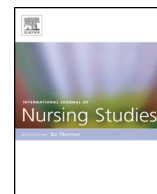




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Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns

The relationship between individualized care and the practice environment: An international study



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ARTICLE INFO

Article history:

Received 4 November 2013

Received in revised form 13 May 2014

Accepted 19 May 2014

Keywords:

Individualized care

International study

Nurses

Professional practice environment

Questionnaires

Regression analysis

ABSTRACT

Background: Previous research studies have found that the better the quality of practice environments in hospitals, the better the outcomes for nurses and patients. Practice environment may influence nurses' ability to individualize care but the detailed relationship between individualized care and the professional practice environment has not been investigated widely. Some evidence exists about the association of practice environments with the level of individualization of nursing care, but this evidence is based on single national studies.

Objectives: The aim of this study was to determine whether nurses' views of their professional practice environment associate with their views of the level of care individualization in seven countries.

Design: This study had an international, multisite, prospective, cross-sectional, exploratory survey design.

Settings: The study involved acute orthopedic and trauma surgical inpatient wards ($n = 91$) in acute care hospitals ($n = 34$) in seven countries, Cyprus, Finland, Greece, the State of Kansas, USA, Portugal, Sweden, and Turkey.

Participants: Nurses ($n = 1163$), registered or licensed practical, working in direct patient care, in orthopedic and trauma inpatient units in acute care hospitals in seven countries participated in the study.

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Methods: Self-administered questionnaires, including two instruments, the Revised Professional Practice Environment and the Individualized Care Scale-Nurse (Individualized Care Scale-Nurse A and B) were used for data collection. Data were analyzed statistically using descriptive statistics, simultaneous multiple regression analysis, and generalized linear model.

Results: Two regression models were applied to assess the predictive validity of the Revised Professional Practice Environment on the Individualized Care Scale-Nurse-A and B. The results showed that elements of the professional practice environment were associated with care individualization. Internal work motivation, cultural sensitivity, control over practice, teamwork, and staff relationship with physicians were predictors of support (Individualized Care Scale-A) for and the delivery (Individualized Care Scale-B) of individualized care.

Conclusions: The results of this study provide evidence that environment aspect could explain variations in care individualization. These findings support the assertion that individualized care needs to be understood in a broader context than the immediate nurse–patient relationship and that careful development of the care environment may be an effective way to improve care quality and outcomes.

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What is already known about the topic?

- Good qualities of working environment, professional practice environment, motivating environment, and good relationships have been found to advance practice and patient and staff outcomes.
- Although there are some studies reporting that organizational factors, such as professional practice environment, may influence nurses' ability to individualize care, the detailed relationship between individualized care and the professional practice environment has not been investigated widely.
- There exists some evidence about the association of practice environments with the level of individualization or personalization of nursing care, but this evidence is based on single national studies.

What this paper adds

- This study determined the existence of the association between nurses' views of their practice environment and their views of the level of care individualization.
- Registered nurses and licensed practical nurses who assess the professional practice environment more positively are also more likely to perceive that they deliver care according to patients' individual needs.
- Developing professional care environment, especially internal work motivation, cultural sensitivity, teamwork, and control over practice would enhance care individualization.

1. Introduction

Research evidence suggests that the better the quality of practice environments in hospitals, the better the outcomes for nurses, such as job satisfaction and intention to stay at work (Patrician et al., 2010), and patients, safety and quality of care (Aiken et al., 2012; Schubert et al., 2009). Recent research suggests that improvement in hospital work environments might be used to improve

safety and quality in hospital care (Aiken et al., 2012). This is important to managers and others, who strive for improvements in the quality of care and who share an interest with those who work to develop the working conditions of professionals (ICN, 2008; The American Organization of Nurse Executives, 2012).

The health-care practice environment is of increasing interest globally mainly because of its close relationship with the availability of human resources in health care which is in short supply (ICN, 2008; WHO, 2011). This relationship between human resources and professional practice environments has also been highlighted in current policy papers about workforce challenges worldwide (ICN, 2008; WHO, 2006) aimed at retaining health-care professionals at the clinical level (Lake, 2007) and facilitating productivity in health care (American Hospital Association, 2010; The Joint Commission, 2010). However, the social complexity and differences in health-care structures and in nursing education in varying cultures could have an effect on practice environments and thereby on patient and staff outcomes, making the international investigation of the topic important.

Philosophies of care, such as the person-centered nursing conceptual model (McCormack and McCance, 2006), embrace the caring environment as one of the four constructs that comprise the model which takes into account supportive organizational systems, effective staff relationships, and the sharing of power. Other aspects of the person-centered nursing conceptual model include the attributes of the nurse, person-centered processes through different activities and expected outcomes. However, the value of person-centered nursing is not just professionally based; there is evidence that hospitals that follow more person-centered approaches are associated with better outcomes compared to those that are less patient-centered (Bechel et al., 2000; Lauver et al., 2004).

Individualization of care has been defined as both a synonym of patient-centered care (Brooker, 2007) and one of its attributes (Morgan and Yoder, 2012). Similar to patient-centered care, there is significant evidence for a

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