and employment status of patients as well as whether a patient finds the nursing care satisfactory
- Individualized care perception of the nurse is also affected by the working style of the nurses and whether a nurse finds the nursing care satisfactory or not.

## Population and Sample

The population of the study consisted of all nurses working at the internal and surgical clinics of the hospital (n=360) and all inpatients (n=609). Regarding the sampling, data were collected from 120 patients and 30 nurses with a patient/nurse ratio of 4:1, as there is no study concerning this area in Turkey. Upon analyzing these data in G\*Power, it was determined that a minimum of 228 people, 182 of whom are to be patients and 46 nurses, should be included with an effect size of 0.47, an alpha level of 5% and a power of 80%. Considering any data loss that may occur during the study, a total of 240 patients and a group of 60 nurses were included. The study was made up of patients discharged following a hospital stay with a minimum of 2 days. During this period, over the course of at least one year, they received healthcare from nurses working in the above-mentioned clinics.

## Data Collection Tools

The study data was collected using the patient information form/individualized care scale-B patient and nurse information form/individualized care scale-B nurse.

### Patient Information Form

The patient information form consists of 18 questions: Six questions investigating socio-demographic characteristics and 12 investigating the nature of the disease.

### Nurse Information Form

Nurse information form comprises 16 questions: Five questions investigating socio-demographic characteristics and 11 investigating the characteristics of the clinic where the nurses are employed.

### Individualized Care Scale-B Patient

The individualized Care Scale Patient (ICS patient) was developed by Suhonen et al. (13), which aimed to evaluate the patient perception of individualized care and has since been revised to reduce the number of items included in the form.

The 17-item scale comprises 3 subdimensions; clinical condition, personal life status, and control over decision-making. This scale, which can be completely filled out within 15 minutes, is administered to adult patients who have been discharged following their hospital stays during which they received inpatient. The scale is filled out by individual patients on the date when they have been discharged. The scale was adapted to Turkish society by Acaroglu et al. (14). The scale is divided into two parts, one that evaluates the level of patient awareness about the nursing actions intended to support their individuality during their hospital stay (ICS-A) and the second part that evaluates the patient perceptions of their individuality in the care provided (ICS-B) (15). The minimum and maximum scores that can be achieved in each part of ICS and its subdimensions are 1.0 and 5.0, respectively. The higher the score, the higher the level of patient awareness about the nursing actions intended to support patient individuality during their hospital stay (ICS-A), and higher the level of their perception

and experience of individuality in the care provided to them (ICS-B) (13). This study, part ICS-B of the scale was used. Cronbach alpha was found to be 0.94 in this study.

### Individualized Care Scale-B Nurse

Individualized Care Scale Nurse (ICS nurse) was developed by Suhonen et al. (16) to evaluate the perspectives of nurses about individualized care in health care settings. It is divided into two parts, the first evaluates nurse perception of supporting individuality of patients in care practices (ICS-A nurse) and the second evaluates their perception of personalizing patient care (ICS-B nurse) (15). Turkish validity and reliability, Şendir et al. (17) made by. This 17-item scale comprises of 3 subdimensions, clinical condition, personal life status, and control over decision making. The minimum and maximum scores that can be achieved in each part and the subdimension of the ICS nurse version are 1.0 and 5.0, respectively. The higher the scores, the greater the level of the nurse perception of supporting individuality of patients (ICS-A nurse) and personalising the care they give to the patients (ICS-B nurse) during their nursing actions in general (13,18). When applying the scale, the nurses were asked to consider the nursing care that they provided for the conscious patients during their latest shift. This study part ICS-B of the scale was used. Cronbach alpha was found to be 0.96 in this study.

### Statistical Analysis

The study data were collected through one-to-one interviews with the consent of nurses and patients who volunteered to participate in the study. The SPSS 25 package program was used to analyse and assess the data. Descriptive characteristics of the patients and the nurses and scale scores numbers are presented as percentages, mean, and standard deviation (SD). The Kolmogorov-Smirnov test and skewness and kurtosis values were used to determine whether the numerical data were normally distribution. T-test and One-Way Analysis of Variance were used to assess the normally distributed data, whereas Kruskal-Wallis and Mann-Whitney U tests were used to assess the non-normally distributed data. Multiple regression analysis was used to determine the factors affecting ICS-B-patient and ICS-B-nurses. P-values of <0.05 were considered statistically significant.

### Ethical Suitability

Before starting the study, ethics committee approval was obtained from the University Hospital Ethics Committee for Non-Pharmaceutical and Non-Medical Device Research (29.06.2018, 2018/1444). Institutional permission from the hospital where the study was conducted, verbal approval and written consent from the participants, and the necessary permissions to be able to use the scales were obtained from the group who developed them and from those who adapted the Turkish versions of the scales.

### Results

Among the patients included in the present study, 43.3% were between the ages of 40 and 64 years, 65% were female patients, 58.8% were graduates of primary school, 65.8% were not employed, 81.3% married. Overall, 79.2% of these patients had a hospital stay of 2-7 days, whereas 90.4% were provided with one-to-one care by nurses at the time of their hospitalisation. While 88.3% of the patients found the nursing care sufficient, 92.5% affected by the disease, 98.7% believed that one-to-one care given by nurses was important. Average score given to nursing care  $\bar{X} \pm SD$  7.77 $\pm$ 1.92 (range: 1-10).

Among the nurses included in the present study, 58.3% were between the ages of 20 and 29 years, 66.7% were women, 55% had an undergraduate degree, 56.7% were single, and 65% chose this profession voluntarily. Overall, 48.3% of these nurses had been working at these wards of the hospital for the last 1-5 years. While 68.3% of the nurses worked 40 hours per week, 73.3% worked both during day and night shifts, 96.7% provided one-to-one care to the patients at the time of their hospitalisation, and 76.7% found the nursing care inadequate. When enquired about the reasons for the poor quality of the nursing care, 73.3% of the nurses stated that the number of patients who are taken care of daily was high. Average score given to nursing care  $\bar{X} \pm SD$  6.32 $\pm$ 2.16 (range: 1-10).

The mean ICS-B scores of the patients aged >65 years who were not employed and were affected by a disease, indicated importance to receiving one-to-one care from nurses and found the nursing care satisfactory, were significantly high, whereas the mean ICS-B score of the patients who had a university degree was relatively lower ( $p < 0.05$ , Table 1).

The working style of the nurses, the ICS-B total score, and the mean scores for the subdimension of control over decision-making were significantly different among the nurses ( $p < 0.05$ , Table 2). Whether one considers the nursing care provided by the nurses satisfactory as well as the ICS-B total score, and the mean scores for the subdimensions of clinical condition and control over decision-making, were significantly different among them ( $p < 0.05$ , Table 2).

When the mean points that the patients and nurses scored in the ICS-B were compared, the ICS-B total score ( $p = 0.000$ ) and the mean scores for the subdimensions of clinical condition ( $p = 0.001$ ), personal life status ( $p = 0.000$ ), and control over decision-making ( $p = 0.000$ ) were significantly different ( $p < 0.05$ , Table 3). The mean ICS-B score of the patients (4.35 $\pm$ 0.67) was higher than the mean ICS-B score of the nurses (3.88 $\pm$ 0.90; Table 3).

### Factors Affecting ICS-B Patient Scale

Multiple regression analysis with the enter method was performed to investigate the effects of age, education,

**Table 1.**  
**ICS-B Scale Score Distribution According to Socio-demographic and Disease Characteristics of Patients**

Characteristics	ICS-B patient							
	ICS-B-total		Clinical situation		Personal life situation		Decisional control	
	$\bar{X} \pm SD$	Test and p-value	$\bar{X} \pm SD$	Test and p-value	$\bar{X} \pm SD$	Test and p-value	$\bar{X} \pm SD$	Test and p-value
<b>Age</b>								
18-39	4.27±0.59	F=2.000 p=0.138	4.29±0.68	F=1.225 p=0.296	0.88±0.81	F=7.307 <b>p=0.001</b>	4.51±0.58	F=0.249 p=0.780
40-64	4.35±0.71		4.30±0.85		4.10±0.87		4.57±0.64	
65≥	4.51±0.70		4.49±0.73		4.45±0.81		4.57±0.71	
<b>Gender</b>								
Female	4.35±0.71	t=-0.005 p=0.996	4.36±0.78	t=0.663 p=0.508	4.08±0.89	t=-0.308 p=0.758	4.53±0.69	t=-0.675 p=0.501
Male	4.35±0.60		4.29±0.75		4.12±0.80		4.58±0.51	
<b>Education</b>								
Primary school	4.43±0.67	F=5.926 <b>p=0.003</b>	4.41±0.76	F=3.353 <b>p=0.037</b>	4.20±0.89	F=7.661 <b>p=0.001</b>	4.60±0.62	F=4.913 <b>p=0.008</b>
High school	4.44±0.48		4.38±0.68		4.23±0.65		4.66±0.38	
University	4.09±0.72		4.10±0.82		3.71±0.83		4.32±0.75	
<b>Working status</b>								
Working	4.17±0.71	t=-3.054 <b>p=0.003</b>	4.16±0.84	t=-2.527 <b>p=0.012</b>	3.84±0.82	t=-3.330 <b>p=0.001</b>	4.40±0.71	t=-2.528 <b>p=0.012</b>
Not working	4.45±0.63		4.42±0.72		4.22±0.86		4.62±0.58	
<b>Marital status</b>								
Married	4.33±0.66	t=-1.118 p=0.265	4.31±0.78	t=-0.948 p=0.344	4.06±0.84	t=-1.364 p=0.174	4.53±0.63	t=-0.769 p=0.443
Single	4.45±0.70		4.43±0.73		4.25±0.92		4.61±0.63	
<b>Nursing care sufficient</b>								
Enough	4.43±0.61	Z=-4.781 <b>p=0.000</b>	4.42±0.71	Z=-4.127 <b>p=0.000</b>	4.19±0.79	Z=-4.025 <b>p=0.000</b>	4.61±0.59	Z=-4.192 <b>p=0.000</b>
Not enough	3.76±0.77		3.71±0.93		3.39±1.07		4.05±0.75	
<b>It is important that nurses take care of one to one</b>								
Important	4.41±0.58	Z=-2.640 <b>p=0.008</b>	4.41±0.65	Z=-3.052 p=0.002	4.15±0.78	Z=-1.990 p=0.047	4.59±0.58	Z=-1.512 p=0.131
Not important	3.78±1.07		3.58±1.24		3.55±1.31		4.17±0.93	
<b>Affected by the disease</b>								
Yes	4.38±0.66	Z=-2.546 <b>p=0.011</b>	4.37±0.75	Z=-2.711 p=0.007	4.12±0.86	Z=-2.017 <b>p=0.044</b>	4.56±0.62	Z=-1.166 p=0.244
No	4.02±0.68		3.90±0.82		3.78±0.78		4.32±0.76	

F=One-Way Analysis of Variance, t=t-test, Z=Mann-Whitney U, SD=standard deviation, ICS=individualized care scale patient

working status, nursing care sufficient, it is important that nurses take care of one to one, and affected by the disease on the ICS-B scale. For multiple regression analysis, categorical data were transformed into a dummy variable and the ICS-B scale total score was included in the analysis as a continuous variable. It was determined that the variables examined in the multiple regression analysis with the Enter method performed were important determinants of the scale scores ( $p \leq 0.05$ ). It was determined that the independent variable that had an effect on ICS-B was the nursing care sufficient and it was found to be a 15% determinant on the total score of the scale ( $R^2=0.158$ ,  $F=7.215$ ,  $p \leq 0.001$ ). It was found that age, education, working status, it is important that nurses take care of one to one, and affected by the disease did not affect the total score of the scale ( $p > 0.05$ , Table 4).

#### Factors Affecting ICS-B Nurse Scale

Multiple regression analysis with the enter method was performed to investigate the effects of nurses' age, education, type of work, and nursing care sufficient on the ICS-B-nurse scale. For multiple regression analysis, categorical data were transformed into a dummy variable and the ICS-B-nurse scale total score was included in the analysis as a continuous variable. It was determined that the variables examined in the multiple regression analysis with the enter method performed were important determinants of the scale scores ( $p \leq 0.05$ ). It was determined that the independent variable that had an effect on ICS-B-nurse was the type of work and it was found to be a 18% determinant on the total score of the scale ( $R^2=0.188$ ,  $F=3.174$ ,  $p \leq 0.05$ ). It was found that age, education, and nursing care sufficient did not affect the total score of the scale ( $p > 0.05$ , Table 5).

**Discussion**

The mean total ICS-B score of the patients was 4.35±0.67 in the present study (Table 3). Considering that a maximum item score of 5.0 can be obtained in ICS-B, it was concluded

that the patient level of perceptions of individualized care is high. Studies similar to the present study have reported that the perception of orthopaedic surgery patients (4.26±0.07) (19) and radiation oncology patients (4.44±0.74) (12) had high perceptions of individualized care. The reason why the

**Table 2.**  
**ICS-B-Nurse Score Distribution According to the Working Characteristics of Nurses**

Clinical characteristics	ICS-B nurse							
	ICS-B-total		Clinical situation		Personal life situation		Decisional control	
	$\bar{X} \pm SD$	Test and p-value	$\bar{X} \pm SD$	Test and p-value	$\bar{X} \pm SD$	Test and p-value	$\bar{X} \pm SD$	Test and p-value
<b>Age</b>								
20-29	4.02±0.78		4.07±0.80		3.82±0.85		4.09±0.85	
30-39	3.57±0.94	KW=4.018	3.71±1.11	KW=1.717	3.26±0.69	KW=5.900	3.61±1.07	KW=3.500
40≥	3.88±1.23	p=0.134	3.96±1.19	p=0.424	3.68±1.25	p=0.052	3.91±1.35	p=0.174
<b>Education</b>								
High school	3.63±1.30		3.74±1.35		3.45±1.21		3.61±1.40	
University	3.91±0.66	KW=2.605	3.99±0.73	KW=1.179	3.67±0.71	KW=1.768	3.99±0.74	KW=2.938
Graduate/doctorate	4.30±0.41	p=0.272	4.32±0.43	p=0.555	4.03±0.65	p=0.413	4.46±0.43	p=0.230
<b>Years in nursing</b>								
1-5	4.06±0.67		4.09±0.71		3.86±0.75		4.15±0.75	
6-10	3.86±0.65		4.03±0.76		3.56±0.70		3.85±0.63	
11-15	3.16±1.39	KW=5.801	3.25±1.48	KW=3.790	3.00±1.16	KW=5.636	3.17±1.54	KW=6.051
16≥	4.21±0.55	p=0.122	4.34±0.53	P=0.285	3.88±0.79	p=0.131	4.30±0.64	p=0.109
<b>Weekly working hours</b>								
40 hour	3.86±0.85	Z=-0.573	3.95±0.94	Z=-0.080	3.61±0.81	Z=-1,064	3.91±0.96	Z=-0.662
40>	3.92±1.03	p=0.567	3.97±1.01	p=0.936	3.72±1.08	p=0.287	3.99±1.10	p=0.508
<b>Type of work</b>								
Day	4.29±0.44	Z=-2.142	4.32±0.44	Z=-1.478	3.98±0.65	Z=-1.725	4.47±0.50	Z=-2.693
Day and night	3.72±0.98	<b>p=0.032</b>	3.82±1.05	p=0.139	3.52±0.94	p=0.085	3.74±1.06	<b>p=0.007</b>
<b>One-to-one care with patients</b>								
Yes	3.92±0.84	Z=-1.464	4.01±0.90	Z=-1.883	3.69±0.85	Z=-1.119	3.98±0.93	Z=-1.343
No	2.50±1.87	p=0.143	2.50±1.72	p=0.055	2.50±1.77	p=0.307	2.50±2.12	p=0.206
<b>Nursing care sufficient</b>								
Enough	4.17±1.10	Z=-2.546	4.21±1.26	Z=-2.766	3.91±1.07	Z=-1.337	4.30±1.11	Z=-2.675
Not enough	3.79±0.83	<b>p=0.011</b>	3.88±0.84	<b>p=0.006</b>	3.57±0.83	p=0.181	3.82±0.94	<b>p=0.007</b>

Z=Mann-Whitney U, KW=Kruskal-Wallis, SD=standard deviation, ICS=individualized care scale patient

**Table 3.**  
**Comparison of ICS-B Scale Score Averages of Patients-nurses and Cronbach Alpha Value**

ICS-B subscales				ICS-B
Groups	Clinical situation	Personal life situation	Decisional control	ICS-B total score
<b>Patient (n=240) <math>\bar{X} \pm SD</math></b>	4.33±0.77	4.09±0.86	4.55±0.63	4.35±0.67
<b>Nurse (n=60) <math>\bar{X} \pm SD</math></b>	3.96±0.95	3.65±0.89	3.93±0.99	3.87±0.90
<b>t-value</b>	3.232	3.573	5.911	4.580
<b>p-value</b>	<b>0.001</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Patient <math>\alpha</math></b>	0.92	0.83	0.86	0.94
<b>Nurse <math>\alpha</math></b>	0.93	0.78	0.93	0.96

SD=standard deviation, ICS=individualized care scale patient



patients included in the present study had high perceptions of care can be explained by their lower educational level and therefore less expectation from healthcare services.

The perception of care among the patients aged  $\geq 65$  years was found to be significantly higher compared to those in the older age group ( $p < 0.05$ , Table 1). A similar study has revealed that patients in the older age group had higher perceptions of care (20). It can be suggested that older patients had an increased perception of individualized care because they needed more assistance to perform their daily activities. It was found that the higher the educational background of the patients, the lower their perception of individualized care ( $p < 0.05$ , Table 1). Similar studies have also suggested that patients with lower educational backgrounds have higher perceptions of individualized care (3,19,21), indicating that the patients with higher educational backgrounds have higher awareness and therefore, decreased perception of care. It was also determined that unemployed patients had higher perceptions of individualized care ( $p < 0.05$ , Table 1). Similarly, Köberich and Feuchtinger (21) concluded that unemployed patients had significantly higher mean total ICS-B scores and mean scores for subdimensions. Although Şişe (22) have reported no statistically significant difference, it was found that unemployed patients had higher perceptions of nursing care than employed patients.

The difference in our study may be associated with lower educational backgrounds of the patients. Here, the patients who thought that the nursing care provided was satisfactory, had higher perceptions of individualized care ( $p < 0.05$ , Table 1). Similar to the present studies, it is stated that the quality of nursing care is related to the patient perception of care (19,23,24). The study results can be interpreted as follows: the patient perception of individualized care increase as their level of satisfaction in terms of nursing care increase.

The mean total ICS-B score of the nurses was  $3.87 \pm 0.90$  in our study (Table 3). Considering that the maximum item score that can be obtained in ICS-B is 5.0, it was concluded that nurse perception of individualized care is high but lower than that of the patients. Rose (12), and Karayurt et al. (6) reported that the mean total ICS-B score of the nurses was  $4.57 \pm 0.33$  and  $3.93 \pm 0.77$ , wherein the nurses were questioned about the care they provided and their opinions were investigated. In our study, the nurses who participated had a lower perception of individualized care. This difference may be associated with the fact that the nurses included in the present study had less experience in the profession.

The nurses who worked in day shift were determined to have a higher perception of care ( $p < 0.05$ , Table 2). Similarly [Suhonen et al. (9)], concluded that the working style of

**Table 4.**  
**Determiners of ICS-B-Patient Scale (multiple regression analysis-enter model)**

Variables	ICS-B-patient scale total score				
	$\beta \pm SD$	t	p	Collinearity	
				Tolerance	VIF
Age (65 $\geq$ )	2.839 $\pm$ 1.763	1.610	0.109	0.928	1.077
Education (high school)	1.822 $\pm$ 1.828	0.996	0.320	0.954	1.049
Working status (not working)	2.508 $\pm$ 1.537	1.631	0.104	0.891	1.123
Nursing care sufficient (enough)	11.711 $\pm$ 2.305	5.082	0.000	0.944	1.059
It is important that nurses take care of one to one (important)	-7.976 $\pm$ 6.281	-1.270	0.205	0.960	1.042
Affected by the disease (yes)	3.251 $\pm$ 2.691	1.208	0.228	0.931	1.074
<b>R=0.398</b>	<b>R<sup>2</sup>:0.158 Adjusted R<sup>2</sup>:0.136</b>			<b>F: 7.215 p=0.000</b>	

*SD=standard deviation, ICS=individualized care scale patient*

**Table 5.**  
**Determiners of ICS-B-Nurse Scale (multiple regression analysis-enter model)**

Variables	ICS-B-nurse scale total score				
	$\beta \pm SD$	t	p	Collinearity	
				Tolerance	VIF
Age (20-29)	8.541 $\pm$ 3.910	2.185	0.033	0.920	1.087
Education (graduate/doctorate)	2.197 $\pm$ 5.833	0.377	0.708	0.869	1.150
Type of work (day)	11.454 $\pm$ 4.595	2.493	0.016	0.828	1.208
Nursing care sufficient (enough)	6.197 $\pm$ 4.412	1.405	0.166	0.982	1.019
<b>R=:0.433</b>	<b>R<sup>2</sup>:0.188 Adjusted R<sup>2</sup>: 0.128</b>			<b>F: 3.174 p=0.020</b>	

*SD=standard deviation, ICS=individualized care scale patient*

nurses affects the perception of individualized care. The fact that the nurses working in day shift had higher scores in the subdimension of control over decision-making can be associated with the lower number of patients per nurse during day shift.

The present study found that the patients had higher perceptions of care than the nurses (Table 3). The studies investigating this issue similarly revealed differences between the perceptions of care of patients and nurses (25,26). In Turkish society, it is widely acknowledged that the role and responsibility of the nurse is to administer medication and to measure vital signs. Patients think that self-sufficient individualized care is provided by nurses performing these two types of healthcare practice. Nonetheless, due to the large number of patients they care for, nurses cannot give adequate individualized care to each patient by allocating the desired time. For this reason, we think that patients' perception of care is at a high level while nurses' perception of care is low. Taken together, it can be suggested that both the nurse and patient perception of care should be evaluated to ensure enhanced quality of care.

#### Strengths of the Study

The study reveals the care perceptions of patients and nurses regarding individualized care and the factors that may affect it. It is thought that considering the factors affecting the individualized care perceptions of patients and nurses in the development of care services will contribute to the professional development of nursing. In addition, it is recommended to re-study the study in different patient and nurse groups.

#### Study Limitations

This study could be improved with more patients and nurses to help identify possible confounding variables.

#### Conclusions

In conclusion, the present study demonstrated that the patients had higher perceptions of individualized care than the nurses. It was also concluded that the level of perception of care was affected by the educational background and employment status of patients as well as whether a patient found the nursing care satisfactory. The perception of care was also affected by the working style of nurses and whether a nurse found the nursing care satisfactory or not. In line with these results, it is thought that providing care by paying attention to the factors affecting care will contribute to the development of care services.

**Ethics Committee Approval:** Before starting the study, ethics committee approval was obtained from the University Hospital Ethics Committee for Non-Pharmaceutical and Non-Medical Device Research (29.06.2018, 2018/1444).

**Informed Consent:** The participants verbal approval and written consent was taken.

**Peer-review:** Externally peer-reviewed.

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