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The Relationship Between Nursing Students' Perceptions of Individualized Care and Critical Thinking Dispositions

Hemşirelik Öğrencilerinin Bireyselleştirilmiş Bakım Algıları ile Eleştirel Düşünme Eğilimleri Arasındaki İlişki

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ABSTRACT

Aim: This study was carried out to investigate perceptions of nursing students about individualized care and critical thinking dispositions and to analyze the relationship between them.

Materials and Method: A descriptive correlational design was used in the study. The population of the study included 219 nursing students with clinical experience in the Health Sciences Faculty of a University in Turkey. The study was conducted with 201 students who consented to participate voluntarily in the study. Data were collected using "The Student Information Form", "The Individualized Care Scale-A- Nurse Version (ICSA-Nurse)", and "The California Critical Thinking Disposition Inventory (CCTDI)" and analyzed by using descriptive, correlational, and comparative statistical methods.

Results: The students' mean score from the total ICSA-Nurse was 4.10 ± 0.63 and the students' mean score from the total CCTDI was 215.55 ± 26.18 . A significant positive relationship was found between the nursing students' mean total scores from the ICSA-Nurse and the CCTDI ($r: 0.288; p=0.001$).

Conclusion: The perception of the nursing students about individualized care was at a good level, whereas their critical thinking disposition was low. A significant positive relationship was found between the individualized care perceptions and critical thinking dispositions. In conclusion, as the nursing students' critical thinking dispositions improved, their perceptions of individualized care would increase positively, as well.

Keywords: Nursing students, Individualized care, Nursing education, Critical thinking

ÖZET

Amaç: Bu çalışma, hemşirelik öğrencilerinin bireyselleştirilmiş bakım algıları ile eleştirel düşünme eğilimlerini belirlemek ve aralarındaki ilişkiyi incelemek amacıyla yapıldı.

Gereç ve Yöntem: Araştırmada tanımlayıcı ve ilişki arayıcı tasarım kullanıldı. Araştırmanın evrenini, Türkiye'de bir üniversitesinin Sağlık Bilimleri Fakültesi'nde öğrenim gören ve klinik deneyimi olan toplam 219 hemşirelik öğrencisi oluşturdu. Araştırmaya katılmaya kabul eden 201 hemşirelik öğrencisi ile çalışma tamamlandı. Araştırma verileri, "Öğrenci Bilgi Formu", "Bireyselleştirilmiş Bakım Skalası-A- Hemşire Versiyonu (BBSA-Hemşire)" ve "Kaliforniya Eleştirel Düşünme Eğilimi Ölçeği (KEDEÖ)" kullanılarak toplandı ve tanımlayıcı, ilişki arayıcı ve karşılaştırmalı istatistiksel metotlar kullanılarak analiz edildi.

Bulgular: Öğrencilerinin BBSA-Hemşire toplam puan ortalaması 4.10 ± 0.63 ve KEDEÖ toplam puan ortalaması 215.55 ± 26.18 idi. Hemşirelik öğrencilerin BBSA-Hemşire toplam puan ortalaması ile KEDEÖ toplam puan ortalaması arasında pozitif yönde anlamlı bir ilişki olduğu belirlendi ($r: 0.288; p=0.001$).

Sonuç: Hemşirelik öğrencilerinin bireyselleştirilmiş bakım algılarının iyi düzeyde, eleştirel düşünme eğiliminin ise düşük düzeyde olduğu belirlendi. Bireyselleştirilmiş bakım algıları ile eleştirel düşünme eğilimleri arasında ise pozitif yönde anlamlı bir ilişki olduğu saptandı. Öğrencilerin, eleştirel düşünme eğilimi arttıkça bireyselleştirilmiş bakım algılarının da olumlu yönde artacağı sonucuna ulaşıldı.

Anahtar Kelimeler: Hemşirelik öğrencileri, Bireyselleştirilmiş bakım, Hemşirelik eğitimi, Eleştirel düşünme



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INTRODUCTION

Each individual's uniqueness creates the need for individualized care to meet their needs by taking into account their beliefs, values, and socio-cultural characteristics in healthcare practices (Pringle, Johnston, & Buchanan, 2015). Care makes up the foundation of the nursing profession, and it is a scientific, aesthetic, humanistic, ethical, professional, individualized, and interpersonal process (Babadag, 2010). While individualized care focuses on the requirements of the patient/healthy individual and their family, providing respectable and holistic care that explores what is important to individuals is an important competency of nursing (Pringle et al., 2015; Suhonen, Stolt, & Papastavrou, 2019). Being a universal approach to nursing, individualized care forms the basis for nursing values, philosophy, and ethical codes. In addition, it is also defined as the practice of existing belief in the uniqueness, integrity, and individuality of human beings (Papastavrou et al., 2015). Ensuring and maintaining individuality in care is possible by taking into account the characteristics that make the individual different from other people and form their individuality, as well as the participation of the individual in the decisions about their care (Ceylan & Eser, 2016; Suhonen et al., 2019; López-Domingo & Rodríguez-Martín, 2020).

Individualized care is universally accepted among health professionals and is of global concern. For this reason, students are expected to gain some insights into individualized care that forms the basis for nursing philosophy and ethical codes in the basic nursing education process and to integrate these gains with practice in professional life (Bağcı, Yüksel, Demir, & Çetinkaya, 2020; Güner, Ovayolu, & Ovayolu, 2020). In addition, the critical thinking skill, which is important competency of nursing, should be developed during the nursing education process so that evidence-based nursing care can be planned, implemented, and evaluated and the ethical problems encountered during care practices can be resolved. The acquisition of critical thinking skills during the educational process is very important for a discipline that carries out evidence-based practices (Karadağlı, 2016; İskender, Kaş, & Oluk, 2018; Özbudak & Koç, 2021). Critical thinking skills are accepted as an important element of the scientific dimension of nursing by national and international nursing

institutions and are emphasized as an important factor in providing quality and individualized nursing care practices (Özbudak & Koç, 2021).

Critical thinking skills help nurses to evaluate individuals' beliefs, values, and cultural differences that affect their response to health/illness status and the way their needs are met. It also allows nurses to plan individualized care by taking these differences of individuals into account (Özbudak & Koç, 2021). Individualized care is possible when nurses put the most up-to-date evidence into practice by utilizing their critical thinking skills (Muslu & Ozsoy, 2017). It is stated that as nurses' critical thinking levels increase, the rates of their individualized care practice increase, as well (Şabanoğlu, 2020; Özbudak & Koç, 2021). Several studies in the literature have investigated nursing students' critical thinking dispositions (Kaya, Şenyuva, & Bodur, 2017; Karadağ, Alparlan, & İşeri, 2018; Noone & Seery, 2018). There are also studies focusing on the evaluation of students' perceptions of individualized care (Doğan, Tarhan, & Kürklü, 2019; Çiftçi, Aras, & Yıldız, 2021; Şentürk & Bakır, 2021). However, no study that examines the relationship between critical thinking dispositions of nursing students and their perceptions of individualized care has been found. The acquisition of critical thinking skills during nursing education and the adoption of an individualized care approach, which is at the core of the nursing philosophy, will allow the improvement of the quality of care and the provision of quality service. In this context, this research was conducted to investigate the perceptions of nursing students about individualized care and their critical thinking dispositions and to examine the correlation between them.

Research Questions

Accordingly, the following research questions were raised:

1. What is the level of individualized care perceptions of nursing students?
2. What is the critical thinking disposition level of nursing students?
3. Is there a correlation between the individualized care perceptions of nursing students and their critical thinking dispositions?

MATERIAL AND METHOD

Research Type

A descriptive, correlational study design was used.

Study Population and Sample

The population of the study included 219 second, third, and fourth-year nursing students with clinical experience in the health sciences faculty of a university in Turkey in the 2019-2020 academic year. First-year nursing students without clinical experience were not included in the study. No sample selection procedure was applied as we aimed to reach the whole population. The study was conducted with 201 students who consented to participate voluntarily in the study because seven students delivered incomplete scales and eleven students did not agree to join the study. The sample represented 92% of the population.

Data Collection Tools

The data collection tools consisted of the “Individualized Care Scale-A-Nurse Version”, the “California Critical Thinking Disposition Inventory”, and a “Student Information Form”.

The Student Information Form: This form was designed by the researchers following a review of the literature. It consists of six questions about students’ age, marital status, gender, income level, school year, and willingness to choose the profession (Uyar & Güven, 2020; Çiftçi et al., 2021).

The Individualized Care Scale-A-Nurse Version (ICSA-Nurse): This scale was developed to identify the views of nurses about individualized care (Suhonen et al., 2010) and was adapted to Turkish society by Acaroğlu, Suhonen, Sendir, & Kaya, (2010). It is made up of two parts. The first part is used to assess perceptions of nurses about supporting the individuality of patients in their care practices (ICSA-Nurse). The second part is used to assess their perceptions about individualizing the care of patients (ICSB-Nurse) (Acaroğlu & Şendir, 2012). The ICSA-Nurse version was employed in the present study. The scale involves three sub-dimensions: personal life situation, clinical situation, and decisional control over care. It is evaluated on a five-point Likert-type scale and has 17 items in total. The mean score on the ICSA-Nurse version and its sub-dimensions range from 1 to 5. High scores on the scale show that nurses have a high level of

perception of supporting the individuality of healthy/sick individuals during their care practices (Suhonen et al., 2010; Acaroğlu et al., 2011; Acaroğlu & Şendir, 2012). Cronbach’s Alpha value of the ICSA-Nurse was 0.91 in the current study.

The California Critical Thinking Disposition Inventory (CCTDI): This inventory was developed to evaluate individuals’ critical thinking disposition. The Turkish validity and reliability of the scale was carried out by Kökdemir (2003). The Turkish version of the scale includes six sub-dimensions with a total of 51 items. The sub-dimensions and the items they include are open-mindedness (12), truth-seeking (7), analyticity (10), self-confidence (7), systematicity (6), and inquisitiveness (9). The scale has a 6-point Likert-type structure and is scored with options ranging from strongly disagree (1) to strongly agree (6). As the score obtained from the scale increases, the disposition towards thinking critically increases, as well. A total score of less than 240 shows a low level of critical thinking disposition, a score varying from 240 to 300 shows a medium level of critical thinking disposition, and a score of greater than 300 shows a high level of critical thinking disposition. In the sub-dimensions, a score that is less than 40 shows a low level of critical thinking disposition, a score that is between 40 and 50 shows a medium level, and a score of greater than 50 shows high critical thinking disposition (Kökdemir, 2003). Cronbach’s Alpha value of the scale was determined as 0.88 in Kökdemir's (2003) study and 0.86 in this study.

Data Collection

The data collection process took place between November 15, 2019 and January 15, 2020 from the students who consented to join the study after they were given information by the researchers in their spare time outside class hours via questionnaires.

Ethical Consideration

At the outset, the institutional approval was obtained from the ethics committee of the university (Date: 02.10.2019 and Approval Number: 2019/05) and the department of nursing, where the research would be conducted. The researchers informed the students about the study. After that, their consent was obtained. The research was carried out under the Principles of the Declaration of Helsinki.

Data Analysis

Statistical analyses were performed on the NCSS (Number Cruncher Statistical System) 2007 (Kaysville, Utah, USA) software package. Descriptive statistics (standard deviation, mean, frequency, median, minimum and maximum values) were used for analyzing the study data. Shapiro-Wilk test, Kolmogorov-Smirnov test, and graphical evaluations were employed to test the normality of the quantitative data. Two groups of normally distributed quantitative data were compared by using the student t-test. Normally distributed groups of three or more were compared by using One-way ANOVA test, and

paired comparisons were made by using the Bonferroni test. The correlation between variables was assessed by using Pearson Correlation Analysis. $p < 0.05$ was taken as the level of statistical significance.

RESULTS

The mean age of the nursing students was 21.82 ± 1.88 years, 66.7% were female, 98% were single, and 62.7% perceived their income as middle. Of the students, 41.8% were fourth-year students, and 57.7% were found to choose this profession voluntarily (Table 1).

Table 1. Descriptive Characteristics of the Students (n: 201)

Variable	Min.-Max. (Median)	Mean \pm SD
Mean age	19-28 (21)	21.82 \pm 1.88
	n	%
Gender		
Female	134	66.7
Male	67	33.3
Marital status		
Married	4	2.0
Single	197	98.0
Level of income		
Income < expenses	4	2.0
Income = expenses	126	62.7
Income > expenses	81	40.3
School year		
2nd Class	41	20.4
3rd Class	76	37.8
4nd Class	84	41.8
Selection of the profession		
Willingly	116	57.7
Unwillingly	85	42.3

The students' mean score from the total ICSA-Nurse was 4.10 ± 0.63 . The mean scores on the sub-dimensions were determined as 3.85 ± 0.87

for personal life situation, 4.16 ± 0.66 for clinical situation, and 4.21 ± 0.71 for decisional control over care (Table 2).

Table 2. Distribution of Students' Mean Scores from the Individualized Care Scale-A-Nurse Version (n=201)

The scale and subscales	Min.-Max.	Mean \pm SD
Clinical situation	2.3-5	4.16 \pm 0.66
Personal life situation	1-5	3.85 \pm 0.87
Decisional control over care	1.8-5	4.21 \pm 0.71
Total scale	2.1-5	4.10 \pm 0.63

The students' mean score from the total CCTDI was 215.55 ± 26.18 . The mean scores on the sub-dimensions were 23.72 ± 7.76 for truth-seeking, 47.65 ± 12.82 for open-mindedness, 46.75 ± 6.84

for analyticity, 25.03 ± 5.45 for systematicity, 29.80 ± 5.77 for self-confidence, and 41.04 ± 6.90 for inquisitiveness (Table 3).

Table 3. Distribution of Students' Mean Scores from the California Critical Thinking Inventory (n=201)

The scale and subscales	Min.-Max.	Mean ± SD
Truth-seeking	7-42	23.72 ± 7.76
Open-mindedness	17-69	47.65 ± 12.82
Analyticity	24-60	46.75 ± 6.84
Systematicity	15-36	25.03 ± 5.45
Self-confidence	12-42	29.80 ± 5.77
Inquisitiveness	16-54	41.04 ± 6.90
Total scale	168-281	215.55 ± 26.18

A statistically significant positive correlation was found between the nursing students' mean total scores from the ICSA-Nurse and the CCTDI ($r: 0.288; p=0.001$). It was seen that as the students' critical thinking dispositions increased, their perception of supporting the individuality of the patients increased, as well. The examination of the correlations between the subscales of the ICSA-Nurse version and the CCTDI indicated that there

was a weak, statistically significant correlation between the scores obtained from the clinical status ($r:0.301; p=0.001$) and decisional control ($r:0.349; p=0.001$) subscales of ICSA-Nurse and the mean total score from the CCTDI, but no significant difference was found between the mean scores from the personal life situation ($p>0.05$) sub-dimension of the ICSA-Nurse and the mean score from the overall CCTDI (Table 4).

Table 4. The Relationship Between Students' Mean Scores from the Individualized Care Scale-A-Nurse Version and the California Critical Thinking Disposition Inventory (n:201)

The Individualized Care Scale-A-Nurse Version	The California Critical Thinking Disposition Inventory	
		Total
Clinical situation	r	0.301
	p	0.001*
Personal life situation	r	0.063
	p	0.377
Decisional control	r	0.349
	p	0.001*
Total	r	0.288
	p	0.001*

r: Pearson Correlation Coefficient

* $p<0.05$

DISCUSSION

Individualized care forms the basis for contemporary nursing philosophy. It is the adaptation of care in line with the beliefs, values, habits, and preferences of the individual to meet the requirements of healthy/sick individuals (Acaroğlu & Şendir, 2012). The understanding of individualized care, which positively affects patient care outcomes, is a universal approach accepted by nursing (Karayurt, Ursavaş, & İşeri 2018; Güner et al., 2020). Nurses can use their critical thinking skills to adapt their care practices to the individual. Critical thinking disposition, an indispensable part of quality care delivery, is an important factor in meeting the needs of the person with individual care practices.

The mean score of the nursing students from the

ICSA-Nurse, which evaluates their level of supporting patients' individuality during the provision of care, was determined as 4.10 ± 0.63 . This result showed that the nursing students in the study had high levels of perceived individualized care. The analysis of the students' mean scores on the subscales that involve the care behaviors to support patients' individuality indicated that the nursing students obtained the highest mean score on the decisional control over care subscale, which reflects the feelings, thoughts, and wishes of the patient/healthy individual and includes perceptions of care for supporting the patient involvement in decisions about their care. This dimension was followed by the clinical situation subscale, which includes care perceptions relating to supporting the individual's individuality by taking into account their responses to the disease

condition, emotions, and the implication of the disease for the individual. The students got the lowest mean score from the personal life situation subscale, which includes the individual's habits and preferences that reflect their beliefs and values, and perceptions of care to support individuality by considering personal differences in relation to previous health/illness experiences. When the literature is examined, in their study with senior nursing students, Demirel & Turan's (2020) found the mean total score obtained from the ICSA-Nurse as 4.28 ± 0.60 . In similar studies on evaluating individualized care perceptions of nursing students, the level of their individualized care perceptions were found to be good, and they got the lowest mean score from the personal life status subscale, which was similar to the findings of our study (Çetin & Çevik, 2021; Çiftçi et al., 2021; ; İşeri & Atasayar, 2021; Şentürk & Bakır, 2021). In addition, the examination of the research results evaluating nurses' perceptions of individualized care showed that nursing students' scores from this scale were consistent with those in the literature (Aydın & Büyükbayram, 2020; Avcı & Yılmaz, 2020; Danacı & Koç, 2020). In line with these results, it can be said that the nursing students provided care by taking into account patients' individuality during their care practices. In the World Nurses Day 2018 theme, the International Council of Nurses (ICN) put forth that individualized care was effective in creating an adequate healthcare system and reducing inequalities and declared that it was an international human right. It was emphasized that quality and cost-effective care can be provided with individualized planning of nursing care rather than a work-centered approach. In recent years, the emphasis on the importance of individualized care by health policies and nursing institutions at the national and international levels suggests that awareness about the subject has increased.

The nursing students' mean score from the total CCTDI was determined as 215.55 ± 26.18 . Their mean scores from the sub-dimensions of the scale were 23.72 ± 7.76 for truth-seeking, 47.65 ± 12.82 for open-mindedness, 46.75 ± 6.84 for analyticity, 25.03 ± 5.45 for systematicity, 29.80 ± 5.77 for self-confidence, and 41.04 ± 6.90 for inquisitiveness. These findings indicated that level of nursing students' critical thinking disposition was low. There are many studies in the literature conducted to determine nursing students' critical thinking dispositions. In these

studies, the level of nursing students' critical thinking dispositions were generally moderate (Kanbay & Okanlı, 2017; Kanbay, Işık, Aslan, Tektaş, & Kılıç, 2017; Noone & Seery, 2018) or low (Karadağ et al., 2018; Kızılırmak & Calpbıncı, 2018; Özdil, Özcan, Muz, & Turaç, 2019; Uyar & Güven, 2020). The results of the current study and other studies show that the critical thinking disposition level of nursing students is not at the desired level. Critical thinking skill, which is a significant element in the delivery of quality individualized nursing care, is basic competency of nursing that should be developed during the nursing education process.

A moderate, significant positive relationship was found between the mean scores of the nursing students from the total ICSA-Nurse and CCTDI and that as the students' critical thinking disposition increased, their perception of individualized care increased, as well. When the relationship between the mean scores on the subscales of the ICSA-Nurse and the total CCTDI was examined in detail, it was determined that as the critical thinking disposition of the nursing students increased, the importance they gave to care behaviors towards taking into account the clinical status of the healthy/sick individual and supporting their participation in decisions and practices regarding their care also increased. However, there was no significant relationship between the nursing students' critical thinking dispositions and their consideration of the individual's habits, preferences, and experiences based on their values and beliefs. A review of the literature revealed that no study was conducted with nursing students on this topic. Şabanoğlu (2020) determined that as the critical thinking skills of nurses increased, their perceptions of supporting patients' individuality increased, as well. As the critical thinking level of nurses increases, the rates of individualized care delivery, together with the quality of the service provided, increase, as well (Özbudak & Koç, 2021). The finding of the study is consistent with the literature and reveals the necessity for developing the critical thinking skill, which is an important component of nursing science, and using it effectively by integrating it with practice to provide individualized care.

Limitation

The study was conducted with students who started studying in the 2019–2020 academic year at a Nursing Department of Health Sciences

Faculty in Turkey, which is a limitation of the study. Therefore, the study results cannot be generalized to all nursing students.

CONCLUSION

It was determined that the perception of nursing students about individualized care was at a good level but that their critical thinking disposition level was low. A positive weak correlation was determined between the perceptions of nursing students about individualized care and critical thinking dispositions. In conclusion, as the critical thinking disposition of the students increased, their perceptions of individualized care would increase positively. These results reveal the necessity for developing critical thinking skills during the nursing education process so that nursing students can make independent decisions and provide accurate, safe, and individualized care.

In the nursing education process, students should acquire knowledge, skills, and attitudes about individualized care, which makes up the foundation of nursing philosophy and professional ethical codes, and their integration with the field of practice should be supported. It is recommended to review the nursing curriculum for improving critical thinking skills, which is a significant element in quality and individualized care delivery, to use new teaching methods and techniques that will support the development of skills, to create practice environments that will provide opportunities for critical thinking, and to include the topic more in the school curriculum.

Ethics Committee Approval

Ethics committee approval was received for this study from the İstanbul Arel University Ethics Committee (Date: 02.10.2019, and Approval Number: 2019/05).

Author Contributions

Idea/Concept: S.E.M., B.D.D., E.Y.; Design: S.E.M., B.D.D., E.Y.; Supervision/Consulting: S.E.M.; Analysis and/or Interpretation: S.E.M., B.D.D., E.Y.; Literature Search: S.E.M., B.D.D., E.Y.; Writing the Article: S.E.M., B.D.D.; Critical Review: S.E.M.

Peer-review

Externally peer-reviewed

Conflict of Interest

The authors have no conflict of interest to declare.

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