Clinical and Experimental Health Sciences

Perceived Individualized Care and the Satisfaction Levels of Patients Hospitalized in Internal Medicine Departments: A Cross-Sectional and Correlational Survey

Hulya Firat Kilic[1], Serpil Su[2], Nur Demet Gok[1]

[1] Eastern Mediterranean University, Faculty of Health Sciences, Department of Nursing, Famagusta, North Cyprus.
[2] Necmettin Erbakan University, Faculty of Nursing, Konya, Türkiye.

Correspondence Author: Hulya Firat Kilic
E-mail: hulyafirat81@gmail.com
Received: 09.08.2021 **Accepted:** 22.02.2022

ABSTRACT

Objective: Individualized nursing care, which indicates the belief on the uniqueness and worthiness of human beings, improves the quality of healthcare and contributes to patient satisfaction. The aim of this study is to determine the relationship between the perceived individualized care and the level of satisfaction with nursing care for patients hospitalized in internal medicine departments.

Methods: This study was carried on 250 patients hospitalized in internal medicine department of a university hospital in Turkey between December 2019 and February 2020. Patient information form, individualized care scale and the Newcastle satisfaction with nursing scale were used for data collection. Mann-Whitney U, Kruskal-Wallis H and Spearman's rho correlation test were used for data analysis.

Results: Participants believed that the nursing interventions supported their individuality and had positive perceptions about the individuality in their own care. They were highly satisfied with the nursing interventions. Besides there was a positive correlation between the scores obtained from the individualized care scale and Newcastle satisfaction with nursing scale. Finally, age and education levels of the patients had a positive impact on perceived individualized care and the level of satisfaction with nursing care.

Conclusion: The findings suggest that individuality of each patient should be prioritized during the nursing interventions in order to increase patient satisfaction and improve the quality of nursing care.

Keywords: Individualized care, patient satisfaction, nursing care, nursing

1. INTRODUCTION

Nursing is a scientific discipline primarily related with the healthcare provided to patients (1). Healthcare is closely associated with the discipline of nursing and the primary responsibility of all nurses around the world (2,3). The aim of healthcare is to meet patient needs in an individualized way while protecting personal integrity (4,5). Patient-centered healthcare plans nursing interventions after determining the unique needs of each patient (6,7). Focusing on the patients during the process of caregiving is the most important element of individualized nursing care, which emphasized on the uniqueness and worthiness of all patients and improves the quality of care (8, 9).

The concept of individualized nursing care includes the elements of focusing on care needs by supporting the autonomy of the patients and providing healthcare in a holistic and cooperative way (3). While providing individualized care, nurses should take patient satisfaction into consideration. Patient satisfaction, which is closely related with the quality of healthcare services, is a multidimensional concept that occurs during the interaction with nurses and as a consequence of the adequacy of nursing services (10). Reflecting the balance between the expected and received quality of care, patient satisfaction is considered as an important indicator to evaluate the quality of healthcare (10,11).

Individualize care and patient satisfaction, which are widely used in the field of nursing, are considered as the indicators of actual healthcare received by the patients (12). Nurses, who adopt an individualized care and satisfaction approach, take the experiences, behaviors, opinions and the perceptions of patients into account, are aware of the uniqueness of each patient and plan nursing interventions together with the patients. In this way, they can quickly identify the situation of the patients and realize their health problems. (13,14).

Existing studies in the literature have reported that the care needs are higher for the patients hospitalized in internal medicine departments (15). Compared to other

DOI: 10.33808/clinexphealthsci.980790

patients, the need of dependent patients for nursing care, and consequently the nurses, are higher. This situation may increase patient expectations from the nurses and influence their perceptions about nursing care (16). Internal medicine clinics provide healthcare services to the patients, who are mostly aging and dependent, have chronic diseases, and require long-term hospital stay. Patient-nurse interaction among the internal medicine patients is higher since most of these patients have a longer hospital stay due to chronic diseases. An efficient interaction between these patients and the health professionals is required to improve the quality of care and manage their diseases. Consideration of these factors indicate the importance of individualized care and the level of satisfaction with nursing care for patients hospitalized in internal medicine departments (17,18).

Academic interest on the issues of individualized care and patient satisfaction has gradually increased in recent years. The study of Karayurt et al. (2018) reported that the participant nurses were aware of the importance of individualized care but faced with difficulties due to problems, such as the inadequate number of health professionals, lack of cooperation, communication problems and insufficient education (19). Kayrakçı and Özşaker (2014) found that the satisfaction of surgical patients with nursing care was moderate but could be improved (10). Altınbaş and İster (2020) noted a relationship between professional satisfaction and the attitudes of nurses towards the nursing care and stated that the nurses, who were satisfied with their profession, had better attitudes towards their roles as caregivers (3).

Recent studies noted that individualized care and satisfaction level should be evaluated from the perspective of the patients (19). Given the fact that the individualized care is directly related with the satisfaction of the patients with nursing care, it is highly important to reveal the relationship between individualized care and patient satisfaction with nursing care. Determining the level of patient satisfaction with nursing care may empower the communication between the patients and nurses, maintain the involvement of patients in their care, and help the nurses to evaluate the quality of care so that the points to be improved may be determined (20). Within this context, this study aims to determine the relationship between the patient perceptions about individualized care and their satisfaction with the nursing care.

2. METHODS

2.1. Research Design

This study had a descriptive, cross-sectional and correlational design.

2.2. Population and Sampling

The population of the study comprised patients, who received treatment at the departments of internal disease, neurology, chest diseases, nephrology, endocrinology and gastrology of a university hospital in Turkey between December 2019 and February 2020. Sample of the study comprised 250 patients over the age of 18 years, who could communicate, read and write in Turkish, had been in hospital for at least five days and agreed to participate. Patients with a psychiatric history or unconscious patients were excluded.

2.3. Data Collection Tools

Patient information form, Individualized Care Scale and the Newcastle Satisfaction with Nursing Scale were used for data collection. After obtaining permission, we asked the participants, who were decided to be discharged, to complete the data collection forms. Data collection process took approximately 25 minutes.

Patient Information Form

This form was prepared by the researchers by using the relevant literature. The patient information form included questions on the socio-demographic characteristics of the patients, such as age, gender, marital status, educational level, place of residence, smoking, alcohol consumption and duration of hospitalization.

Individualized Care Scale (ICS)

ICS, which was developed by Suhonen et al. (2005) to evaluate the perceptions of patients about individualized care, was adapted into Turkish by Acaroğlu et al. (21,22). The scale had two subscales, which measured patients' views on how individuality was supported through specific nursing interventions (ICA) and how they perceived individuality in their own care (ICB). Each subscale had 17 items and three dimensions, namely, clinical situation (7 items), personal life situation (4 items) and decisional control over care (6 items). Cronbach's alpha of the ICA and ICB were 0.92 and 0.93, respectively. Cronbach's alpha of the ICA and ICB in our study were also 0.92 and 0.93, respectively. We obtained the permission to use the scale via e-mail.

Newcastle Satisfaction with Nursing Scale (NSNS)

NSNS was originally developed by Thomas et al. (1996) in order to measure the satisfaction of the English patients with the nursing care (23). Validity and reliability of the Turkish version of NSNS was tested by Uzun (2003) on 280 patients in Turkey (24). The NSNS had 19 items, which were scored on a 5-point Likert scale (1=not at all satisfied, 2=barely satisfied, 3=quite satisfied, 4=very satisfied, 5=completely satisfied). Total score obtained from the items was summed and transformed to yield an overall satisfaction score of 0-100, with higher scores indicating higher level of satisfaction. Cronbach's alpha of the original scale and our study were 0.94 and 0.974, respectively. We obtained permission to use the scale via e-mail.

2.4. Data Analysis

Collected data were analyzed with SPSS v. 24.00 statistical software. Frequency analysis was performed to analyze sociodemographic characteristics of the patients and descriptive statistics were used to analyze the scores obtained from the ICA, ICB and the NSNS. Kolmogorov-Smirnov test was used to examine the normal distribution of data and Mann-Whitney U test and Kruskal-Wallis H test were used for those data that did not follow a normal distribution. Correlation between the ICA. ICB and the NSNS was analyzed with Spearman's rho test. Statistical significance was set at $p < 0.05$.

2.5. Limitations

There were two limitations of this study. Firstly, it was conducted at a single hospital and only the internal medicine units. Secondly, data collection process was terminated due to the COVID-19 pandemic.

2.6. Ethical considerations

We obtained permission from the Drug and Non-medical Device Research Ethics Committee of Meram Faculty of Medicine at Necmettin Erbakan University (No: 2019/2174).

3. RESULTS

Mean age of the participants was 54.12±18.21 years, 44.4% of the participants were at 61 years and above, 55.2% were male, 84% were married and 60.8% were graduates of primary school. 94% of the participants did not live alone, 60.8% lived at provincial centers. Duration of hospital stay was 5-7 days for 42.8% of the participants (Table 1).

Mean scores obtained from the clinical situation, personal life situation and decisional control over care dimensions of the ICA were 4.57±0.83, 3.87±1.23 and 4.38±0.92, respectively. On the other hand, mean scores obtained from the clinical situation, personal life situation and decisional control over care dimensions of the ICB were 4.62±0.83, 4.21±1.09 and 4.73±0.62 respectively. Mean NSNS score was 94.86±11.38 (Table 2).

Table 3 compared the mean scores obtained from the NSNS and the dimensions of the ICA and the ICB according to descriptive characteristics. Although the difference between the age groups and the scores obtained from the clinical situation and personal life situation dimensions of the ICA was not significant ($p>0.05$), the difference between age and the decisional control over care dimension of the ICA was statistically significant ($p<0.05$). Mean ICA-decisional control over care scores of the participants aged 40 years and below were significantly lower than older participants. Besides, the difference between age groups and the mean scores obtained from the clinical situation and personal life situation dimensions of the ICB was statistically significant ($p<0.05$). That is, mean scores obtained by the participants aged 40 years and below from the clinical situation and personal life situation dimensions of the ICB were significantly lower than older patients. However, there was no statistically significant difference between age groups and mean ICB-decisional control over care scores ($p>0.05$). The difference between age groups and the NSNS scores was also statistically significant with patients aged 61 years and above obtained higher scores from the NSNS ($p<0.05$) (Table 3).

Table 1. *Descriptive characteristics*

	Number (n)	Percentage (%)
Age ($\bar{x}$ =54.12±18.21)		
40 and below	62	24.80
41-60	77	30.80
61 and above	111	44.40
Gender		
Female	112	44.80
Male	138	55.20
Marital status		
Married	210	84.00
Single	40	16.00
Educational level		
Literate	30	12.00
Primary school	152	60.80
High school	33	13.20
University	35	14.00
Lives alone		
No	15	6.00
Yes	235	94.00
Lives in		
Provincial center	152	60.80
Central district	56	22.40
Village/town	42	16.80
Smoking		
Yes	29	11.60
No	221	88.40
Alcohol consumption		
Yes	6	2.40
No	244	97.60
Duration of hospitalization		
5 – 7 days	107	42.80
8-10 days	89	35.60
11 days and above	54	21.60

Table 2. *Scores obtained from ICA, ICB and NSNS*

	n	$\bar{x}$	s	Min	Max
ICA-Clinical situation	250	4.57	0.83	1	5
ICA-Personal life situation	250	3.87	1.23	1	5
ICA-Decisional control over care	250	4.38	0.92	1	5
ICB-Clinical situation	250	4.62	0.83	1	5
ICB-Personal life situation	250	4.21	1.09	1	5
ICB-Decisional control over care	250	4.73	0.62	1	5
NSNS	250	94.86	11.38	35	100

We found a statistically significant difference between education level and the mean scores obtained from the

clinical situation, personal life situation and the decisional control over care dimensions of both the ICA and the ICB (p<0.05). Mean scores obtained by the literate participants and the graduates of primary school from the clinical situation and the decisional control over care dimensions of the ICA and the ICB were significantly lower than the graduates of high school and university. Besides, mean scores obtained by the literate participants from the personal life situation dimensions of the ICA were significantly lower than the graduates of primary school (Table 3). On the other hand, we also found a statistically significant difference between the level of education and the mean scores obtained from the NSNS (p<0.05). Mean NSNS scores of the graduates of primary school were significantly higher than the graduates of university (Table 3).

Table 3. *Comparison of the ICA, ICB and the NSNS scores according to the descriptive characteristic*

Characteristics	ICA-Clinical situation	ICA-Personal life situation	ICA-Decisional control over care	ICB-Clinical situation	ICB-Personal life situation	ICB-Decisional control over care	NSNS
Age							
40 and below	4.32± 1.05	3.50 ±1.43	4.04 ±1.12	4.35±1.04	3.74± 1.34	4.54 ±0.84	91.76±14.12
41-60	4.57± 0.84	3.92 ±1.19	4.44 ±0.89	4.67 ±0.80	4.38± 0.96	4.73± 0.63	93.87±12.21
61 and above	4.70 ±0.65	4.05± 1.11	4.54 ±0.77	4.73 ±0.70	4.35± 0.95	4.83 ±0.43	97.27± 8.23
Statistical Analysis	p=.084	p=.066	p =.001*	p =.013*	p =.007*	p =.102	p =.010*
Gender							
Female	4.53±0.86	3.73 ±1.27	4.33 ±0.95	4.61 ±0.82	4.09 ±1.19	4.72 ±0.65	94.53±11.97
Male	4.60 ±0.82	3.99 ±1.20	4.43± 0.90	4.62 ±0.85	4.30 ±1.00	4.74 ±0.61	95.12±10.92
Statistical Analysis	p=.309	p=.075	p=.086	p=.324	p=.140	p=.660	p=.334
Marital status							
Married	4.60 ±0.81	3.86 ±1.22	4.41 ±0.90	4.64 ±0.83	4.23 ±1.08	4.74± 0.61	95.26±11.22
Single	4.39 ±0.91	3.95± 1.33	4.25 ±1.05	4.51± 0.88	4.11 ±1.16	4.70 ±0.69	92.75±12.12
Statistical Analysis	p=.084	p=.451	p=.318	p=.125	p=.347	p=.461	p=.127
Education							
Literate	4.29 ±0.87	3.48 ±1.33	4.19±1.00	4.39±0.93	3.89 ±1.22	4.72± 0.61	93.33±13.10
Primary school	4.22± 1.19	3.51 ±1.37	3.94±1.12	4,26± 1,16	3.79±1.24	4.41±0.96	95.85±10.09
High school	4.75± 0.62	3.77±1.30	4.40±1.03	4.77± 0.61	4.08± 1.24	4.82±0.40	95.15±10.95
University	4.66± 0.73	4.06± 1.14	4.52±0.80	4.71 ±0.74	4.40± 0.95	4.79±0.55	91.57±14.83
Statistical Analysis	p=.001*	p=.042*	p=.001*	p=.003*	p=.003*	p=.071	p=.048*
Lives alone							
Yes	4.24 ±1.01	3.97±1.30	4.40±0.83	4.55±0.80	4.20±1.15	4.66±0.69	93.93±12.75
No	4.59±0,82	3.87±1.23	4.38 ±0.93	4.62±0.84	4.21±1.09	4.73±0.62	94.91±11.32
Statistical Analysis	p=.107	p=.748	p=.887	p=.296	p=.851	p=.789	p=.886
Lives in							
Provincial center	4.55 ±0.82	3.69±1.29	4.31±0.94	4.59±0.86	4.12 ±1.12	4.72±0.59	94.04±12.56
Central district	4.63± 0.87	4.20±1.11	4.48±0.95	4.67±0.79	4.40±1.04	4.74±0.61	95.86±10.70
Village/town	4.56± 0.83	4.09±1.09	4.52±0.83	4.65±0.80	4.27±1.05	4.73±0.77	96.48±6.73
Statistical Analysis	p=.495	p=.026*	p=.086	p=.620	p=.194	p=.777	p=.733
Duration of hospital stay							
5 – 7 days	4.57 ±0.91	3.85±1.20	4.39±0.88	4.63±0.87	4.20±1.10	4.71±0.75	95.77±10.26
8-10 days	4.52± 0.81	3.81±1.25	4.33±0.98	4.59±0.78	4.21±1.10	4.72±0.56	93.57±12.90
11 days and above	4.64±0.70	4.01±1,27	4.47±0.94	4.63±0.86	4.23±1.09	4.77±0.43	95.17±10.82
Statistical Analysis	p=.471	p=.476	p=.471	p=.482	p=.952	p=.475	p=.117

**p<0,05, Mann-Whitney U, Kruskal-Wallis H*

Thirdly, there was no significant difference between the place of residence and the mean scores obtained from the clinical situation and the decisional control over care dimensions of the ICA (p>0.05). However, we found a statistically significant difference between the place of residence and the personal life situation dimension of the ICA (p<0.05). Compared to the participants, who lived in central districts, the participants living in provincial center obtained higher scores from the ICA-personal life situation dimension. On the other hand,

there was no significant difference between the place of residence and the scores obtained from the NSNS and the dimensions of the ICB (p>0.05). Finally, the difference between gender, marital status, living alone, duration of hospitalization and the mean scores obtained from the NSNS and the dimensions of the ICA and the ICB were not statistically significant (p>0.05) (Table 3).

We found a positive and statistically significant correlation between the mean scores obtained from the clinical situation, decisional control over care, and personal life situation dimensions of the ICA and the NSNS, indicating that the increase in the scores obtained from these dimensions brought an increase in NSNS scores (p<0.05). There was also a positive and statistically significant correlation between the mean scores obtained from the clinical situation, decisional control over care and personal life situation dimensions of the ICB and the NSNS, indicating that the increase in the scores obtained from these dimensions brought an increase in NSNS scores (p<0.05) (Table 4).

Table 4. *Correlation between the scores obtained from the ICA, ICB and NSNS*

		NSNS
ICA-Clinical situation	r	0.667
	p	0.000*
ICA – Personal life situation	r	0.347
	p	0.000*
ICA – Decisional control over care	r	0.455
	p	0.000*
ICB-Clinical situation	r	0.620
	p	0.000*
ICB – Personal life situation	r	0.389
	p	0.000*
ICB – Decisional control over care	r	0.591
	p	0.000*

**p<0.05,* Spearman's rho correlation test

4. DISCUSSION

Maintaining and sustaining individualized care is closely related with the participation of the patients in the decisions about his/her care, and the patient satisfaction with nursing care, which occurs during the patient-nurse interaction (21). Participants of this study obtained high scores from the clinical situation ($\bar{x}$=4.57±0.83), decisional control over care ($\bar{x}$=4.38±0.92) and personal life situation ($\bar{x}$=3.87±1.23) dimensions of the ICA, which measured the patients' views on how individuality was supported through specific nursing interventions. This finding indicated that the participants were aware of the nursing interventions supporting individuality. Similar to our findings, studies on Turkish orthopedic, internal diseases and surgical patients found that the ICA scores were relatively high (26,27). On the other hand, the study of Seyyed Rasooli et al. (2013) on Iranian patients found that the ICA scores were at moderate levels and the patients obtained the highest and lowest scores from the decisional control over care and personal situation dimensions, respectively (8). In our study, the participants were primarily concerned with their clinical situation and placed less emphasis on personal situation. In the patient-centered care, nurses should adapt a holistic approach and take individual differences into consideration. The findings of this study showed the importance of nursing interventions, which are sensitive to all aspects of the patients' lives and show this sensitivity to the patients.

The participants also obtained higher scores from the clinical situation ($\bar{x}$=4.62±0.83), personal life situation ($\bar{x}$=4.21±1.09) and decisional control over care ($\bar{x}$=4.73±0.62) dimensions of the ICB, which measured how the patients perceived individuality in their own care. The study of Rose on radiation oncology patients in Australia found that the ICB scores were high (28). Another study by Tekin on orthopedic patients in Turkey also found that the ICB scores were high (26). Patients in our study and the studies of Rose obtained the highest score from the decisional control over care dimension of the ICB (28). These findings indicated that the patients believed that they held the control during the process of nursing care and their individuality was supported by caregivers.

An important indicator to evaluate the nursing care quality is patient satisfaction (29,30). Nursing care is the primary factor that increases the quality of care (31). Mean scores obtained by the participants of our study from the NSNS was $\bar{x}$=94.86±11.38, indicating a high level of satisfaction with all dimensions of nursing care. Similarly, the study of Kersu et al. on surgical patients found that the participants were highly satisfied with the nursing care (32). The study of Yeşil et al. on intensive care patients also found high level of patient satisfaction (33). On the other hand, gynecology patients in the study of Akbaş expressed moderate levels of satisfaction with nursing care (31). Besides, 77% of the patients in the study of Olewe and Odeyemi expressed high level of satisfaction (34).

Our findings indicated that age was an important factor determining the satisfaction with nursing care. Elder participants were more satisfied with the nursing care. Cerit (2016) reported that age was not a significant factor influencing patient satisfaction with nursing care (12). The study of Yanık and Ateş (2018) on patients hospitalized in internal medicine clinics found a positive correlation between age and patient satisfaction (17). Similar to our findings, Akbaş reported that patient satisfaction increased as the age of the patients increased (31). Positive correlation between age and patient satisfaction with nursing care may be explained with reference to the tendency of older patients to avoid imposing themselves on others (12,17). Besides, older people are mostly less demanding, more tolerant and respectful towards health professionals and have more experiences with the nursing care, which, in turn, may have contributed to the positive correlation between age and patient satisfaction in our and other studies.

Decisional control over nursing interventions supporting individuality was higher for the participants aged 40 years and below. Besides, the participants aged 40 years and below obtained lower scores from the clinical situation and personal life situation dimensions of the ICB. Köberich et al. (2016) found no significant difference between age and individualized nursing care of hospitalized patients in Germany (35). Other studies reported that individualized nursing care perceptions of patients did not differ according to their age group (2,37). On the other hand, the study of Suhonen and Leino-Kilpi (2012) on orthopedic patients reported that the older patients were more positive in their evaluation of individualized care (36). Positive perceptions of individualized care among the older patients may be related to the increase in the number of chronic diseases due to aging, which, in turn, may increase the need for support to meet daily activities.

Level of education may be a factor determining patient satisfaction and the perception of individualized care (31). In our study, participants with lower level of education obtained lower scores from the clinical situation and the decisional control over care dimensions of the ICA and the ICB. Contrary to our findings, Ceylan and Eser (2016) reported that ICA and ICB scores of the patients with lower level of education were higher (38). Similarly, Köberich et al. (2016) found that individualized care perceptions of the patients with lower level of education were higher (35). Due to this reason, further qualitative studies may be conducted to evaluate the effects of education level on individualized care perceptions.

Participants, who graduated from primary school, had higher level of satisfaction with nursing care. Similarly, Yeşil et al. found that patient satisfaction was higher for the patients with lower level of education (33). On the other hand, Yanık and Ateş (2018) did not find any relationship between the levels of education and patient satisfaction (17). The study of Cerit (2015) on internal medicine and surgical patients reported that the level of education was negatively associated with patient satisfaction (12). Alasad et al. (2015) noted that education level had a significant impact on patient satisfaction and patients' expectations about the quality of care increased as their education levels increased (39). Since patients' expectations may increase parallel to the increase in their levels of knowledge, we may suggest that the participants with lower level of education had higher patient satisfaction as their expectations from the nursing care were lower.

Positive correlation between the ICA and the NSNS scores in our study indicated that the satisfaction of the participants with nursing care increased as they believed that their individuality was supported through specific nursing interventions. The study of Kersu et al. found a positive and significant correlation between the perceptions about and the patient satisfaction with the nursing care (32). The study of Tekin and Yıldız Fındık on orthopedic surgery patients in Turkey also found a positive correlation between satisfaction and the level of awareness about nursing interventions (26). On the other hand, the study of Olewe and Odeyemi at a university hospital in Nigeria reported that nurses should be sensitive to the emotions, opinions an autonomy of the patients in order to increase patient satisfaction with nursing care (34).

Existing studies noted that the respect for patients while providing nursing care had a significant impact on patient satisfaction (29). Positive and significant correlation between the ICB and NSNS scores in our study also indicated that the level of patient satisfaction increased parallel to the increase in perceived individuality in their own care. The study of Tang et al. on patients in Malesia found that the participants were least satisfied with the decisional control over care dimension of the ICB (29). Another study on Turkish intensive care patients found that the participants obtained high scores from the ICB and the NSNS (33). Higher satisfaction parallel to the perception of autonomy and individuality in nursing care was an expected finding of our study.

5. CONCLUSIONS

In conclusion, participants hospitalized in internal medicine departments perceived that the nursing interventions supported their individuality and had positive perceptions about the individuality in their own care. They were highly satisfied with the nursing interventions. Besides, patient satisfaction increased as the scores obtained from the ICA and the ICB increased. These findings revealed the importance of individualized care in increasing patient satisfaction and the quality of nursing care. Therefore, we may suggest that nurses might take the individuality of each patient into consideration while dealing with them. Besides, nursing interventions might be planned and implemented by protecting the individuality of patients and considering every aspects of their lives. Finally, further qualitative studies on the relationship between age, education level, perceived individualized care and patient satisfaction with nursing care might be carried out.

Acknowledgement: The investigators would like to thank the patients who contributed to the realization of the study.

Author contributions: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted. Hulya Firat Kilic:1,2,3; Serpil Su:1,2,3; Nur Demet Gok: 1,2,3

Conflicts of Interest : The authors declare that there is no conflict of interest

REFERENCES

[1] Temel M, Bilgiç Ş, Çelikkalp Ü. Hemşirelik öğrencilerinin meslek seçiminde etkili faktörler. Yükseköğretim ve Bilim Dergisi. 2018; 8(3): 480 – 487. (Turkish)

[2] Gül, Ş, Dinç L. Investigation of nurses' and patients' perceptions regarding nursing care. JOHUFON 2018; 5(3): 192-208.

[3] Altınbaş Y, İster DE. Nurses' attitudes towards caregiver roles and perceptions of individualized care. STED. 2020;29 (4): 246-254.

[4] Özgürsoy Uran BN, Özer S, Yıldırım Y. An example of Watson's Theory of human caring model: Case of heart failure. Turk J Card Nur. 2015; 6(11): 183-198.

[5] Bölükbaş N. Hemşirelik öğrencilerinin meslek seçimi ve etkileyen faktörler. Ordu Üniversitesi Hemşirelik Çalışmaları Dergisi. 2018; 1(1): 10-17. (Turkish)

[6] Erzincanlı S, Yüksel A. Analysis of attitudes and behaviors of nursing students towards care-focused nurse-patient interaction in terms of some variables. Journal of Anatolia Nursing and Health Sciences. 2018; 21(1): 10-17.

[7] Korkmaz M, Tuna Hİ. Yoğun bakım ünitesinde hemşire-hasta iletişimi. Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi. 2014;11(4):14. (Turkish)

[8] Seyyed Rasooli A, Zamanzadeh V, Rahmani A, & Shahbazpoor M. Patients' point of view about nurses' support of individualized nursing care in training hospitals affiliated with Tabriz University of Medical Sciences. Journal of Caring Sciences. 2013;*2*(3), 203–209.

[9] Can Ş, Acaroğlu R. Relation of professional values of the nurses with their individualized care perceptions. Florence Nightingale J Nurs 2015; 23(1): 32-40

[10] Kayrakçı F, Özşaker E. Determinatıon of the surgical patients' saticfaction levels from nursing care. Florence Nightingale J Nurs 2014; 22 (2): 105-113.

[11] Aldemir K, Gürkan A, Yılmaz TF, Karabey G. Examination of satisfaction from nursing care of inpatients in the surgical clinics. Journal of Health and Nursing Management 2018; 5(3): 155-163.

[12] Cerit B. Level of patients' satisfaction with nursing care. JOHUFON 2016; 3(1): 27–36.

[13] Ceylan B. Individualized care in nursing. Journal of Ege University Nursing Faculty 2014; 30(3): 59-67.

[14] Toru F. Hemşirelik uygulamalarının kilit noktası: bireyselleştirilmiş bakım, Adnan Menderes Üniversitesi Sağlık Bilimleri Fakültesi Dergisi 2020;4(1): 46-59 (Turkish)

[15] EA Korhan, GH Yont, Y Tokem, O Karadag, E Sarıoglu, Yildiz K. Determination of care dependency level of patients staying in medical and surgical clinics. Journal of Anatolia Nursing and Health Sciences 2013;16(4): 199-204.

[16] Çevik K, Eşer İ. Dependency levels of inpatients effect of nursing care quality's perception in neurosurgery clinic. Florence Nightingale J Nurs 2014; 22(2): 76-83.

[17] Yanık S, Ateş S. Identification of nursing care satisfaction levels and related factors of in-patients at internal medicine clinics. International Refereed Journal of Nursing Researches 2018; 14: 25-43.

[18] İncirkuş K, Nahcivan N.Ö. Kronik hastalık bakımını değerlendirme ölçeği hasta formu'nun türkçe versiyonda geçerlilik ve güvenirliği. DEUHYO ED. 2011; 4(1); 102-10 (in Turkish)

[19] Karayurt Ö, Erol Ursavaş, F, İşeri Ö. Examination of the status of nurses to provide individualized care and their opinions. Acıbadem University Health Sciences Journal 2018; 9(2):163-169.

[20] Alcan OA, Giersbergen VYM, Köze ŞB, Tanil V, Aksakal İB. The level of satisfaction of patients' from nursing services. Journal of Ege University Nursing Faculty 2015; 31(3):81 – 89.

[21] Suhonen R, Leino-Kilpi H, Välimäki M. Development and psychometric properties of the Individualized Care Scale. J Eval Clin Pract 2005;11:7–10.

[22] Acaroğlu R, Suhonen R, Şendir M, Kaya, H. Reliability and validity of Turkish version of the Individualised Care Scale. J Clin Nurs. 2010;20(1-2):136-145.

[23] Thomas LH, McColl E, Priest J, Bond S, Boys RJ. Newcastle satisfaction with nursing scales: an instrument for quality assessments of nursing care. BMJ Qual Saf 1996;*5*(2): 67-72.

[24] Uzun, Ö. Determination of the reliability and validity of the Newcastle Satisfaction with the nursing care scale's Turkish version. Türk Hemşireler Dergisi. 2003;2(54):16-24.

[25] Acaroğlu R, Şendir M. The scales for assessment of individualized care. Florence Nightingale J Nurs 2012; 20(1): 10-16.

[26] Tekin F, Yıldız Findik U. Level of perception of individualized care and satisfaction with nursing in orthopaedic surgery patients. Orthop Nurs 2015; 34(6): 371-374.

[27] Paslı Gürdoğan E, Yıldız Fındık Ü, Kara Arslan B. Patients' perception of individualized care and satisfaction with nursing care levels in Turkey. International Journal of Caring Sciences 2015; 8(2): 369-375.

[28] Rose PM. Individualized care in the radiation oncology setting from the patients' and nurses' perspectives. Cancer Nurs 2016; 39(5): 411-422.

[29] Tang WM, Soong CY, Lim CW. Patient satisfaction with nursing care: A descriptive study using interaction model of client health behavior. International Journal of Nursing Science 2013; 3(2): 51-56.

[30] Kol E, Geçkil E, Arıkan C, İlter M ,Özcan Ö, Şakırgün E, Dayan Ü,Uygun G, Kılıç D, Macit M,Uslular E, Sızlı A, Çakır N, Solak D, Kavgacı A, Sabancıoğulları S, Atay S. Examination of nursing care perception in Turkey. Acıbadem University Health Sciences Journal 2017; (3): 163-172.

[31] Akbaş M. Patient satisfaction on nursing care: the case of gynecology and obstetrics clinics. Acta Bioethica 2019; 25(1): 127-136.

[32] Kersu Ö, Mert Boğa S, Köşgeroğlu N, Aydın Sayılan A, İlter G, Baydemir C. Determination of the relationship between perception of nursing quality and satisfaction status of patiens hospitalized in surgical services. Journal of Education and Research in Nursing 2020;17(1): 32-39.

[33] Yeşil P, Öztunç G, Eskimez Z, Köse İ. An investigation of patients' perceptions of nursing care: Case of intensive care. International Journal of Caring Sciences 2020; 8(2): 412-419.

[34] Olowe AFF, Odeyemi O. Assessment of patient satisfaction with nursing care in selected wards of the Lagos University Teaching Hospital (Luth). Biomed J Sci & Tech Res 2019; 17(1): 12489-12497.

[35] Köberich S, Feuchtinger J, Farin E. Factors influencing hospitalized patients' perception of individualized nursing care: a cross-sectional study. BMC Nurs 2016; 15(4): 2-11.

[36] Suhonen R, Leino-Kilpi H. Older orthopaedic patients' perceptions of individualized care: A comparative survey. Int J Older People Nurs 2012; 7(2):105-116.

[37] Suhonen R, Stolt M, Berg A, Katajisto J, Lemonidou C, Patiraki E, Sjövall K, Charalambous A. Cancer patients' perceptions of quality-of-care attributes-Associations with age, perceived

health status, gender and education. J Clin Nurs 2018; 27(1-2):306-316.

[38] Ceylan B, Eser I. Assessment of individualized nursing care in hospitalized patients in a university hospital in Turkey. J Nurs Manag 2016; 24(7): 954-961.

[39] Alasad J, Tabar NA, Aburuz ME. Patient satisfaction with nursing care: Measuring outcomes in an international setting. J Nurs Adm 2015; 45(11): 563-568.

How to cite this article: Kilic HF, Su S, Gok ND. Perceived Individualized Care and the Satisfaction Levels of Patients Hospitalized in Internal Medicine Departments : A Cross-Sectional and Correlational Survey. Clin Exp Health Sci 2022; 12: 454-461. DOI: 10.33808/clinexphealthsci.980790