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# Impact of Total hip Replacement Patients'characteristics' On Their Perceptions of Individualized Nursing Care

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***Abstract:*** *Individualized care is a type of nursing care service that takes into consideration the patient's clinical condition as well as related personal characteristics, the patient's lifestyle and preferences.* ***Aim****: The aim of this study was to identify the Impact of Total hip replacement patients' characteristics' on their perceptions of individualized nursing care.****Design****: the study followed a descriptive design.* ***Setting:*** *the study was carried out in El Hadra University Hospital Alexandria University.* ***Subjects:****Convenience sample of two hundred patients who agreed to participate in the study. Interviews were conducted with patients who met the study criteria to fulfill the study's tools.* ***Tools:*** *Two tools were used to collect the necessary data* ***Tool I:****socio-demographic and clinical data structured interview schedule* ***Tool II:****The Individualized care scale to make an evaluation of individualized care from the perspective of the patient. The ICS comprises two sections of 17 items each. It is a scale that assesses the awareness of patients about nursing interventions that seek to support the patient's individuality (ICS-A) and evaluates the patient's perception of the individuality of the care received (ICS-B).****Method:****A total of 200total hip replacement patients, aged 20- 60 years or over, admitted for over 48 hoursas emergencies or for joint replacement surgery, using a two-part ICS.The data were analyzed using both descriptive and inferential statistics.* ***Results:****The longer length of their stay in hospital the more thepatients regarded that their individuality has been supported through nursing interventions. Males morethan females regarded that their personal life situation had beenrecognized and supported through nursing interventions. In general, the lower level of their education, themore the patients perceived support of individuality as a whole.*

***Keywords:*** ***Conclusion****patient's personal lifesituation should be utilized as a foundation for individualized clinical care.*

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## I. Introduction

Individualized care is a universal concept in nursing. Individualization is considered a mostly important feature of nursing care via nurses, patients and their families. Patient perceptions are imperative when evaluating nursing care delivery, several factors effecton patients' perception of individualized care. However, only the decision-making process can be actively influenced by nurses. Therefore, nurses should be encouraged to promote shared decision-making regarding patients' nursing care.Patient-centered nursing care (PCNC), which places the patient in the center of the care process and is holistic, individualized, tailored, respectful and permitting and appealing people for many years ago[(1)].

Although different societies have perceived individuality in a diversity of dimensions, the general meaning of the term has generally encompassed one's effort to realize oneself, live a life that is unique and different from others, and to desire to be a different person. Individuality has occupied an important area of interest in modern nursing since the 1960s and individualized care plans have become a prominent dimension of the nursing process. The concept of individuality in the context of nursing goals is also used in defining the quality of care, good nursing practices and outcomes, and includes one of the most important basic morals of health care. 'Individuality' is acknowledged as being one of the most important components of quality of life and both patients and nurses identify the importance of 'individualized care[(2)].

Individualized approaches to patient care are steadily gaining consideration in nursing services.The decisions that will have an impact upon the patient's care and his/her own participation in the decision-making process. Individualized care incorporates the patient's personal experiences related to leisure time, work, home and illness, physical symptoms and particularly the patient's perceptions of the attention given to the behavior, thoughts, clarification of events and experiences that are the foundationsof coping[( 3)].

In order to ensure that individualized care is provided in the right approach and with no deficiencies, the care plan should consider the patient's personal situation, universal state of health, decision-making ability and predilections. Nurses who have assumed the individualized care approach are aware that their patients are distinctive individuals in their own right and plan their program of care together with the patient, taking into

consideration the patient's personal experiences, behavior, beliefs and perceptions. This allows the nurse to better understand the patient's complaint and note acute medical problems more easily[4].

Osteoarthritis (OA) is a common, disabling and costly disease. Total joint arthroplasty (TJA) is designated for individuals with advanced hip or knee OA in whom medical management has failed to control symptoms or physical functioning has deteriorated to an intolerable level. It has been consistently verified that most TJA recipients experience substantial, sustained long-term improvement in joint pain, mobility, and health-related quality of life. In preparing patients for total hip replacement surgery, providing thorough information helps to reduce anxiety, manage postoperative pain, avoid complications, and better engage patients in their rehabilitation. However, patient characteristics may have an influence on the ability to comprehend and assimilate the information given[5].

Many factors have an influence on the individualized care that nurses provide their TJA patients. Studies report that the type and size of the hospital, the size of the clinic, the number of nurses, the communication between health team members, the work load of nurses, their work-focused approach, personal progress and professional experience and the fact that nurses in different countries work under different guidelines are some of the factors that affect the proposing of patient-specific, individualized care[6].

**The aim** of this study was to identify the Impact of Total hip replacement patients' characteristics' on their perceptions of individualized nursing care.

The research questions were: (1) How do TJApatients perceive support of their individualitythrough nursing interventions? (2) How individualized do theyperceive their care? (3) What TJApatients' background factors wereassociated with these perceptions?

## II. Materials And Method

**Design**: The study followed a descriptive design

**Setting:** The study was carried out in El Hadra University Hospital Alexandria University.

**Subjects:**Convenience sample of two hundred patients who met the study criteria, which are patients, aged 20 - 60 years, literate and with no communication problems, who had been hospitalized for treatment and nursing care in the orthopedics surgery department of nareman a university hospitalwere included in thestudy.

**Tools:** Two tools wereused to collectthe necessary data

**Tool I:** structured interview schedule to identify patients' personal and socio-demographic characteristics

**Tool II:Individualized Care Scale**

The ICS is a five-item Likert type of scale developed in 2010 by Suhonen *et al*[7]. to make an evaluation of individualized care from the perspective of the patient. The ICS comprises two sections of 17 items each. It is a scale that assesses the awareness of patients about nursing interventions that seek to support the patient's individuality (ICS-A) and evaluates the patient's perception of the individuality of the care received (ICS-B). Both the ICS-A and ICS-B are composed of similar statements and an equal number of items. There are three subscales that relate to individuality in terms of the patient's clinical situation (1–7), individuality in terms of the patient's personal life situation (8–11) and individuality in terms of having decisional control over one's care .The items on the ICS are scored on the basis of 1–5 (strongly disagree, 1; disagree, 2; neither disagree nor agree, 3; agree, 4, and strongly agree, 5). The score for each section is found by dividing the total score for the subscales by the total number of items. The higher the score on the ICS-A, the more individualised nursing interventions have become; the higher the score on the ICS-B, the higher the patient's perception of individualised care (Suhonen *et al*. 2005a, 2010b, Acaroglu *et al*. 2007, 2011, Acaroglu&Sendir 2012)[8].

## III. Methods

### 1. Written approval

An official written permission to conduct the study was obtained from the hospital administrative personnel and directors of nursing services department of the chosen setting after explanation of the aim of the study.

### 2. Development of the study tools

Tools I was developed by the researcher after review of recent relevant literature. Tool IIThe ICS is a five-item Likert type of scale developed in 2010 by Suhonen *et al.*

### 3. Content validity

Tools of the study were tested for content validity by jury of five experts in the field of medical surgical nursing.

### 4. Reliability

Reliability of the tools was done using internal consistency reliability was examined using Cronbach's alpha coefficients. Reliability coefficient for the tools was ranged from 0.75 to 1.0

### 5. Patient's consent

Informed consent was obtained from the participants after explanation of the purpose of the study. Privacy and confidentiality was ascertained.

### 6. Pilot study

A pilot study was carried out by the researcher on five patients to test the clarity and the applicability of the tools and to identify the difficulties that may be faced during the application of the tools.

### 7. Data collection

After securing the administrative approval, data collection was started, and continued for a period of 3 months (fromdecember2016 to marsh 2018). A convenience sample of two hundred patients'was assigned for thestudy.

### 8. Steps of the study

Interviews were conducted by the researcher with patients to fulfill the study tools, each patient for period of 30 minutes.

### 9. Statistical analysis

After data were collected and transferred into specially design formats, so as to be suitable for computer feeding. Data were analyzed using computer with statistical package for social sciences (IBM SPSS) version 20[(9)].

- **Descriptive statistics**

Count and percentage: used for describing and summarizing data.

- **Analytical statistics**

The statistical analysis was included:-

1. Chi-square ($\chi 2$): It was used to test the association between two qualitative variables.
2. Normality assumptions of the ICS variables were violated (Kolmogorov-Smirnov test, $P < 0.05$), and thus, numerical (age, length of stay) background factors in association with the ICS variables were tested using **Spearman'** rho correlation coefficients (*r* with *P*-value)
3. Categorical variables with two groups (gender, type of admission, previous experiences of hospitalization, chronic condition) using Mann–Whitney *U*-test with bonferroni corrections (*U* with *P*-value) and with three or more groups (education) using Kruskall–Wallis test.
4. The level of significant for the study was $p \leq 0.05$ [(10)].

## IV. Results

### Table (I): Shows distribution of patients regarding their socio-demographic and clinical Characteristics

As regards **age**, it was observed that the highest percentage of patients was in the age group of (40-50). Regarding **sex**, around two thirds of the patients were males. In relation to **marital status**, the highest percentage (73.5%) was married. (31%) of them were University education and (28.5%) had Secondary education (43%) were not working.

Regarding **reason for admission** it was observed that (44.5%) were admitted because of injury. regarding **Associated disease** it was noticed that (30.5 ,36.5%) had renal and diabetes mellitus.it was noticed that (75.5%) had **pervious hospitalization** and more than half of the patients admitted to hospital for more than one month **.**

### Table (II): Shows distribution of patients regarding their opinion regardsof individuality in care

Regarding **their clinical situation,** it was noticed that (28.5, 30 %) of the patients agreed that the nurse must talk with them about their needs that require care and attention, as well as she must give them the chance to take responsibility for themselves care as far as they able .40% of the patients were uncertain about the nurse role in Identifying changes that they felt. more than half of the patients were agreed on the nurse should talk with them about their fears and anxieties, what the condition meaning to them and to made an effort to find out how the condition has affected them and find out what kinds of things they do in their everyday life outside the hospital (work, leisure activities)

In relation to **their personal life situation,** it was observed that72% of the patients agreed that the nurse should ask them about their everyday habits (eg, personal hygiene). As well as more than half of them agreed that the nurse must asked them whether they want their family to take part in their care and make sure of their understanding of the instructions they have received in hospital.

Concerning **their decisional control it was observed** that the majority of the patients agreed that the nurses' should ask the patients about what they want to know about their condition band give them enough information about their condition from the nurses and Listen to their personal wishes with regard to their care. More than half of them agreed that the nurses should help them to take part in decisions concerning their care helped to express their opinions on their care.

**Table (III): Shows distribution of patients regarding their perception of individuality in care**

In relation to **their clinical situation,** it was noticed that (99 %) of the patients agreed that the feelings they have had about their condition have been taken into account in their care, were as (36.5 %) of the patients were uncertain that their need about required care and attention have been taken into account in their care.29% of the patient have the chance to take responsibility for caring for themselves as far as they able .36.5% of the patients were The disagree about that the changes in how they have felt have been taken into account in their care .An equal percentages 39% of the patients were agree that their fears and anxieties of have been taken into account in their care and the way the condition has affected them has been taken into account in their care. on the other hand quarter of the patients agreed that the meaning of the illness to them personally has been taken into account in their care.

Concerning **their personal life situation,** it was observed that less than quarter of the patients strongly agreed that their everyday activities (eg, work, leisure activities) have been taken into account in their care, their previous experiences of being in hospital have been taken into account in my care and their family have taken part in their care. Were as more than quarter of the patients strongly agreed that their everyday habits have been taken into account during their stay in hospital (eg, personal hygiene)

In relation to **their decisional control it was observed** an equal percent 29%of the patients were agreed that they have followed the instructions they have received in hospital, the opinions they have expressed have been taken into account in their care. As well as the wishes they have expressed have been taken into account in their care. Were as 30, 32% of the patients were uncertain about they have received enough information about their condition from the nurses and they have taken part in decision-making concerning their care.

**Table (VI): Shows association of patients socio-demographic and clinical characteristics with patients' perceptions of individualized care**

Patients' socio-demographic clinical data were explored in association with the ICS sub-scales. Only some variables were statistically significantly associated with the study variables ICS-A, clinical situation A, personal life situation A,decisional controlA, ICS-B, clinical situation B, personal life situation B,decisional controlB.

Concerning sex the table shows that males more than females regarded that their personal life situation and decisional control ICS-A must be recognized and supported through nursing interventions (p=.017*, p=.029*). In relation to educational level it was observed that the level of their education, the more the patients perceived support of individuality as a whole in decisional control (ICS-A, p=.001*), (ICS-B, p=.012*)

As for occupation and marital status it was observed that the married not working patients regard their personal life situation and decisional control (ICS-A p=.013*, p=.001*) they already have nursing care that considered their personal life situation and decisional control.Regarding associated disease it was observed that patients regard their personal life situation and it should be involved in their care. Concerning pervious hospitalization the longer length of their stay in hospital the more patients regarded that their individuality has been supported through nursing interventions ($P$ = 0.001).

## V. Discussion

A growing number of studies have shown that PCNC is associated with improved patient outcomes. It leads to better nursing care and gives them a feeling of greater autonomy and better quality of life. According to Suhonen and colleagues, age, gender, educational level, length of stay, and type of admission have a significant influence on how patients perceive care as individualized, on the organizational level, the number of wards in a hospital and the number of beds per ward as well as nurses' work engagement and the ward's service seem to influence individualized care[ 11 ].

DeterminingTJA patients' perceptions of nursing carehas earned importance because of the current race between hospitals, the increased consideration to cost effectiveness, the shorter stays in the hospital, and the increased use of technology. Although individualized nursing care has been executed since the 1990s, there are few studies in the literature that appraise perceptions regarding individualized care. There appears to be a need to explore patients' perceptions and awareness of individualized nursing care[(12)]. So the aim of this study was to identify the Impact of Total hip replacement patients' characteristics' on their perceptions of individualized nursing care.

As regards **age**, it was observed that the highest percentage of patients was in the age group of (40-50).This finding was supported by**Stewart**, (2016)[(13)] who mentioned that the most common age groups of patients complaining from trauma and undergoing joint replacement were ranging from (40 to 50) years.As well as, a study by **Schmidt**(2010) [(14)], reported that the patients between (40 and 50) years were frequently affected by osteoarthritis than other age groups. On contrary, **Ropert**(2015)[(15)] emphasized that young children are at particularly high risk for trauma due to their over activity and need joint replacement .In addition, **Balan**, (2011)

[16], stated that younger adult's in the age group (20 to 30) years are the age group with greater number of injury and trauma.

Regarding **sex**, around two thirds of the patients were males,that could be interpreted as males have greater risk for injury related to their work than females This result comes in line with Hans who mentioned that osteoarthritis predominantly affect adult males. Similar finding was revealed by a study done by **Sade** (2013) [17],found that the incidence of OA was higher in males compared to females.In relation to **marital status were** marriedthis could be related to the age group of the majority of patients which ranged from (40<50) years old. Similar finding was revealed by **Ali** (2017)[18] who studied the effect of nursing rehabilitation program on the quality of life among patients undergoing joint replacement , reported that most patients were married and some patients reported improvement in their sexual abilities with exercise training program. The study done by **El sharkawy** (2014) [19], revealed contradictory results, where the majority of patients were single and divorced because joint disease affected their sexual function.

Concerning **educational level** the study results revealed that more than quarter of them were University education and had Secondary education were as twoquarter of them were not workingThis observation may be due to effect of osteoarthritis on the patients' daily living activities and limitation of the patients' ability to work as a result of disease burden. This is in line with **Maps** (2015) [20] who mentioned that osteoarthritis and joint replacement can result in work related problems .On the other hand, **Frich** (2013) [21], stated that two thirds of OA patients can compensate with their illness and continue their work if they had proper social and psychological support.

As **for, distribution of patients regarding their opinion aboutindividuality in care.**Regarding **their clinical situation,** it was noticed that more than quarter of the patients agreed that the nurse must talk with them about their needs that require individualized care.This is in line with**Radwin**(2011)[22 ] who found that the majority of the respondents (63%) strongly agreed with thestatement 'It is important that nurses care for me as an individual'.This come in line with earlier research **Lauver**(2002)[23],showing that being treated asan individual is important for thepatients .

On the other hand **Shubonen**(2012)[24],confirmed that, however, only half of the respondents in our studystrongly agreed with the statement 'During hospitalization thenurses cared for me as an individual'. This result confirms **Halldorsdottir**(2007)[25]study which reported that patients wanted to be treated asindividuals,but many of thepatients experienced minimal individualized care.

In relation to **their personal life situation,** it was observed that near than three quarter of the patients agreed that the nurse should ask them about their everyday habits (eg, personal hygiene). On contrary **Attree**( 2014)[ 26]found thatbased on the results, patients' personal life situation do notreceive due consideration. Therefore, there is a need to develop interventionsthat acknowledge patients' personal life outside hospital such astheir occupation, social life and interests, and facilitate the tailoringof care to these different situations. For most of the historyof nursing research and practice, interventions have been tightlycontrolled and have not allowed for individual differences inpatient care delivery (**Lauver** et al. 2002)[ 27].

There is an obviousneed for nurses to have the ability to be flexible in differentcircumstances. There is also strong research evidence that thiskind of standard care delivery in this respect does not applyanymore for the achievement of positive patient outcomes **Meltzer** (2007)[28 ].

Concerning **their decisional control it was observed** that the majority of the patients agreed that the nurses' should ask the patients about what they want to know about their condition band give them enough information about their condition .Thisreflects the fact that patients are unique and have personal healthdeterminants and that nursing care interventions should be individualized,demonstrated by the use of different interventions fordifferent patients , this results supported by **Weiner**(2014)[ 29] who found that given thisargument it is possible that the number of patients who perceivethey are being treated as a unique human being will be increasedin acute orthopedic surgery.

**In relation to patients perception of individuality in** care. Regarding **clinical situation,** it was noticed that majority of the patients agreed that the feelings they have had about their condition have been taken into account in their care. Overall the orthopaedic patients experienced a good measure of individualized care in some dimensions even though, at the same time, they reported that this was not matched by the level of support by nurses. This come in line with **Shubonen**who stated that, patients responded with higher agreement in the ICS-B items, which may indicate that they were reporting general satisfaction with nursing care rather than their feelings in relation to the specific questions asked in the ICS-A scale. This illustrates the difference between the scales, ICS-A which relates to concrete issues

Concerning **their personal life situation,** it was observed that less than quarter of the patients strongly agreed that their everyday activities (eg, work, leisure activities) have been taken into account in their care, well as the wishes they have expressed have been taken into account in their care. Were as one third of the patients were uncertain about they have such as duties, interventions and what nurses 'do'. Same result found by **Burns& Grove**(2015)[31]who stated that ICS-B which is about feelings and level of agreement about care.

Typically, the second scale is more readily identifiable with the high scores associated with patient satisfaction surveys. This is where patients want to please and try to give positive answers because they do not want to blame anyone or they may be afraid that negative feedback or poor evaluation may have an effect on possible future care.

In relation to **their decisional control it was observed** an equal percent about more than quarter of the patients were agreed that they have followed the instructions they have received in hospital, the opinions they have expressed have been taken into account in their care. As well as UK and international results could also be usedin nursing education as an example of how nurses can learn torecognize and facilitate patients' perspectives on effective care. Inaddition, the results highlight the need for developing initiativesand stronger impact of the nursing profession in health-careorganization to demand for resources and support from otherhealth professionals to strive for better care for patients. This isalso a wider implication surrounding the promotion of professionalagenda for nursing care through a strong political contention,patient desire and evidence of positive impact ofindividualized care on patient outcomes.

**Concerning the association betweenpatients' socio-demographic and clinical characteristics with their perceptions of individualized care.** As for sex the study shows that males more than females regarded that their personal life situation and decisional control this results supportedby**Land** (2016)[32] who found that **,**males morethan females regarded that their personal life situation had beenrecognized and supported through nursing interventions (PersB,$P$ = 0.07). In relation to educational level it was observed that the high level of their education, the more the patients perceived support of individuality as a whole in decisional control. On contrary**Dixon** (2014)[33], stated thatthe lower the level of their education, themore the patients perceived support of individuality as a whole.As well as, patients' age, gender, type of admission, previous experiences and whether they had a chronic condition were not associated with their perceptions of individuality in supported or delivered care[34]

As for occupation and marital status it was observed that the married not working patientsregard their personal life situation and decisional control, they already have nursing care that considered their personal life situation[35]

Concerning pervious hospitalization the longer length of their stay in hospital the more patients regarded that their individuality has been supported through nursing interventionslonger the length of their stay in hospital the more thepatients regarded that their individuality has been supportedthrough nursing interventions ($P$ = 0.011–0.037).

## VI. Conclusion

Individualized care has been shown to have an effect on creatingpositive and facilitating influence for patients' health outcomes,particularly in long-term conditions and recovery. Such care isvaluable, but based on the results, there is a necessity to developnursing care interventions to be more individualized for everypatient.At least, patients' personal situation should be taken intoaccount in caremore often. There were also shortcomings inperceived individuality in clinical situation and in some of thespecific matters such as the meaning of the illness on the patientand effects of the conditions have on diverse patients. The topicof developing individualized valuable care for orthopedicpatients is vital in nursing as this group of patients is growingand represents typicalpatient group that stays longer at hospitals.

## VII. Recommendations

Based on the findings of the present study, the following recommendation are derived and suggested-:

### A- Recommendation for the nurses:-

1. Booklet should be distributed to each nurse about individualized patient care.
2. Applying individualized nursing care for each patientsseparetly.

### B Recommendation for further research:

**1.** Effect of using individualized nursing care on osteoarthritis patient health outcomes

**Table (I): distribution of patients regarding their socio-demographic and clinical characteristics**

| Patients socio-demographic data | | No. | % |
|---|---|---|---|
| **Age** | 20<30 | 42 | 21 |
| | 30<40 | 46 | 23 |
| | 40<50 | 59 | 29.5 |
| | 50<60 | 53 | 26.5 |
| **Sex** | Male | 122 | 61 |
| | Female | 78 | 39 |
| **Education** | University | 62 | 31 |
| | Secondary education | 57 | 28.5 |
| | Primary education | 36 | 18 |
| | Read and write | 45 | 22.5 |
| | Illiterate | 0 | 0 |
| **Occupation** | Professional | 5 | 10 |
| | house wife | 44 | 22 |
| | Manual | 60 | 30 |
| | Not working | 86 | 43 |
| **Marital status** | Single | 15 | 7.5 |
| | Married | 147 | 73.5 |
| | Widow | 37 | 18.5 |
| | Divorced | 1 | 0.5 |
| **reason for admissio**n elective surgery | | 4 | 2 |
| | an injury | 89 | 44.5 |
| | sudden pain | 80 | 40 |
| | inflammation | 27 | 13.5 |
| **Associated disease** renal | | 61 | 30.5 |
| | Heart failure | 5 | 2.5 |
| | diabets mellitus | 73 | 36.5 |
| | viral hepatitis | 25 | 12.5 |
| | Chronic obstructive pulmonary diseases | 17 | 8.5 |
| | Others | 19 | 9.5 |
| **pervious hospitalization yes** | | 151 | 75.5 |
| | no | 49 | 24.5 |
| **length of stay** | <1 month | 118 | 59 |
| | 1< 2 month | 56 | 28 |
| | 2<3 month | 23 | 11.5 |
| | >3 month | 3 | 1.5 |

The level of significant was $p \leq 0.05$

**Table (II): Shows distribution of patients regarding their opinion regardsof individuality in care**

| ICS. A | Strongly Agree | Agree | Uncertain | Disagree | Strongly disagree |
|---|---|---|---|---|---|
| 1. Talked with me about my needs that require care and attention | 35 | 28.5 | 24.5 | 5 | 7 |
| 2. Given me the chance to take responsibility for my care as far as I am able. | 20 | 30 | 28 | 4 | 18 |
| 3. Identified changes in how I have felt | 13.5 | 12 | 40 | 25 | 9.5 |
| 4. Talked with me about my fears and anxieties | 35 | 39 | 22 | 2 | 2 |
| 5. Made an effort to find out how the condition has affected me. | 27.5 | 26.5 | 42 | 3 | 1 |
| 6. Talked with me about what the condition means to me | 28 | 24 | 17 | 14 | 17 |
| 7. Asked me what kinds of things I do in my everyday life outside the hospital (work, leisure activities) | 24 | 35 | 19 | 9.5 | 12.5 |
| 8. Asked me about my previous experiences of hospitalization. | 19 | 10 | 33 | 28.5 | 9.5 |
| 9. asked me about my everyday habits (eg, personal hygiene). | 41 | 31 | 23.5 | 3 | 1.5 |
| 10. Asked me whether I want my family to take part in my care | 29.5 | 29 | 36 | 2.5 | 3 |
| 11.Made sure I have understood the instructions I have received in hospital. | 43 | 21 | 4 | 28 | 4 |
| 12. Asked me what I want to know about my condition | 32.5 | 52.5 | 6.5 | 5 | 3.5 |
| 13.I have received enough information about my condition from the nurses | 42 | 47.5 | 3.5 | 5.5 | 1.5 |
| 14. Listened to my personal wishes with regard to my care | 33 | 38.5 | 21.5 | 2 | 5 |
| 15.Helped me take part in decisions concerning my care. | 38 | 28 | 19 | 7 | 8 |
| 16.helped me express my opinions on my care | 26 | 26 | 24 | 18 | 6 |
| 17. Asked me at what time I would prefer to wash | 32.5 | 22.5 | 25 | 11.5 | 8.5 |

The level of significant was $p \leq 0.05$.

**Table (III): Shows distribution of patients regarding their perception of individuality in care**

| ICS. B | Strongly Agree | Agree | Uncertain | Disagree | Strongly disagree |
|---|---|---|---|---|---|
| 1. The feelings I have had about my condition have been taken into account in my care. | 36 | 63 | 0.5 | 0.5 | 0 |
| 2.My needs that require care and attention have been taken into account in my care. | 27.5 | 26 | 36.5 | 0 | 10 |
| 3. I have assumed responsibility for my care as far as I am able. | 26 | 18.5 | 29 | 7.5 | 19 |
| 4. The changes in how I have felt have been taken into account in my care. | 18.5 | 0.5 | 34.5 | 36.5 | 10 |
| 5. Any fears and anxieties of mine have been taken into account in my care. | 35 | 39 | 22 | 2 | 2 |
| 6. the way the condition has affected me has been taken into account in my care | 28.5 | 39 | 25.5 | 0.5 | 6.5 |
| 7. The meaning of the illness to me personally has been taken into account in my care | 25.5 | 22 | 32 | 5.5 | 15 |
| 8. My everyday activities (eg, work, leisure activities) have been taken into account in my care. | 22.5 | 7 | 31.5 | 26.5 | 12.5 |
| 9. My previous experiences of being in hospital have been taken into account in my care | 24.5 | 23 | 23.5 | 18 | 11 |
| 10. My everyday habits have been taken into account during my stay in hospital eg, personal hygiene). | 28 | 25 | 22 | 17.5 | 7.5 |
| 11. My family have taken part in my care if I have wanted them to | 22.5 | 26.5 | 28.5 | 9.5 | 13 |
| 12. I have followed the instructions I have received in hospital. | 29 | 28.5 | 20 | 11.5 | 11 |
| 13. I have received enough information about my condition from the nurses | 25 | 22 | 30 | 11.5 | 11.5 |
| 14. The wishes I have expressed have been taken into account in my care. | 29 | 38 | 17.5 | 9.5 | 6 |
| 15. I have taken part in decision-making concerning my care. | 27.5 | 22 | 32 | 8 | 10.5 |
| 16. The opinions I have expressed have been taken into account in my care | 29.5 | 19 | 25 | 12 | 14.5 |
| 17. I have made my own decisions on when to wash. | 25 | 4.5 | 27 | 34 | 9.5 |

The level of significant was $p \leq 0.05$.

**Table (VI): Shows association of patients socio-demographic and clinical characteristics with patients' perceptions of individualized care**

| Socio-demographic and clinical data | ICSA | | | ICSB | | |
|---|---|---|---|---|---|---|
| **Age**<br>20<30<br>30<40<br>40<50<br>50<60 | Clinical situation | Personal life situation | Decisional control | Clinical situation | Personal life situation | Decisional control |
| | 6.49,P=.889 | 17.42,P=.134 | 15.48,P=.216 | 8.54,p=.48 | 12.50,p=.40 | 18.60,p=.098 |
| **Sex**<br>Male<br>Female | 11.99,p=.017* | 3.93,p=.415 | 4.96,p=.029* | 2.36.p=.66 | 5.01,p=.28 | 4.39,p=.35 |
| **Education**<br>University<br>Read and write<br>Primary education<br>Secondary education<br>illiterate | 17.6,p=.34 | 13.9,p=.59 | 39.39,p=.001* | 21.2,p=.17 | 18.30,p=.30 | 31.7,p=.012* |
| **Occupation**<br>not wok<br>professional<br>Manual<br>Not working house wife | 7.46,p=.82 | 51.3,p=.001* | 25.4p=.013* | 20.9,p=.59 | 22.136,p=0.026* | 21.65,p=.042* |
| **Marital status**<br>Single<br>Married<br>Widow<br>Divorced | 7.48,p=.79 | 29.49,p=.003* | 48.95,p=.001* | 11.90,p=.46 | 30.47,p=.002* | 22.31,p=.001* |

| Socio-demographic and clinical data | ICSA | | | ICSB | | |
|---|---|---|---|---|---|---|
| **reason for admission** elective surgery an injury sudden pain inflammation | Clinical situation | Personal life situation | Decisional control | Clinical situation | Personal life situation | Decisional control |
| | 15.92,p=.192 | 6.49p=.89 | 3.0p=.99 | 4.90,p=.84 | 15.11,p=.23 | 11.74,p=.73 |
| **Associated disease** renal Heart failure diabetes mellitus viral hepatitis Chronic obstructive pulmonary diseases Others | 73.22,p=.22 | 60.11,p=.001* | 12.90,p=.88 | 27.33,p=.33 | 23.81,p=.002 | 25.6,p=.17 |
| **pervious hospitalization** yes no | 9.40,p=.66 | 38.1,p=.001* | 21.07,p=.004* | 9.50,p=.65 | 19.47,p=.002* | 60.11,p=.001* |
| **length of stay** <1 month 1<2 month 2<3 month >3 month | .98,p=.91 | 1.85,p=.76 | 3.27,p=.55 | 2.83,p=.41 | 4.89,p=.39 | 5.17,p=.71 |

## References


[1]. Aiken LH, Clarke SP, Sloane DM. Hospital staffing, organizational support, and quality of care: Cross-national findings. International Journal for Quality in Health Care. 2012;14(1):5–13.[PubMed]

[2]. Aspinal F, Addington-Hall J, Hughes R, Higginson IJ. Using satisfaction to measure the quality of palliative care: A review of the literature. Journal of Advanced Nursing. 2013;42(4):324–339.[PubMed]

[3]. Thompson, I.E., Melia, K.M. & Boyd, K.M. (2000) Nursing Ethics, 3rd edn. Longman Singapore Publishers, Singapore.

[4]. Berry, L.L., Selders, K. & Wilder, S.S. (2003) Innovations in access to care:a patient-centred approach. Annals of Internal Medicine, **139** (7),568–574.

[5]. Guruge, S. & Sidani, S. (2002) Effects of demographic characteristics on preoperative teaching outcomes: a meta-analysis. Canadian Journal of Nursing Research, **34** (4), 25–33.

[6]. BJD Strategic Plan (2006) The Bone and Joint Decade, Strategic Plan 2006–2010 and Beyond, 2007. Available at: http://www.bjdonline.org/html/musconline/images/2006_BJD_Conference/Bone_and_Joint_Decade_Strategic_Plan_2006 2010_and_Beyond.pdf (accessed 12 April 2007).

[7]. Suhonen, R., Schmidt, L.A. & Radwin, L. (2010) Validity and reliability assessment of three scales to measure individualized nursing care.Journal of Advanced Nursing, **59** (1), 77–85.

[8]. Suhonen, R., Välimäki, M. & Leino-Kilpi, H. (2012a) Outcomes of individualized nursing interventions on adult patients – a literature review. Journal of Clinical Nursing, **17** (7), 843–860

[9]. Raynald Levesque's SPSS Tools – library of worked solutions for SPSS programmers (FAQ, command syntax; macros; scripts; Python)

[10]. Dawson B., Trapp G. Basic and clinical biostatistics. London: Appleton & Lang.2012.855-90.

[11]. International Council of Nurses (2005) Code of Ethics for Nurses. International Council of Nurses, Geneva, Switzerland.

[12]. Burns, N. & Grove, S.K. (2005) The Practice of Nursing Research. Conduct, Critique and Utilisation, 5th edn. W.B. Saunders Co, Philadelphia, PA.

[13]. Stewart, M., et al. (2016) The impact of patient-centered care on outcomes. Journal of Family Practice, **49** (9), 796–804.

[14]. Schmidt, L.A. (2010) Patients' perceptions of nursing care in the hospital setting. Journal of Advanced Nursing, **44** (4), 393–399.

[15]. Ropert R., Leino-Kilpi, H. & Välimäki, M. (2015) Development and psychometric properties in the Individualized Care Scale. Journal of Evaluation in Clinical Practice, **11** (1), 7–20.

[16]. Balan B, Lingam L. Unintentional injuries among children in resource poor settings: where do the fingers point? Arch Dis Child. 2012;97(1):35–8. doi: 10.1136/archdischild-2011-300589. [PubMed] [Cross Ref]

[17]. Sade, R.M., et al. (2013) Ethics gap in surgery. The Annals of Thoracic Surgery, **69** (2), 326–329.

[18]. Radwin, L., Alster, K. & Rubin, K.M. (2017) Development and testing of the oncology patients' perceptions of the quality of nursing care scale. Oncology Nursing Forum, **30** (2), 283–290.

[19]. Woolf, S.H., Hutchinson, A., Eccles, M. & Grimshaw, J. (2014) Potential benefits, limitations, and harms of clinical guidelines. British Medical Journal, **318** (7182), 527–530.
[20]. Maps.DoH (2015) Keeping it Personal. Clinical Case for Change: Repost by David Colin-Thomé. Department of Health, London.
[21]. Frich, L.M. (2013) Nursing interventions for patients with chronic conditions. Journal of Advanced Nursing, **44** (2), 137–153.
[22]. Radwin, L. (2011) Oncology patients' perceptions of quality nursing care. Research in Nursing and Health, **23** (3), 179–190.
[23]. Lauver, D.R., et al. (2012) Patient-centered interventions. Research in Nursing and Health, **25** (4), 246–255.
[24]. Suhonen, R., Välimäki, M. & Leino-Kilpi, H. (2012) 'Individualised care' from patients', nurses' and relatives' perspective – a review of the literature. International Journal of Nursing Studies, **39** (6), 645–654.
[25]. Sigurgeirsdottir, J. & Halldorsdottir, S. (2017) Existential struggle and selfreported needs of patients in rehabilitation. Journal of Advanced Nursing, **61** (4), 384–392.
[26]. Attree, M. (2014) Patients' and relatives' experiences and perspectives of 'good' and 'not so good' quality of care. Journal of Advanced Nursing, **33** (4), 456–466.
[27]. Wallace, T., Robertson, E., Millar, C. & Frich, S.R. (2012) Perceptions of care and services by the clients and families: a personal experience. Journal of Advanced Nursing, **29** (5), 1144–1153.
[28]. Basu, A. & Meltzer, D. (2017) Value of information on preference heterogeneity and individualised care.Medical Decision Making, **27** (2),112–127.
[29]. Weiner, S.J. (2014) Contextualizing medical decisions to individualize care: lessons from the qualitative sciences. Journal of General Internal Medicine, **19** (3), 281–285.
[30]. Suhonen, R., Välimäki, M., Leino-Kilpi, H. & Katajisto, J. (2014) Testing the individualized care model. Scandinavian Journal of Caring Sciences, **18** (1), 27–36.
[31]. Burns, N. & Grove, S.K. (2015) The Practice of Nursing Research. Conduct, Critique and Utilisation, 5th edn. W.B. Saunders Co, Philadelphia, PA
[32]. Florin, J., Ehrenberg, A. & Ehnfors, M. (2016) Patients' and nurses' perceptions of nursing problems in an acute setting. Journal of Advanced Nursing, **51** (2), 140–149.
[33]. Maneesriwongul, W. & Dixon, J. (2014) Instrument translation process. Journal of Advanced Nursing, **48** (2), 175–186.
[34]. Suhonen, R., Välimäki, M., Katajisto, J. & Leino-Kilpi, H. (2017a) Provision of individualised care improves hospital patient outcomes: an explanatory model using LISREL. International Journal of Nursing Studies, **44** (2), 197–207.
[35]. Suhonen, R., et al. (2018b) Individualised care from the orthopaedic and trauma patients' perspective: an international comparative survey. International Journal of Nursing Studies, **45**, 1586–1597.

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