

Nurses' Consideration of Patient Preferences in Individualized Care in Acute Care Services: A Qualitative Study

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ABSTRACT

Objective: In the rapidly evolving landscape of healthcare, understanding and integrating patient preferences are crucial for delivering high-quality, patient-centered care. We aimed to investigate the nurses' consideration of patient preferences in individualized care in acute care services. **Method:** This is a qualitative study using the descriptive phenomenological approach. We collected the data between December 14, 2022, and April 22, 2023. We used the purposive sampling method and included 29 nurses working in the surgery, chest diseases, internal, neurology, obstetrics, and orthopedic services of a public hospital as participants. Semi-structured interviews and observations collected the data. We reported this study in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ). **Results:** Three main themes emerged from the data. First, "establishing a positive therapeutic relationship in individualized care," explained the consideration of patients' emotional needs, determining their wishes and demands, and informing them. Second, the concept of "supporting the patient in participating in their individualized care" emphasizes the importance of supporting patients' care decisions, empowering them to take responsibility for their care, and maintaining their daily routines. Thirdly, the section on "Barriers to Participation in Decisions in the Practice of Individualized Care" delves into the challenges faced in delivering health services, the excess workload, and the sociocultural differences among patients. **Conclusion:** Nurses are highly willing and successful at involving patients in their care while respecting their preferences. Furthermore, patients' involvement in their care and recovery varies according to their individual goals, emotional states, and desire to participate in their own care and treatment.

Key words: Individualized care, Nursing care, Nursing practices, Qualitative work.

Akut Bakım Hizmetlerinde Hemşirelerin Bireyselleştirilmiş Bakımda Hasta Tercihlerini Dikkate Alma Durumları: Nitel Bir Çalışma

öz

Amaç: Sağlık hizmetlerinin hızla gelişen ortamında, hasta tercihlerini anlamak ve entegre etmek, yüksek kaliteli, hasta merkezli bakım sunmak için çok önemlidir. Bu çalışmada, hemşirelerin akut bakım hizmetlerinde bireyselleştirilmiş bakımda hasta tercihlerini dikkate alma durumlarının araştırılması amaçlanmıştır. **Yöntem:** Bu çalışma, tanımlayıcı fenomenolojik yaklaşımın kullanıldığı nitel bir çalışmadır. Veriler 14 Aralık 2022 ile 22 Nisan 2023 tarihleri arasında toplanmıştır. Amaçlı örneklem yöntemi kullanılmış ve bir kamu hastanesinin cerrahi, göğüs hastalıkları, dahiliye, nöroloji, kadın doğum ve ortopedi servislerinde çalışan 29 hemşire katılımcı olarak dahil edilmiştir. Veriler yarı yapılandırılmış görüşmeler ve gözlemlerle toplanmıştır. Bu çalışma Nitel Araştırmaların Raporlanması için Konsolide Kriterler'e (COREQ) uygun olarak raporlanmıştır. **Bulgular:** Verilerden üç ana tema ortaya çıkmıştır. Birincisi, "bireyselleştirilmiş bakımda olumlu bir terapötik ilişki kurma", hastaların duygusal ihtiyaçlarının dikkate alınmasını, istek ve taleplerinin belirlenmesini ve bilgilendirilmesini açıklamaktadır. İkinci olarak, "hastanın bireyselleştirilmiş bakımına katılımını destekleme" kavramı, hastaların bakım kararlarını desteklemenin, bakımlarının sorumluluğunu almaları için onları güçlendirmenin ve günlük rutinlerini sürdürmenin önemini vurgulamaktadır. Üçüncü olarak, "Bireyselleştirilmiş Bakım Uygulamasında Kararlara Katılımın Önündeki Engeller" bölümünde sağlık hizmetlerinin sunumunda karşılaşılan zorluklar, aşırı iş yükü ve hastalar arasındaki sosyokültürel farklılıklar ele alınmaktadır. **Sonuç:** Hemşireler, hastaların tercihlerine saygı duyarak onları bakımlarına dahil etme konusunda oldukça istekli ve başarılıdır. Ayrıca, hastaların bakımlarına ve iyileşmelerine katılımları, bireysel hedeflerine, duygusal durumlarına ve kendi bakım ve tedavilerine katılma isteklerine göre değişmektedir.

Anahtar kelimeler: Bireyselleştirilmiş bakım, Hemşirelik bakımı, Hemşirelik uygulamaları, Niteliksel çalışma.

INTRODUCTION

Care is a dynamic process and action that aims to help people by integrating science and art dimensions of nursing into practice (Özazgöl et al., 2022). Individualized care reflects the belief in human individuality, uniqueness and integrity, which forms the basis of nursing values and ethical codes (Tosun et al., 2023). Patient participation in individualized care is defined as a patient's involvement in decision-making processes and care, monitoring patient outcomes, and offering recommendations for improving health care services (Kao et al., 2022). Nurses have a crucial and unique opportunity to engage and motivate patients receiving individualized care as they spend the most time with them at their bedsides. Engaging patients in their care can increase their health literacy and treatment adherence, reduce medication errors, and advance professional-patient partnerships (Nilsson et al., 2019). While information and evidence about cultural issues, gaps, and potential barriers to patient participation in care decisions exist, nurses can provide appropriate interventions, enhancing patients' quality of care, quality of life and life satisfaction (Kao et al., 2022; Alici and Koç, 2020). The current literature lacks research on how nurses working in acute care services involve their patients in decisions about individualized care (Bahlman-van Ooijen et al., 2023; Hertog and Niessen, 2021; Kao et al., 2022; Nilsson et al., 2019). While information and evidence about cultural issues, gaps, and potential barriers to patient participation in care decisions exist, nurses can provide appropriate interventions, enhancing patients' quality of care, quality of life and life satisfaction (Kao et al., 2022; Alici and Koç, 2020). The current literature lacks research on how nurses working in acute care services involve their patients in decisions about individualized care (Bahlman-van Ooijen et al., 2023; Hertog and Niessen, 2021; Kao et al., 2022; Nilsson et al., 2019).

The International Council of Nurses, (ICN, 2018) has stated in the World Nurses Day theme, that it highlighted the evidence-based importance of individualized or individual-centered care as an international human right. The ICN also stated the importance of individualized care in establishing effective and adequate healthcare systems, reducing

healthcare costs, and eliminating inequalities (ICN, 2018). Individualized care practice also increases autonomy and job satisfaction (Özazgöl et al., 2022; Bukecik and Terzioglu, 2020) and reduces burnout among nurses (Danaci and Koc, 2020). Nurses and patients must work together to achieve the goal of personalized care. Nurses should involve patients in their care by acknowledging their individuality, adapting their approach based on patient characteristics, and considering their preferences (Özazgöl et al., 2022; Tosun et al., 2023; Hertog and Niessen, 2021). Patients should be able to feel the commitment of the nurses through this approach (Tosun et al., 2023). Patient participation in individual care can be increased by establishing a strong rapport between nurses and patients, reducing nurses' control over patients, improving their communication with each other, and enabling patients to participate actively in mental and physical activities (Tosun et al., 2023). Empowering patients with control over information acquisition and decision-making opportunities leads to increased control over the disease process (Santis et al., 2019).

Several international studies have explored the individualized care behaviors of nurses (Tosun et al., 2023), family involvement in individualized patient care (Mackie et al., 2021), patient participation in the joint decision-making process in palliative treatment (Kuosmanen and Ahtiluoto, 2021) and how these are accounted for (Hertog and Niessen, 2021), along with how nursing leadership facilitates patient participation in primary care (Bahlman-van Ooijen et al., 2023). The literature also reveals that patients are often given inadequate opportunities to participate in the decision-making process regarding their care, and little is known about how they apply their decisions to practice (Kuosmanen and Ahtiluoto, 2021). Furthermore, nurses incorporate patients' decisions by respecting their individuality and autonomy, addressing their problems individually considering the patients' and their families' feelings, needs, values, cultural backgrounds, and beliefs (Ozdemir, 2019; Suhonen et al., 2018), and exhibiting leadership behaviors (Bahlman-van Ooijen et al., 2023). The results of this approach can enable nurses with a better opportunity as individualized caregivers based on the nursing philosophy. Moreover, the participation of patients

as beneficiaries of this care service will be encouraged, and it will provide a culture-specific perspective on the perception of individualized care and can guide nursing practices. The current qualitative study is the first to explore the involvement of nurses working in acute care services in such decisions. The unique value of this research lies in its focus on the acute care setting, where decision-making processes are often rapid and complex. By highlighting how nurses incorporate patient preferences into care decisions, this study fills a significant gap in the literature and provides valuable insights into the practical application of patient-centered care in high-pressure environments. Furthermore, literature contribute to the ongoing discourse on improving patient outcomes by emphasizing the importance of nurse-patient interactions and individualized care strategies. This research not only enhances our understanding of the role of nurses in acute care but also informs future policies and training programs aimed at fostering a more inclusive and responsive healthcare system. This study aimed to investigate the consideration of patient preferences in individualized care in acute care services.

MATERIAL AND METHOD

Design

This qualitative study utilized a descriptive phenomenological approach. Data was collected using observations and interviews to comprehensively understand patient participation in decisions about individualized care in nursing practices. This design is appropriate for health services research in which a straightforward, descriptive account of everyday events is required (Sandelowski, 2010).

Setting

This study was conducted in a 300-bed public hospital in Turkey, providing acute care services in the departments of neurology, surgery, chest diseases, internal medicine, obstetrics and gynecology, and orthopedics. This study was reported per the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007).

Participants, Sampling, and Recruitment

Participants were 29 nurses working in the surgery, chest

diseases, internal, neurology, obstetrics and orthopaedics services of a public hospital. Participants were determined by the ward nurses in each shift and were informed about the study through information meetings and study brochures, and the nurses were consciously included in the study. This study's participant drop out rate was zero. A purposive maximum variation sampling strategy was used to ensure that a broad range of perspectives were gained (Holloway & Wheeler, 2013). Nurses who differed in age, gender, education level and working department were sought for inclusion in the study (Table 1). The inclusion criteria were as follows: being the hospital's permanent staff member, having direct contact with patients in daily care and treatment practices, at least one year of professional experience in acute care services, and those voluntarily participating in the study. Executive-level nurses were excluded because they were not directly involved in caring relationships with patients. Data repetition and information saturation determined the sample size. Data saturation is the absence of new themes in subsequent interviews (Glaser et al., 1968). Hence, as the data did not repeat itself after the 29th interview they saturated, the interviews were concluded. An average response rate was around 98%.

Data Collection

An interview guide with nine semi-structured open-ended questions was used to understand patient involvement in individualized nursing care decisions. It was designed by referring to the literature (Kao et al., 2022; Hertog and Niessen, 2021). Two nurses meeting the inclusion criteria were selected using purposive sampling for a pilot interview. Pilot testing was conducted by the corresponding author who sought feedback regarding clarity and content with each question. Minimal wording changes were made to explain some terms in the nurse interview guide with examples (Table 2).

Acute care service nurses were invited to participate in the study by the responsible author and the interview was scheduled based on the convenience and availability of the nurses. The interviews were held in-person in the nurses' room between December 14, 2022 and April 22, 2023 at predetermined dates and time.

Table 1. Socio-demographic Characteristics of the Nurses

Nurse no	Age	Gender	Marital status	Education level	Working department	Experience in years	Knowledge of individualized care
1	29	Female	Single	Bachelor	Surgery	4 years	Yes
2	31	Female	Married	Bachelor	Chest diseases	4 years	Yes
3	30	Female	Married	Bachelor	Internal medicine	3 years	No
4	30	Female	Married	Postgraduate	Neurology	3 years	Yes
5	34	Female	Married	HVHS	Chest diseases	12 years	Yes
6	23	Female	Single	Bachelor	Internal medicine	17 months	Yes
7	41	Female	Married	HVHS	Surgery	19 years	Yes
8	47	Female	Married	HVHS	Chest diseases	22 years	Yes
9	49	Female	Married	HVHS	Neurology	24 years	Yes
10	24	Female	Single	Bachelor	Internal medicine	5 years	Yes
11	43	Female	Married	HVHS	Chest diseases	20 years	Yes
12	42	Female	Married	HVHS	Chest diseases	19 years	No
13	40	Female	Married	HVHS	Chest diseases	18 years	No
14	33	Male	Single	HVHS	Neurology	10 years	No
15	26	Female	Single	Postgraduate	Surgery	3 years	Yes
16	46	Female	Married	HVHS	Obstetrics	23 years	Yes
17	28	Male	Single	HVHS	Surgery	9 years	No
18	25	Female	Single	Bachelor	Obstetrics	4 years	Yes
19	26	Female	Single	Bachelor	Neurology	5 years	Yes
20	25	Male	Single	Bachelor	Neurology	4 year	Yes
21	41	Female	Married	HVHS	Obstetrics	18 years	Yes
22	34	Female	Married	HVHS	Internal medicine	15 years	Yes
23	35	Female	Single	HVHS	Obstetrics	16 years	Yes
24	44	Female	Married	HVHS	Surgery	20 years	Yes
25	35	Female	Married	HVHS	Orthopaedics	16 years	No
26	32	Female	Single	HVHS	Orthopaedics	14 years	No
27	27	Male	Single	HVHS	Orthopaedics	10 years	Yes

28	36	Female	Married	HVHS	Orthopaedics	17 years	Yes
29	39	Female	Married	HVHS	Internal medicine	18 years	Yes

Abbreviations: HVHS, Health Vocational High School

Table 2. Interview Guide

1. Which emotional states do you talk about with your patients, and which emotional states do you take into account?
2. What do you think about listening and taking into account the personal wishes/opinions or needs of your patients, and what wishes and needs do you talk about?
3. Which practices and situations do you support your patients in?
4. How do you feel about your patients participating in and making their own decisions about matters related to their own care? (For ex., when do you prefer to take a bath)
5. What do you think about taking into account the daily habits of your patients? (personal hygiene time, bedtime, wanting to rest after dinner)
6. On which issues do you give your patients the opportunity to take responsibility? How would you support her/him in this?
7. On which subjects do you explain to your patients and on which subjects do you give information?
8. What are your thoughts on the involvement of your patients' families/relatives in their care? Can you support them in this?
9. What are the barriers to individualized care practice? Could you tell us your suggestions on this subject?

Before conducting the interviews, the nurses were briefed about the study's purpose, objectives, and rationale, and their written and verbal informed consents were obtained. Only the participants and interviewer were present for the interviews. All interviews were recorded on the audio device. The researchers took field notes during and after the interviews, which included observations regarding nurses' expression on face, voice tone, facial expressions, and physical movements (Supplementary File 1). The interviews lasted 30 to 45 minutes on average. No repeat interviews were conducted.

Interviews were conducted by two female researchers (GOO, SEA). GOO holds a doctorate in nursing and SEA continues her doctoral education in the field of nursing. They have also worked as nurses in acute care services for many years. During the study period, they worked as university lecturers and conducted student internships at the hospital (the study site). This situation facilitated the exchange of participants' ideas and experiences about individualized care with the researchers. Both researchers were trained in qualitative methods. At the same time, the researcher's direct

observations were included in this study in order to increase the reliability of the research, since the researcher witnessed the place, time, people, and events.

Data Analysis

The first author analyzed the data using the content analysis method with ATLAS.ti 6.2 (Friese, 2014), a qualitative software data analysis program. Content analysis involves conflicting opinions and unsolved issues regarding the meaning, and use of concepts, procedures, and interpretation (Graneheim and Lundman, 2004). It involves the following stages: data breakdown, data coding, data classification, and data association or finding themes.

First, the interview recordings were transcribed in the Microsoft Word program after the interviews. The text was read, divided into meaningful sections, and coded as short sentences. Concepts with similar or the identical meaning were classified into meaningful groups. Commonalities were found between the classified sentences, and themes were created.

Ethical Considerations

Ethical approval was obtained from the Cankiri Karatekin University Health Sciences Ethics Committee (Date: 25.10.2022 No: 8d523ace0be24724 Decision No: 3), the hospital chief physician, and the provincial health directorate (Date: 06/11/2022, No: E-53449070-771-158). The researchers do not have any conflict of interest with the patients and nurses participating in the study. Informed consent was provided before data were collected, and anonymity was ensured by using identity numbers. The researcher who collected the data was known to the participants, but was not in a position of authority that would create a power relationship.

RESULTS

Sociodemographic Informations of the Participants

The ages of the participants ranged from 23 to 49. 4 were male, 25 were female. 12 were single, 17 were married. 19 were Health Vocational High School graduates, 8 were bachelor, 2 were postgraduate graduates. 5 were working in surgery, 6 in chest diseases, 5 in internal medicine, 5 in neurology, 4 in obstetrics, and 4 in orthopedics services. Participants' work experience ranged from 3 to 24 years. 22 people had knowledge of individualized care (Table 1).

Interviews

The results comprised three themes that identified nurses' consideration of patient preferences in individualized care in acute care services: "establishing a positive therapeutic relationship in individualized care, "supporting the patient in participating in their individualized care," and barriers to participation in decisions in the practice of individualized care." Each of these themes has sub-themes, as presented in Table 3.

Theme 1: Establishing a positive therapeutic relationship in individualized care

Consideration of patients' emotional needs

This theme was derived by accounting for patients' emotional needs, identifying their wishes and demands, and informing the patients. Participants reported that considering patients' emotional needs is the first prerequisite for establishing a

positive therapeutic relationship in individualized care. They also informed that patients' desires and demands to participate in care and their care and preference for it differed according to their emotional states. Some participants were often observed smiling, joking, and talking softly to meet patients' emotional needs, reduce stress and anxiety, and comfort them when they were upset. N4 focused on the patient's feelings and expectations, recalled an instance when a woman with cervical cancer and was highly emotionally distressed in the last stage of her illness.

When I went to the patient's room during the night shift to do his treatment, the patient was looking at the photo in her hand and crying silently. That night, I asked why the patient was crying and if she wanted to talk to me. The patient initially abstained. Later, she said that her husband and children had never called or visited him since the illness began. The fact that her family didn't call made him feel sad and worried about the future. I sat beside the patient and took her hands in mine and listened to his story. I told her that I empathized her and to give thanks for each new day, leaving it to the future. I could enabled her to look at life from a different outlook (N4).

Determining their wishes and demands

Participants stated that determining individual wishes and needs are crucial to meeting patient's emotional needs, for them to participate in decisions about individualized care. According to the participants, these individual wishes and needs are in the form of supporting the patient in the care process, providing individual hygiene, relieving pain, and meeting their care and nutritional needs.

We listen to the patient about his wishes and needs during his first hospitalization at the clinic. During treatment and care, we constantly observe, evaluate, and identify the problems. If patient desires, we can involve him or her in the decision-making process concerning the problems we have identified (N 18).

Informing patients

They reported sharing information regarding, "drug use, hospital rules, visiting hours, meal times, daily fluid intake, exercise practice, mobilization, care hours, surgery process, breastfeeding. Additionally, the participants, gave the patients

a voice, and answered their questions. N3 expressed as,

I explain to the patient how and when to do the exercises, [and] how to get up and walk. We inform the patient that he/she should take his/her medication at the required time. We inform them about the need to use supportive tools to prevent falling (N 3).

I explain in a way that she can understand what the drugs she uses contain and what they should be used for, without using terminology (N 12).

Theme 2: Supporting the patient to participate in their individualized care

Supporting patients' decisions about their care

This theme was derived by supporting the patients' decisions about their care, giving them responsibility for it, and maintaining their' daily habits. Participants reported supporting patients' decisions regarding their care in individualized care practice is vital. For instance N8 reported,

The patient's decision regarding their individualized care may be at the wrong time regarding their health. For example, because patients have stitches, they cannot bathe at their preferred time, and postpone to another time. Patients cannot decide for themselves (N8).

According to the participants, to provide individualized care, family members and patients should be involved in nursing decisions and supported in patient care. They also stated that being a patriarchal society, the family members culturally encourage patients to be involved in their care. In this regard, one participant stated,

I care about the presence of the relatives of the patients for the morale of the patients. I think they are necessary for their self-care or mobilization. I think that it is necessary to communicate with the patients' relatives regarding the patient's needs (N18).

Giving patients responsibility for their care

Participants also mentioned the importance of entrusting patients with the responsibility for individualized care and supporting their participation in their care. Hence, the

patients were given responsibility for care-related issues such as taking their medications on time, exercising, mobilizing, normal delivery, baby care, breastfeeding, coping with pain, personal care, and individual hygiene. During observations, it was discovered that a patient with diabetes could safely administer their medication using their insulin pen. the participants believed that delegating these responsibilities to patients improved the quality of care and accelerated recovery. The patient did as she was told. Another participant reported,

We help and support during cold application, cold steam therapy, [and] post-operative mobilization. Some of our patients may not prefer participating in their individualized care because they are hospitalized. We give patients responsibilities in their care through tasks such as coughing exercises, steam applications, and changing their bladder catheters (N19).

Maintaining daily habits

Participants also mentioned that considering and maintaining patients' daily habits were vital for them to participate in decisions about individualized care. Most participants reported planning their nursing decisions and practices per the patients' daily habits, such as bedtime, mealtime, and bathing routine. On this issue, N3 reported.

In the orthopedic service, we do not provide care and treatment after 10 pm, we do not accept visitors, and we ensure the silence of the service so that the patients can rest sufficiently (N3).

Theme 3: Barriers to participation in decisions in individualized care practice

The third primary theme regarding the barriers to participation in individualized care decisions involves the execution of health services, the excess workload, and patients' sociocultural differences.

Barriers to the delivery of health services

Most participants reported a high number of patients per nurse, not performing the necessary applications on time and not allocating enough time for each patient for care.

Workload redundancy

Most participants reported excessive workload, a high number of patients per nurse, insufficient nurse assistants, recording and paperwork and having strict working hours. Some participants stated that they were swamped in the clinic and could not find time to listen to the individual wishes and needs of the patients because there were too many patients and insufficient number of nurses. Regarding this, a participant stated,

Due to busy working hours and insufficient staff, we cannot allocate the necessary time for patients. Even if we listen to patients' preferences, we cannot adequately take them

into account and practice. The working hours of nurses should be flexible (N17).

Sociocultural differences

Other participants reported that the barrier to individual care practices stemmed from patients' sociocultural differences and educational deficiencies. Factors such as the education inadequacies of patients and caregivers, presence of foreign nationals, socio-economic and cultural inequalities, prejudices, agitation and nervousness of patients and their relatives, thoughts that patients will be harmed, not understanding the topics discussed can be mentioned.

Table 3. Summary of Themes

Themes	Sub-themes	Illustrative quotes
Establishing a positive therapeutic relationship in individualized care	Consideration of patients' emotional needs	<ul style="list-style-type: none"> <i>If the patients' mood changes towards their illness, I talk about their fear. I tried to minimize her worries by talking to her about what her post-operative condition would be like. This way, we could talk and agree more easily with her about her care (Nurse 2).</i> <i>"Patients generally open up too much and try to explain all their troubles when we start talking. However, apart from his private life, I share his current psychological thoughts (Nurse 7).</i> <i>When I went to the patient's room during the night shift to do his treatment, the patient was looking at the photo in her hand and crying silently. That night, I asked why the patient was crying and if she wanted to talk to me. She said that her husband and children had never called or visited him since the illness began. I sat beside the patient and took her hands in mine and listened to his story. I told her that I empathized her and to give thanks for each new day, leaving it to the future. I could listen to her and enable her to look at life from a different outlook (Nurse 4).</i>
	Determining their wishes and demands	<ul style="list-style-type: none"> <i>We listen to the patient about his wishes and needs during his first hospitalization at the clinic. During treatment and care, we constantly observe, evaluate, and identify the problems. If patient desires, we can involve him or her in the decision-making process concerning the problems we have identified (Nurse 18).</i> <i>In order to provide good care to the patient, I need to know what his needs and wishes are so that we can include him in the decisions we make regarding his care. If he helps me, I can be more useful to him. (Nurse 17).</i>
	Informing patients	<ul style="list-style-type: none"> <i>I explain to the patient how and when to do the exercises, [and] how to get up and walk. We inform the patient that he/she should take his/her medication at the required time. After the surgical operation, we provide information on when to eat, how to use drugs, and what kind of food to take to prevent constipation. We inform them about the need to use supportive tools to prevent falling (Nurse 3).</i> <i>I explain in a way that she can understand what the drugs she uses contain and what they should be used for, without using terminology (Nurse 8).</i>

Supporting the patient in participating in their individualized care	Supporting patients' decisions about their care	<ul style="list-style-type: none"> • It is a matter of preference for the patient to participate in decisions about their care. If the patient agrees with the decisions we make about care, I support him in this regard. (Nurse 2). • Patients should make their own decisions about participating in their own care, outside of medical necessity. "We attach great importance to the patients' own decisions and assist them in their daily care needs such as bathing, brushing teeth, and changing dressings (Nurse 3). • Patients cannot always make the right decision for themselves. We direct them. He does not know when to take a bath, when and how to feed and when to start walking after the operation. We make certain things mandatory. We do not want their health to be at risk (Nurse 4). • The patient's decision regarding their individual[ized] care may be at the wrong time regarding their health. For example, because patients have stitches, they cannot bathe at their preferred time, and postponed to another time. Patients cannot decide for themselves. In addition, there are companions, treatment and care plans, and the environment that we need to consider (Nurse 8). • It is crucial for patients to be able to communicate in the doctor-nurse-patient triangle and make choices in terms of the comfort of the patient if the conditions and health status allow, for patients to participate in their decisions regarding their care (Nurse 7). • I care about the presence of the relatives of the patients for the morale of the patients. I think they are necessary for their self-care or mobilization. I think that it is necessary to communicate with the patients' relatives regarding the patient's needs (Nurse 18).
	Giving patients responsibility for their care	<p>We help and support during cold application, cold steam therapy, [and] post-operative mobilization. Some of our patients may may not prefer participating in their individualized care because they are hospitalized. We give patients responsibilities in their care through tasks such as coughing exercises, steam applications, and changing their bladder catheters (Nurse 19).</p> <ul style="list-style-type: none"> • I think it would benefit the patient to trust the nurse a bit more. This will help her feel better and allow me to provide the best care possible (Nurse 8).
	Maintaining daily habits	<ul style="list-style-type: none"> • In the orthopedic service, we do not provide care and treatment after 10 pm, we do not accept visitors, and we ensure the silence of the service so that the patients can rest sufficiently (Nurse 3).
Barriers to participation in decisions in the practice of individualized care	Barriers to the delivery of health services	
	Workload redundancy	<ul style="list-style-type: none"> • Due to busy working hours and insufficient staff, we cannot allocate the necessary time for patients. Even if we listen to patients' preferences, we cannot adequately take them into account and practice. The working hours of nurses should be flexible. The nurse, who has completed her 20th year, should definitely be taken off duty (Nurse 17). • Since we could not spare the necessary time for the patient, I try to determine the general needs that I could identify in a short time during his first hospitalization or while taking care of the patient, and try to meet them by including the patient's decisions (Nurse 15).
	Sociocultural differences	

DISCUSSION

Individualized care requires nurses to maintain constant and close communication with patients while adopting a humanistic and holistic perspective (Özakgül et al., 2022). This study examined patient participation in decisions about individualized care in nursing practices. The findings established nurses' willingness and success to include patients in their care by respecting their preferences.

The first primary theme that emerged was "establishing a positive therapeutic relationship with the patient in individualized care." Considering and balancing each patient's norms, values, and preferences is crucial in individualized care practice so they can participate in decisions in daily practice (Hertog and Niessen, 2021). The participants stated that patients' desires and demands to participate in care differ by their emotional states. Furthermore, active patient participation in care reduces when they feel emotionally impaired. Studies on increasing patient participation in the individualized care delivery of nurses emphasize the need for nurses to respect the individuality and autonomy of their patients, and handle patient problems individually. Patients and their families should provide collaborative care, accounting for their feelings, needs, values, cultural backgrounds, and beliefs (Ozdemir, 2019; Suhonen et al., 2018). Nurses providing individualized care should be aware of patients' uniqueness and involve patients while performing their care practices, considering all dimensions of their being (Tosunöz et al., 2021). One of the most fundamental aspects of nursing care is establishing a nurse-patient relationship with open communication where patients feels accepted and can actively participate in the care process (Hertog and Niessen, 2021). We must ensure that patients have, understand, and apply all the necessary information to make an informed decision and incorporate it into their care (Kuosmanen and Ahtiluoto, 2021).

The second primary theme that emerged was "supporting the patient in participating in their individualized care." Participants reported that supporting patients' decisions, giving them responsibility and maintaining their daily habits to practice individualized care is vital. Involving patients in the

decision-making process is a key element in quality healthcare delivery and their fundamental right (Australian Commission on Safety and Quality in Health [ACSQHC], 2017). To attain the goals of individualized care, besides providing care by adapting nursing actions in line with the patient's characteristics, the patient must also perceive the nurse's approach, experience (Tosun et al., 2023). In this study, nurses encouraged patients to perform their care practices, gave them responsibilities for personal care, and ensured to maintain their daily habits. An important note here is that nurses supporting patients in participating in their care allows them to have some control over their bodies, functions, and lives but does not give them full responsibility for all decisions. For instance, in the present study, nurses not involving patients deciding whether patients should consume medication in the presence of a pathology. However, they wanted patients' involvement and participation in decisions about daily events, such as taking a warm shower in the evening to promote relaxation. In our findings, while the patients were involved in seemingly trivial decisions, it increased their control over the disease process. It can also improve physical and psychological health, satisfaction with care, quality of life, and a sense of self-worth (Hertog, and Niessen, 2021; Kuosmanen and Ahtiluoto, 2021). Nurses have a positive attitude to support their patients' preferences and involve them in care, providing positive patient care results, increasing their job satisfaction, improving the therapeutic relationship between patients and nurses, and eliminating their power imbalances (Mackie et al., 2021; Tosunöz et al., 2021).

The third primary theme was the "barriers to participation in decisions in individualized care practice." These obstacles were regarding the delivery of health services, excessive workload, and sociocultural differences. Adverse working conditions negatively affect the professionalization process of nursing, making it challenging for them to provide individualized care. In this regard, local policy and obstacles regarding the execution of health services can prevent nurses from participating in the care planning of patients. Policies and practices that allow information sharing with patients support their participation in the decision-making process regarding individualized care, and such participation should be supported. Differences

exist between the policies and practices offered by public and private hospitals regarding individualized care practice. Tosun et al. (2023) reported that private hospital nurses provide higher levels of nursing care, including emotional support, interest, communication, professional knowledge, and accessibility in the care process, than public hospital nurses. They are more participatory in decision-making by respecting patients' preferences than public hospital nurses. Patients' roles in their care are recognized in various policy documents, and they preferred hospitals where they play an active role in their care. Policies regarding individualized care have not yet been adopted in the public hospital where the present study was conducted. However, we found that nurses largely involve their patients in decisions about care practices without waiting for policy enforcement. The excess workload of nurses was another obstacle recognized in the study. Tosun et al. (2023) examined the individualized care behaviors of nurses caring for refugees. They determined that nurses with more experience encountering different cultures were good at individualized care than those without it. Literature suggests that nurses' attitudes and cognitions, nurse-patient mutual agreements, and communication are other obstacles to individualized care (Kao et al., 2022).

Therefore, patient-centered individualized care practices can be applied by establishing a positive therapeutic relationship with the patient, supporting them in participating in their individualized care, and overcoming the obstacles to the care. Individualized care practices, where patient needs are considered, information sharing is sufficient, and patients are supported in their decisions, lead to quality health outcomes (Tosun et al., 2023; Ozdemir, 2019). It is vital that nurses support patients to participate in their care as much as possible and give responsibility.

CONCLUSION

The results of the study showed three themes. First, "establishing a positive therapeutic relationship in individualized care," explained the consideration of patients' emotional needs, determining their wishes and demands, and informing them. Second, "supporting the patient in participating in their individualized care," explained that

patients' decisions regarding their care should be supported, they should be given responsibility for their care, and their daily habits should be maintained. Third, "barriers to participation in decisions in the practice of individualized care," explained the barriers experienced in delivering health services, the excess workload, and the barriers arising from the sociocultural differences among patients.

Therefore, in order to increase the quality of patient care, practices and policies that support individualized care for nurses should be developed. Nurses should receive training in empathy and active listening skills to better understand and address patients' emotional needs. It should be encouraged shared decision-making models where patients are actively involved in their care choices. Nurses should empower the patients by providing them with the necessary tools and information to manage their own care and integrate the patients' daily routines and habits into their care plans to ensure continuity and adherence. Additionally, hospital management should be addressed systemic issues such as staffing shortages and resource allocation to reduce barriers to care. By following these recommendations, healthcare systems can enhance the quality of individualized care, ensuring that patients' needs and preferences are effectively addressed while overcoming common barriers.

AUTHOR CONTRIBUTION

Idea/Concept: G00; Supervision: G00; Data Collection and/or Processing: G00, SEA; Analysis/Comment: G00; Article Writing: G00; Critical Review: G00, SEA

CONFLICT OF INTEREST

The authors declare no conflict of interest.

FINANCIAL DISCLOSURE

The authors received no financial support for this research.

ACKNOWLEDGEMENTS

Special thanks to the managements in the Cankiri State Hospital to achieve the potential participants and special thanks to the nurses who participated in this study.

ETHICAL STATEMENT

Ethical approval was obtained from the Cankiri Karatekin University Health Sciences Ethics Committee (Date: 25.10.2022 No: 8d523ace0be24724 Decision No: 3), the hospital chief physician, and the provincial health directorate (Date: 06/11/2022, No: E-53449070-771-158).

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