

İNTÖRN HEMŞİRELİK ÖĞRENCİLERİNİN BİREYSELLEŞTİRİLMİŞ BAKIM ALGILARI İLE ETİK DUYARLILIK DÜZEYLERİ ARASINDAKİ İLİŞKİ

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Öz

Bu araştırmanın amacı intörn hemşirelerin bireyselleştirilmiş bakım algıları ile etik duyarlılık düzeyleri arasındaki ilişkinin incelenmesidir. Bu araştırma, tanımlayıcı ilişkisel bir çalışma desenine sahiptir. Araştırmanın örneklemini, Aralık 2022- Nisan 2023 tarihleri arasında Türkiye'nin Marmara bölgesinde bulunan bir devlet üniversitesinin hemşirelik bölümünün son sınıfında öğrenim gören ve araştırmaya gönüllü olarak katılmayı kabul eden 70 intörn hemşirelik öğrencisi oluşturdu. Araştırmanın verileri "Birey Tanıtım Formu", "Bireyselleştirilmiş Bakım Skalası- Hemşire Formu" ve "Hemşirelik Öğrencileri için Etik Duyarlılık Anketi" ile toplandı. Araştırmaya katılan intörn hemşirelik öğrencilerinin yaş ortalamalarının 21.78±1.64 yıl olduğu, %80'inin kadın olduğu, %58.6'sının hemşirelik mesleğini isteyerek tercih ettiği bulundu. İntörn öğrencilerin, Bireyselleştirilmiş Bakım Skalası toplam ölçek puan ortalaması 4.46±0.39 iken, Hemşirelik Öğrencileri için Etik Duyarlılık Anketi toplam ölçek puan ortalaması 20.82±7.90 olarak hesaplandı. Ayrıca, Bireyselleştirilmiş Bakım Skalası toplam puan ortalaması ile Hemşirelik Öğrencileri için Etik Duyarlılık Anketi toplam puan ortalamaları arasında pozitif yönde anlamlı bir ilişki saptandı. Araştırma sonucunda; hemşirelik öğrencilerinin bireyselleştirilmiş bakım algıları düzeyinin yüksek düzeyde, etik duyarlılık düzeylerinin orta düzeyde olduğu bulundu. Ayrıca, etik duyarlılık düzeyleri ile bireyselleştirilmiş bakım algıları arasında anlamlı bir ilişki görüldü.

Anahtar Kelimeler: Bireyselleştirilmiş Bakım, Etik Duyarlılık, Hemşire, Hemşirelik Bakımı, İntörn Hemşire.

THE RELATIONSHIP BETWEEN INTERN NURSING STUDENTS' PERCEPTIONS OF INDIVIDUALIZED CARE AND ETHICAL SENSITIVITY LEVELS

Abstract

The aim of this study is to examine the relationship between intern nurses' individualized care perceptions and their ethical sensitivity levels. This study has a descriptive correlational study design. The sample of the study consisted of 70 intern nursing students who were in their last year of study in the nursing department of a state university in the Marmara region of Turkey between December 2022 and April 2023 and who voluntarily agreed to participate in the study. The data of the study were gathered with the "Individual Introduction Form", "Individualized Care Scale-Nurse Form" and "Ethical Sensitivity Questionnaire for Nursing Students". The mean age of the intern nursing students who participated in the study was 21.78±1.64 years, 80% of them were female, and 58.6% of them preferred the nursing profession willingly. The mean of the total scale of the Individualized Care Scale was 4.46±0.39, while the mean of the total scale of the Ethical Sensitivity Questionnaire for Nursing Students was 20.82±7.90. In addition, a significant positive correlation was observed between the mean total score of the Individualized Care Scale and the mean total score of the Ethical Sensitivity Questionnaire for Nursing Students. As a result of the study, it was revealed that nursing students had high levels of individualized care perceptions and moderate levels of ethical sensitivity. In addition, it was also found that there was a positive correlation between intern students' ethical sensitivity levels and their perceptions of individualized care.

Keywords: Individualized Care, Ethical Sensitivity, Nurse, Nursing Care, Intern Nurse.

1. INTRODUCTION

Nursing, which is based on humanistic and holistic care philosophy, assumes the responsibility of caring for individuals who cannot meet their needs on their own (1). While nurses fulfill these responsibilities, they also decide and act for the sake of the individual (2). Although care is not a practice specific to nursing, it is unique for nursing (3). A quality care can be mentioned when the individual's personal needs and wishes are fulfilled (4). Jean Watson, who considers nursing as the 'Science of Human Care', emphasized that care is specific to the nursing profession and that even if the nurse is not physically present with the patient, the care they provide will remain in the patient's mind (5).

On the other hand, although the concept of individualization is defined as including the beliefs, values, emotions, thoughts, preferences, experiences and perceptions of individuals in nursing care interventions, its definition has not been determined (4). Individualized care is defined as the implementation of the belief that the human being is one, unique and whole, which forms the basis of the philosophy, ethical codes and values of nursing, in nursing practices (6-8). This perception of care requires nurses to take into account the beliefs, values, hopes, needs, wishes and different health needs and demographic conditions of the patient (9). Some studies have revealed that the most important indicator of quality of care is individualized care (10-12). Individualized care has been examined in many countries and most of them have focused on the perceptions of individualized care of patients (13-15). The principles of individualized care concept in nursing; respecting the individual characteristics of the patient, providing holistic care to the patient, focusing on the care needs of the individual, supporting the patient's independence, providing care in cooperation with the patient, and having an equal approach to each patient (16,17).

Ethics is important in the nursing profession as a branch of philosophy that characterizes the values that are fundamental in human relations as good-bad, right-wrong within the framework of morality (2). Nursing students may face many ethical problems during clinical practice, such as mistreatment of patients by health professionals, misinformation given to patients, discrimination against patients due to their socioeconomic status, and disregarding patient privacy (18,19) and as a result, they may experience moral problems (20). Ethical sensitivity is defined as the ability to distinguish ethical problems and includes recognizing the ethical problem, demonstrating a contextual and intuitive understanding of the vulnerable situation of individuals, and having an idea about the ethical consequences of decisions made on behalf of the individual (21-23). A nurse with developed ethical sensitivity is a professional caregiver who is sensitive to the needs of patients, can interpret verbal and non-verbal behaviors, and has increased awareness (24). Ethical sensitivity can be developed through education and maintained by exhibiting behaviors in accordance with the rules of professional behavior. Therefore, ethical education plays an important role in dealing with ethical problems, decision-making process and gaining professional identity. In order for nurses to make ethical decisions and develop their ability to think ethically, their level of ethical sensitivity should be high (22,25).

Nurses believe that the individual for whom they are responsible for care has the right to receive a high level of service as they find the individual valuable and unique as a whole with their values, beliefs and attitudes, actions and behaviors. This belief necessitates ethical sensitivity in care. Nursing students may encounter situations in which the values and expectations of the patient and their own values and what is expected of them conflict during care practices starting from their student life. In such a situation, the professional knowledge acquired by the student, the experience gained so far, the ability to predict the results, and the attitude can be very effective in the ethical decision-making process (26-28). Therefore, ethical sensitivity is an essential characteristic that should be developed for nursing students during their education (19).

Currently, there is a need for nurses with developed ethical sensitivity and the main purpose of ethical education is to train nurses with high ethical sensitivity. It is believed that it is significant for intern nurses who are studying nursing and who are the primary candidates of the nursing profession to adopt and implement individualized care to gain sensitivity towards ethical dimensions in their clinical practices. It is thought that the results of the research will contribute to nursing education and literature for the development of individualized patient care and care ethics. In this direction, it was necessary to conduct this study. The aim of this study is to examine the relationship between intern nurses' individualized care perceptions and their ethical sensitivity levels.

2. MATERIALS AND METHODS

2.1. Type of Research Design

This research design was a descriptive correlational study.

2.2. Time and Place of Research

The study was conducted on senior intern students studying in the nursing department of a state university in the Marmara region of Turkey between December 2022 and April 2023.

2.3. Sample and Population

The population of the study consisted of 137 intern students studying in the last year of the nursing department of a state university in the Marmara region of Turkey, and the sample of the study consisted of 70 students who could be contacted on the dates of the study and who voluntarily agreed to participate in the study (Participation percentage; 51.09 %). G Power 3.1.9.2 software was used to calculate the sample size in the research. A power analysis determined that the research was at a 95% confidence interval (CI), at a 0.05 level of significance, the effect size was 0.1760, and power was 0.95. These values indicated that the sample size of 71 was at the required level.

2.4. Data Collection Tools

Individual Introduction Form: This form includes 6 questions prepared by the researchers in line with the literature (26,28-30) including descriptive characteristics of intern students such as gender, age, receiving ethical education and experiencing ethical dilemmas before, choosing the nursing profession willingly, and individual care perception status. In order to evaluate the appropriateness of the content of this form, expert opinion was obtained from 5 faculty members and the form was rearranged in line with the suggestions.

Individualized Care Scale-Nurse (ICS-Nurse) Form: The Individualized Care Scale was developed by Suhonen et al. to determine the views of nurses on individualized care (30). The adaptation and validity study of the scale to the Turkish population was conducted by Şendir et al (31). The scale consists of two parts. In the first part, the perceptions of nurses on supporting the individuality of patients in care practices (ICS-Nurse) and in the second part, the perceptions of nurses on individualizing the patient's care (ICS-Nurse) are evaluated. BBSA-Nurse was employed in this study. The ICS Nurse includes three sub-dimensions: Clinical Status, Personal Life Status and Decision Making Control over care. The calculation of these sub-dimensions is carried out by dividing the sum of the item scores contained in the sub-dimensions by the number of items. High scores indicate that the perceptions of nurses to support the individuality of patients are also high. The Cronbach's alpha value of the scale was determined as 0.88 in Suhonen et al (30) study and 0.91 in Şendir et al (31) study. In this study, the Cronbach's alpha value of the scale was determined as 0.87.

Ethical Sensitivity Questionnaire for Nursing Students (ESQ-NS): "Ethical Sensitivity Questionnaire for Nursing Students (ESQ-NS)", which was developed by Muramatsu et al (28) in 2019 and validated by Aksoy and Büyükbayram (29) in Turkish, is a measurement tool to assess the

ethical sensitivity of nursing students. The questionnaire consists of 2 factors: respect for the individual, justice and privacy. The score to be obtained from the scale is in the range of 9-36 points. A higher score indicates a higher level of ethical sensitivity (29). While the total Cronbach alpha coefficient of the questionnaire was determined as 0.80 (29), the Cronbach alpha value was determined as 0.93 in this study.

2.5. Data Collection

The "Consent Form", "Individual Introduction Form", "Individualized Care Scale-Nurse (ICS-Nurse) Form" and "Ethical Sensitivity Questionnaire for Nursing Students (ESQ-NUR)" used to collect the data of the study were transferred to the online environment via Google forms by the researcher. The link to the data collection tools transferred to the online environment was submitted to the e-mail addresses of the students. Prior to starting to fill in the data collection form, the intern students were informed that all of the data would be used for scientific study and that the answers would not affect their course grades in any way. Research data were collected online from students who agreed to participate in the study and completed the forms thoroughly. The maximum time it took for the students to answer the forms was calculated as 10-12 minutes.

2.6. Ethical Aspect of Research

In order to carry out the research, necessary legal permissions were taken (via e-mail) from the authors who established the Turkish validity and reliability of the scales used in the study and from the ethics committee of the university where the study was conducted (Date: 07.12.2022, Number: 2022-10). The necessary consents were obtained from the students participating in the study before the start of the online questionnaire that they volunteered to participate in the research by complying with the Declaration of Helsinki during the research process. Information about the study and informed consent form were included at the beginning of the online data collection form, and after the consent form was approved, it was allowed to proceed to answering the questions in the data collection form

2.7. Statistical Analysis

The data obtained from the study were analyzed through IBM SPSS 28.0 package program (IBM Corp. Released 2021. IBM SPSS Statistics for Windows, Version 28.0. Armonk, NY: IBM Corp.). The significance level of statistical comparison tests was accepted as $p < 0.05$. The conformity of the data to normal distribution was analyzed by Kolmogorov Smirnov test and it was determined that the data conformed to normal distribution ($p > 0.05$). In the evaluation of the data; number, percentage, mean and standard deviation were utilized as descriptive statistical methods. In addition, the Independent Sample t Test was conducted in independent groups and Pearson's correlation analysis was utilized to determine the relationship between the scales.

3. RESULTS

It was determined that the mean age of the nursing intern students who participated in the study was 21.78 ± 1.64 years, 80% of them were female, 58.6% of them preferred the nursing profession willingly, and they encountered ethical dilemmas while giving care to their patients in clinical practice. 77.1% of the intern students stated that they did not participate in any educational activity other than the ethics course during their education, and all of them (100%) stated that they took into account the personal preferences of the patients while giving care (Table 1).

Table 1. Distribution of introductory information of intern nursing students

Variables	n	%
Gender		
Female	56	80.0
Male	14	20.0
Mean age; 21.78±1.64 years		
Willingness for the profession		
Yes	41	58.6
No	29	41.4
Experiencing ethical dilemmas while providing care		
Yes	41	58.6
No	29	41.4
Participation in educational activities related to "ethics" outside the classroom		
Yes	16	22.9
No	57	77.1
Consideration of the personal preferences of your patient when providing care		
Yes	100	100
No	-	-

The distribution of the mean scores of the ICS-Nurse and ESQ-NS sub-dimensions and total scale scores of the intern nursing students is presented in Table 2. The mean total scale score of ICS-Nurse was 4.46 ± 0.39 , while the mean total scale score of ESQ-NS was 20.82 ± 7.90 . In this case, it was observed that the level of individualized care perceptions of intern nursing students was high and the level of ethical sensitivity was moderate (Table 2).

Table 2. Distribution of the mean scores of ICSA-Nurse and ESQ-NS

Scale and Sub-dimensions	Mean±SS	Min-Max. Score
Clinical Condition	4.51±0.45	3.43-5
Personal Life Condition	4.36±0.53	3.25-5
Decision Making Control	4.52±0.44	3.50-5
Total ICS-Nurse	4.46±0.39	3.48-5
Respect for the Individual	12.12±4.17	5-20
Fairness and Privacy	8.70±4.12	4-16
Total ESQ-NS	20.82±7.90	9-36

ICS-Nurse; The Individualized Care Scale - Nurse Version

ESQ-NS; Ethical Sensitivity Questionnaire for Nursing Students

Mean: Mean; SD: Standard deviation

The distribution of the mean scores of ICS-Nurse and ESQ-NS according to the descriptive information of the intern students included in the study is presented in Table 3. Accordingly, it was determined that there was a statistically significant difference between gender variable and decision-making control sub-dimension. It was found that the decision-making sub-dimension mean scores of male students were significantly higher than female students ($p=0.016$). On the other hand, no statistically significant difference was found between the mean scores of the ICS-Nurse and ESQ-Nurse sub-dimension and total scale scores and the students' willingly choosing the nursing profession, experiencing ethical dilemmas while caring for their patients in clinical practice and participating in any educational activity other than the course during their education ($p>0.05$, Table 3).

Table 3. Distribution of mean scores of ICS-Nurse and ESQ-NS according to descriptive information of students

<u>Variables</u>	<u>Clinical Condition</u>	<u>Personal Life Condition</u>	<u>Decision Making Control</u>	<u>Total ICS Nurse</u>	<u>Respect for the Individual</u>	<u>Fairness and Privacy</u>	<u>Toplam ESQ-NS</u>
<u>Gender</u>							
Female	4.52±0.45	4.39±0.52	4.59±0.40	4.50±0.38	12.10±4.11	8.69±4.16	20.80±7.87
Male	4.44±0.45	4.21±0.57	4.27±0.54	4.31±0.43	12.21±4.52	8.71±4.14	20.92±8.31
Statistical analysis	t= 0.578 p= 0.565	t= 1.142 p= 0.258	t= 2.461 p= 0.016	t= 1.645 p= 0.105	t= -0.085 p= 0.932	t= -0.014 p= 0.989	t= -0.053 p= 0.958
<u>Willingness for the profession</u>							
Yes	4.52±0.50	4.40±0.58	4.53±0.46	4.48±0.44	11.90±4.11	8.78±4.06	20.68±8.19
No	4.49±0.38	4.30±0.46	4.51±0.42	4.43±0.32	12.44±3.87	8.58±4.28	21.03±7.61
Statistical analysis	t= 0.226 p= 0.822	t= 0.770 p= 0.444	t= 0.176 p= 0.860	t= 0.498 p= 0.620	t= -0.537 p= 0.593	t= 0.193 p= 0.848	t= -0.182 p= 0.856
<u>Experiencing ethical dilemmas while providing care</u>							
Yes	4.50±0.47	4.33±0.53	4.54±0.42	4.46±0.38	11.97±3.97	8.39±4.16	20.36±7.68
No	4.33±0.53	4.39±0.54	4.50±0.49	4.47±0.42	12.34±4.49	9.13±4.18	21.48±8.30
Statistical analysis	t= -0.152 p= 0.879	t= -0.466 p= 0.643	t= 0.446 p= 0.666	t= -0.100 p= 0.920	t= -0.363 p= 0.718	t= -0.744 p= 0.460	t= -0.580 p= 0.564
<u>Participation in educational activities related to "ethics" outside the classroom</u>							
Yes	4.60±0.33	4.42±0.53	4.54±0.44	4.52±0.33	12.50±3.66	9.37±4.22	21.87±7.42
No	4.48±0.48	4.34±0.54	4.52±0.45	4.45±0.41	12.01±4.33	8.50±4.11	20.51±8.07
Statistical analysis	t= 0.948 p= 0.346	t= 0.515 p= 0.608	t= 0.132 p= 0.895	t= 0.642 p= 0.523	t= 0.403 p= 0.688	t= 0.742 p= 0.461	t= 0.600 p= 0.550

ICS-Nurse; The Individualized Care Scale - Nurse Version

ESQ-NS; Ethical Sensitivity Questionnaire for Nursing Students

t; Independent t test

Table 4 presents the distribution of the relationship between the mean ICS-Nurse and ESQ-NS scores of intern nursing students. As a result of the statistical analysis, a significant weak positive correlation was detected between the mean scores of the clinical situation sub-dimension, ICS-Nurse total mean score and the mean scores of justice and privacy and ESQ-NS total mean scores of the intern students. In addition, a significant weak positive correlation was detected between the mean score of the decision-making control sub-dimension and the mean scores of the justice and privacy, respect for the individual sub-dimensions and ESQ-NS total scores ($p < 0.05$, Table 4). From these results, it was seen that there was a significant relationship between intern nursing students' ethical sensitivity levels and their perceptions of individualized care.

Table 4. Distribution of the relationship between ICSA-Nurse and ESQ-NS

	Respect for the Individual	Fairness and Privacy	Total ESQ-NS
Clinical Condition	$r = 0.138$ $p = 0.127$	$r = 0.283$ $p = 0.009$	$r = 0.221$ $p = 0.033$
Personal Life Condition	$r = 0.073$ $p = 0.275$	$r = 0.076$ $p = 0.267$	$r = 0.078$ $p = 0.261$
Decision Making Control	$r = 0.229$ $p = 0.028$	$r = 0.224$ $p = 0.031$	$r = 0.238$ $p = 0.024$
Total ICS-Nurse	$r = 0.171$ $p = 0.078$	$r = 0.226$ $p = 0.030$	$r = 0.208$ $p = 0.042$

ICS-Nurse; The Individualized Care Scale - Nurse Version
ESQ-NS; Ethical Sensitivity Questionnaire for Nursing Students
r; Pearson Correlation Coefficient

4. DISCUSSION

Nurses who adopt the individualized care approach are aware that each patient is a unique individual. It ensures that a unique care plan is developed based on the individual in question, their experiences, behaviors, thoughts and perceptions and that this plan is followed in practice. In this way, the nurse creates a keen understanding of the condition of the patient and rapidly notices any problems (7,8). When the literature was examined, it was observed that there were a limited number of studies examining the status of nursing students regarding individualized care (26,32-34). Considering that there may be a relationship between the perception of individualized care in the clinical field and the level of ethical sensitivity, this study aimed to examine the relationship between the ethical sensitivity levels of intern students, who are candidates of the nursing profession, who are expected to become a professional nurse in the light of ethical codes in their professional life, and their perceptions of individualized care.

In our study, it was observed that intern nursing students had a high level of individualized care perceptions. When the studies on individualized care perceptions of nurses and nursing students were examined; it was generally observed that the participants' perceptions of individualized care were at a high level (8,17,26,33-36). It is noted that our study results are similar to the literature. It was evaluated as satisfactory that student nurses reported that they supported the individuality of patients to a high extent in their care practices in general. On the other hand, in a study conducted by Güner et al (37) it was determined that the mean scores of nursing students supporting patient individuality and individualizing patient care were at a moderate level. The difference between this study and our study was thought to be due to the fact that the studies were conducted in different sample groups. Our study included only senior year nursing students, whereas the study of Güner et al. included second, third and senior year nursing students (37).

As a result of this study, it was observed that the gender factor significantly affected the decision-making control sub-dimension of the intern students' individualized care perceptions. Considering similar studies, it was revealed that gender variable significantly affected the perceptions of individualized care of nursing students (35-37). However, in some studies, it was observed that the gender factor did not affect the individualized care perceptions of nursing students and nurses (8,26,38). This may be due to the fact that the studies were conducted in different sample groups and on participants with different demographic structures. On the other hand, it was observed that the independent variables of the intern students who participated in our study, such as willingly choosing the nursing profession, experiencing ethical dilemmas while caring for their patients in clinical practice, and participating in any educational activity other than the course during their education, did not affect their perceptions of individualized care. In the study of Doğan et al (26), it was reported that nursing students' desire to choose the profession did not significantly affect their individualized care perceptions, while their participation in an educational activity related to ethics outside the course significantly affected their individualized care perceptions. While second, third and final year nursing students were included in the study of Doğan et al (26) only final year intern students were included in our study. For this reason, it was thought that this difference was caused by the students' class variable.

The ethical sensitivity of nursing students is very important for the professional development of nursing students, which can strengthen the ethical cognitions of nursing students, improve the ethical decision-making skills of nursing students, and is very beneficial for the development of nursing students in clinical practice and nursing education (38). As a result of our study, it was determined that the ethical sensitivity of intern nurses was at a moderate level. When the literature was examined, it was observed that the ethical sensitivity of student nurses was at a moderate level in studies conducted with nursing students (28,40-44). From this point of view, our study finding supports the results of the literature. On the other hand, Doğan et al (26) found that nursing students had a high level of ethical sensitivity. This difference between the studies may be due to the fact that the studies were conducted in different sample groups and with different measurement tools. From these results, it is considered that nurse educators should keep developing educational strategies that improve ethical sensitivity in the nursing curriculum.

As a result of this study, a significant positive correlation was observed between intern nursing students' perceptions of individualized care and their ethical sensitivity. As a result of a study conducted by Doğan et al (26) to determine the relationship between nursing students' perceptions of individualized care and their moral sensitivity levels, a positive relationship was detected between students' moral sensitivity and their perceptions of individualized care. Our study result is consistent with the result of this study. At the same time, there are studies in the literature that support our study; there is a positive relationship between nurses' perceptions of individualized care and perceptions of spiritual care (45), and between empathic tendencies and perceptions of individualized care (46).

4.1. Limitations

The limitations of this research include the fact that it was conducted in a single center, that the research data were gathered in a certain time interval, that the answers to the questionnaire questions were based on the statements of the students, that the sample size was limited, and that only certain variables were addressed.

5. CONCLUSION

The results of the study revealed that the level of individualized care perceptions of intern nursing students was high and the level of ethical sensitivity was moderate, and the gender factor significantly affected the perception of individualized care giving, while there was a weak positive relationship between students' perceptions of individualized care and their ethical sensitivity.

In line with these results, it is recommended to implement educational practices that will increase the ethical sensitivity of nursing students during clinical practice, to include interventions that support the individuality of patients in order to increase the quality of nursing care they provide, to support their participation in national or international scientific meetings on individualized care and ethics in nursing, and to conduct studies evaluating the relationship between nursing students' perceptions of individualized care and ethical sensitivity levels in a larger sample with different variables.

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