

Intervenções de Enfermagem Individualizadas: Uma Revisão da Literatura

Individualised Nursing Interventions: A Literature Review

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A literatura indica-nos que as intervenções individualizadas de enfermagem carecem de uma aprofundada investigação na dimensão da intervenção e dos consequentes resultados. A presente revisão procurou identificar as intervenções que afectam positivamente as pessoas adultas (≥ 45 anos) em diferentes contextos. Nas bases CINAHL e MEDLINE foram identificados artigos em texto completo, publicados entre 2005 e 2013. Depois de um processo de duas fases de recuperação de 764 artigos, foram seleccionados dezoito artigos. A análise efectuada identificou intervenções de apoio educativo, monitorização e massagem manual como as mais valoradas. Os resultados identificados através da percepção das pessoas submetidas à intervenção individualizada de enfermagem elencam-se da seguinte forma: sentir-se aceite, respeitado e apoiado, maior capacidade de autocuidado com diminuição da sobrecarga dos cuidadores informais. A documentação de intervenções individualizadas de enfermagem e dos resultados obtidos permitirão aumentar a visibilidade de uma prática de enfermagem de alta qualidade. A equipe de saúde deve assim reconhecer o valor profissional da intervenção individualizada e melhor priorizar as suas intervenções.

Palavras-chave: Cuidados individualizados; Intervenção de enfermagem; Resultados

The literature shows us that individualised nursing interventions are in need of in depth research in order to better describe interventions and their respective outcomes. This review sought to identify the interventions that positively affect adults (≥ 45 years) in different contexts. Full-text articles in CINAHL and MEDLINE databases published between 2005 and 2013 were identified. After a two-stage retrieval process of 764 articles, eighteen were selected. Their analysis identified: programmed supportive educational interventions, monitoring, and hand massage as the highest valued. The following patient-perceived outcomes were identified: feeling accepted; feeling respected and supported; elevated ability of self-care; and a decreased informal caregivers' burden. Documentation of individualised interventions and their outcomes will increase the visibility of high-quality nursing practice. Health care teams should then recognise the professional value of individualised care, and better prioritise interventions.

Keywords: Individualized care; Nursing intervention; Outcomes.

INTRODUCTION

A person's individuality is a generally accepted value in nursing, but it remains unclear how individualised care maintains that value and how patient outcomes can best be measured. Although it has not been clearly defined, the use of the term 'individualised nursing care' has persisted and evolved among theorists and managers since the introduction of nursing practice and throughout the development of modern primary nursing care. In a grounded theory study, Radwin and Alster (2002) defined 'Individualised Care' as the care provided when the nurse knows the patient as a unique individual and tailors nursing care to a patient's experiences (including events associated with illness, home, work, and leisure), behaviours (including physical indicators and preferred coping strategies), feelings, and perceptions (including meanings ascribed to experiences and interpretations of events). This empirically generated definition represents patients' and nurses' perspectives and provides a framework for further exploration to determine whether individualised care is associated with patients' characteristics, such as age or clinical situation, and/or the context of care. The expressions 'personalised care' and 'person-centred approach' have meanings similar to those of individualised and tailored care (Suhonen, Välimäki, and Leino-Kilpi, 2008) and are often related to the context of care (Poochikian-Sarkissian, Wennberg and Sidani, 2008; Sidani, 2008).

The concept of individualised care has been considered a value and has been adopted by the nursing discipline as an ideal (Reed, 1992). The results of several qualitative studies have suggested that individualised care is highly valued by nurses, patients and families, and health care administrators (Radwin and Alster, 2002). The World Health Organization recommends its adoption worldwide based on the patient's values, goals, and preferences (WHO, 2014). Codes of Ethics for Nurses in different countries also emphasise the value of individualised care:

'Nurses respect individuals' needs, values, culture and vulnerability in the provision of nursing care... Nurses accept the rights of individuals to make informed choices in relation to their care (RCNA, 2002)

'The nurse is responsible for the humanization of nursing care, assume the duty to a) Give, when providing care, attention to one person as whole insert in a family and a community; b) helping to create the Environment conducive to developing the potential of the person (OE, 2005)

Despite the declarations of professional values contained within these ethical codes, practising nurses struggle to provide individualised nursing care within the context of numerous constraints. A recent qualitative study investigating nurses' decisions about priorities in home-based care found that nurses were forced to ration care in the face of extensive workloads and staff shortages. Nurses described a practice in which they come, do their job, and leave primarily covering vital medical and physiological needs, tasks, and procedures. In this situation, some patients described the care given as offensive (Tønnessen, Nortvedt, and Førde, 2011). Thus, a gap exists between everyday practice and the accepted values that are strongly recommended by the profession's codes of ethics; the resolution of this problem requires a better understanding of how some nurses in some contexts are able to provide individualised interventions.

Many attempts have been made to define the concept of 'individualised nursing intervention'. In current use (which is continually evolving), the International Classification of Nursing Practice (ICN, 2005) considers 'nursing intervention' to be an action that is taken in

response to nursing diagnosis in order to achieve an outcome at a specific moment in time. Research has demonstrated that state-of-the-art individualised nursing interventions promote, maintain, and restore health (Smith, 2007). However, the value of this concept in nursing has been challenged because it does not take into account theoretical frameworks such as systems theory, psychoanalysis, or symbolic interactionism, which view humans as interactional beings; this theoretical orientation conflicts with the idea of individualistic approaches, with implications for the organisation of health services and nurses' work distribution (Reed, 1992). Nevertheless, nursing interventions remain based on the concept of individuality.

Recently, Suhonen, Välimäki, and Leino-Kilpi (2008) presented a definition of individualised interventions based on a literature review. Individualised or tailored interventions take into account personal patient characteristics, in contrast to standard or routine interventions.

'There are three antecedents that seem to be common to overall individualized or tailored intervention. Firstly, the nurses assess the patient's condition and collect information about patient's preferences, needs and perception. Secondly, the nurses fit (or tailor) the information in educational interventions and nursing care or rehabilitation activities in clinical interventions to the patient's characteristics and situation, reactions to the patient's responses to a health concern, and the physical and socio-environmental characteristics. Finally, the patients have decisional control over their care intervention, referring to the individual's expectations of having the power to participate in making decisions to obtain desirable consequences.'(p.844)

As demonstrated by Bond and Thomas (1991), the measurement of nursing intervention outcomes is complex. They considered nurses' interest in outcome measurement to be related to the desire to demonstrate that nursing inputs result in beneficial outcomes for patients. Outcomes are measured directly and indirectly and can be classified according to cost and the patient's physical condition, psychological or attitudinal status, knowledge or learning functions, symptom control, well-being, goal attainment, and re-hospitalisation. The criteria used to evaluate nursing outcomes depend on process and many other factors. Bond and Thomas (1991) concluded that *'the aim of outcomes research should be to ascertain which nursing interventions under what circumstances and with which patients result in optimal patient outcomes, as these are defined by both patients and health professionals'*(p.1497). Continual efforts have sought ways to clarify and measure nursing outcomes, such as by assessing the reliability and validity of three independently scales (The individualized care scale- ICS, the Schmidt Perception of Nursing Care Survey – SPNCS and the Oncology Patients' Perceptions of the Quality of Nursing Care Scale – OPPQNCs (Suhonen, Schmidt and Radwin, 2007).

The rationale for the present study was based, on ethical concerns, attempts to define the concept of individualised nursing interventions, and the need to update the state of the art of such interventions and their outcomes. More empirical studies are needed to clarify nursing interventions and outcomes among patients with different characteristics, clinical situations, and contexts, in order to better understand how to apply the value of individualised care in practice. Interventions that are appropriate for a healthy adult may differ from those for older adults with multiple chronic conditions (Frich, 2003). A systematic review of individualised nursing intervention outcomes in adult patients, based on data collected through 2005 in a variety of health care settings, demonstrated the positive impact of individualised interventions on patient outcomes (Suhonen, Välimäki,

and Leino-Kilpi, 2008). The authors recommended further experimental and qualitative research to confirm the clinical importance of individualised nursing care. Nine years later, we expect that new evidence is available, justifying a review of the literature on the outcomes of individualised nursing interventions. In the present study, we conducted such a review to identify individualised nursing interventions that had a positive impact on adult (≥ 45 years old) and elderly patients, in different contexts. The following research questions were addressed: Which individualized nursing interventions are perceived as positive by adults? In what contexts? What type of outcomes?

METHOD

Search Protocol

The present literature review used the integrative review method according to Whittemore and Knafl (2005) since it allows the combination of different research methods. Data was collected from *CINAHL Plus with Full Text* and MEDLINE with Full Text databases (Figure 1). The following keywords were used: [(individual*) OR (tailor*) OR (patient care planning) OR (health care quality) OR (nursing intervention)] AND [(middle aged) OR (aged) OR (aged 80 and over) OR (elderly) OR (frail elderly)] AND [(caregivers' perception) OR (patient satisfaction)]. For this reason, the database search sought to identify all types of empirical studies, including those using deductive and inductive research paradigms (Figure 1).

Inclusion and Exclusion Criteria

The database search included full-text articles published in English, Spanish, French, or Portuguese in peer-reviewed journals between 2005 and 2013. The following inclusion criteria were applied: 1) any study context (e.g. hospital, nursing home, client's home); 2) inclusion of adult (≥ 45 years old) and elderly patients or their informal caregivers; and 3) experimental/randomised, quasi-experimental, grounded theory/phenomenological/ ethnographic/historical, or other study type with rigorous and explicit methodological procedures.

Traditional narrative reviews of the literature were excluded. Other exclusion criteria were: 1) failure to detail the research design (e.g. study type, participant characteristics), 2) description of nurses' perceptions only, 3) failure to clearly specify nursing interventions.

Qualitative Analysis

Quantitative and qualitative studies were first analysed separately (Hayashi *et al.*, 2008; Johnson *et al.*, 2009), but since confirming and clarifying results were obtained they are presented together (Table 1).

All 12 articles, selected according to the inclusion and exclusion criteria (Figure 1), were written in English. These studies were conducted in Canada (Vincent *et al.*, 2006; Poochikian-Sarkissian, Wennberg and Sidani 2008; Sidani, 2008; Liddy *et al.*, 2008), the United States (Kolcaba, Schirm and Steiner, 2006; Johnson *et al.*, 2009; Inman *et al.*,

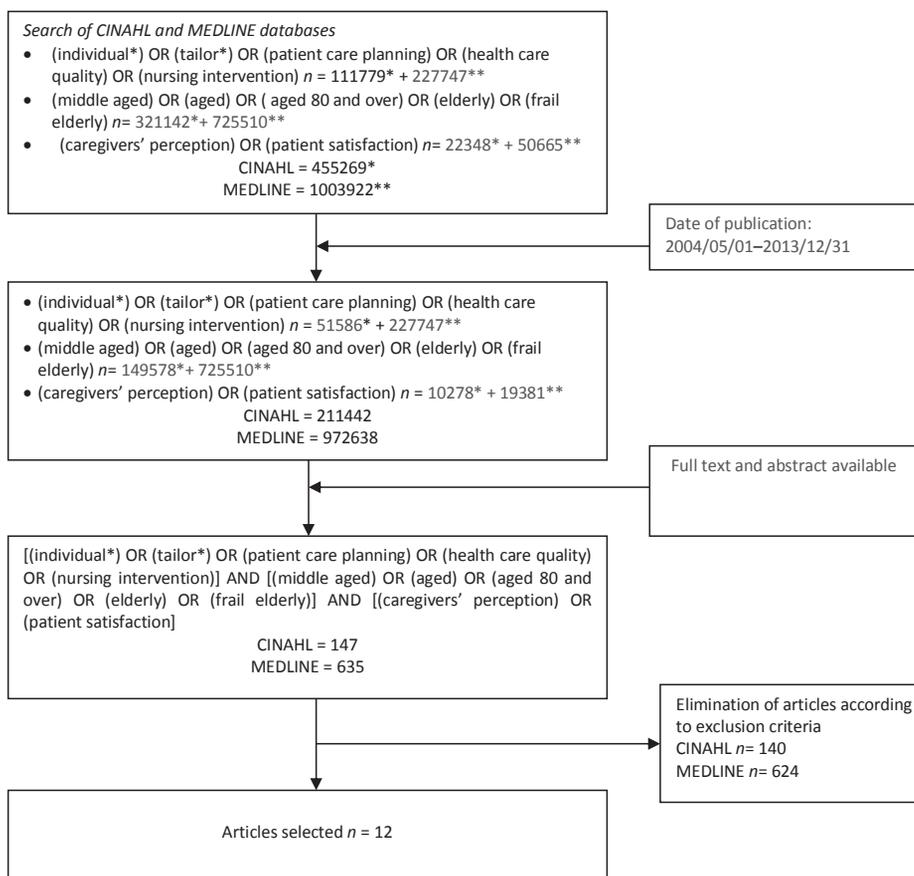


Figure 1 - Search strategy and retrieval of studies for analysis.

2011; Hook *et al.*, 2012), the United Kingdom (Godino *et al.*, 2006), Japan (Hayashi *et al.*, 2008) and Europe (Hamar *et al.*, 2010; Suhonen, Välimäki, and Leino-Kilpi, 2008).

All articles were analysed by two authors of the present study, and an inconsistency was resolved with the participation of a third author. These authors conducted a qualitative analysis with reference to the frequency of findings. Seven levels of evidence were used to evaluate quantitative studies (Whittemore, Knaf, 2005) and the Critical Appraisal Skills Programme was used to evaluate qualitative studies (Milton Keynes, 2002). Codification was based in part on the International Classification of Nursing Practice (ICN, 2005) which includes nurses' actions, the focus of care, and resources (e.g. telecommunications).

RESULTS

The study results are presented in two levels to improve the level of abstraction, although both refer to the interpretation of the same data. The first level represents the identification of individualised nursing interventions, outcomes, patients' clinical situations, and context in each of the 12 selected studies (Table 1). The second level corresponds to the identification of nursing interventions and outcomes from the patient's perspective.

Table 1 Nursing interventions, Clients' Situation and Context of Care, and Patient Outcomes for All Studies Analysed

Study	Nursing interventions	Patients' situation and context of care	Outcomes sensitive to nursing interventions
Godino et al. (2006)	Patient education programme including one-to-one education, training and counselling, as well as audio-visual and computerised educational materials	Long-term care residents with colon or gastric cancer; during and after chemotherapy treatment	Perceived by patients: patients' doubts about treatment and disease clarified, fatigue levels decreased, high satisfaction with intervention, patients felt helped and supported by oncological nurses during treatment Perceived by others: reduced patient fatigue
Kolcaba et al. (2006)	Hand massage sessions including provision of refreshments, demonstrations of protocol, return visits to repeat demonstrations, and incentives	Long-term care patients with orthopaedic or neurological conditions	Perceived by patients: improved comfort and satisfaction scores, facilitation of one-to-one connections between masseuse/masseur and recipient
Vincent et al. (2006)	Bidirectional communication between patients and response centre nurses by continuously available telephone and wireless transmitter; nurses answered patient's questions, handled emergencies, reminded patients to take medication, and gave instructions about diet, sleeping, and physical and community activities	Frail elderly patients (permanent physical and/or slight cognitive or motor disability) and informal caregivers; at home	Perceived by caregivers: positive and significant impact on burden, slight improvement in caregivers' well-being Perceived by nurses: fewer clinical home care services provided by local community health centres, fewer hospitalisations, no negative impact on the well-being of individuals or family members
Liddy et al. (2008)	Nurses monitored clinical data with alert systems and provided individualised instructions for use; tele-homecare units (blood pressure monitor, weight scale, glucometer, pulse oximeter) were installed in patients' homes	At-risk patients with chronic illnesses; at home	Perceived by patients and informal caregivers: user-friendly and useful technology, potentially reduced number of office visits Perceived by professionals: nurses and physicians satisfied with tele-homecare
Sidani (2008)	Patient-centred care approach to involve patients in decision making about, attend to patients' needs and resolve problems, provide patient education and counselling, and coordinate care	Patients with acute medical and surgical conditions (cardiovascular, oncological, neurological, orthopaedic)	Perceived by patients: higher levels of perceived ability to manage changes in condition, satisfaction with care Perceived by others: improvement in patients' levels of physical, psychological, and social functioning
Hayashi et al. (2008)	Guidance, encouragement, tele-coaching	Medically stable, non-depressed patients with spin cerebellar degeneration; at home	Perceived by patients: opportunities to be heard by others without interruption, awareness of a fresh point of view, making a new start and continuing efforts to realise a goal
Johnston et al. (2009)	Rapid and accurate assessment of acute coronary syndrome (nurse-led protocol); provision of information (investigations, diagnosis, self-care advice) tailored to patients' individual needs and expectations	Patients with acute chest pain; emergency department and chest pain unit	Perceived by patients: reassurance, calming effect, reducing fear, maintaining link to 'normality', time and attention given, nurses' knowledge and empathy, respect for values and preferences, information given according to patients' needs

continues

Table 1 Nursing interventions, Clients' Situation and Context of Care, and Patient Outcomes for All Studies Analysed- continuation

Study	Nursing interventions	Patients' situation and context of care	Outcomes sensitive to nursing interventions
Poochikian-Sarkissian et al. (2008)	Patient-centred care approach to attend to patients' needs, provide care according to patients' preferences, encourage patient participation in care, provide patient education and counselling, and coordinate care	Patients hospitalized in cardiology, neurology/ neurosurgery and orthopedics units.	Perceived by patients: respectful and caring nurses, satisfaction with care related to attendance to patients' needs, provision of care according to patients' preferences, and coordination of care. Improve patient outcome by increasing self-care ability, satisfaction with care nursing and quality of life.
Hook et al. (2012)	Individualized supportive care approach to nurses and providers of oncology care: nurse navigator. Establish synergy not only with the patient but also with the entire oncology healthcare team, including those existing nurse-patient relationships and educational or supportive resources working with the patient and family. Advocacy for the patient and family through the illness and health restoration trajectory.	Patients with breast cancer from a community-based non-profit organization in a rural population and surrounding counties, during diagnosis and treatment phases	Perceived by patients: Patients are highly satisfied with the services offered in this setting, promoting the highest standard of oncology care. Decreased psychological distress, patients felt listened, involved and understood.
Suhonen et al. (2008)	Individualized care approach to attend to the clinical situation, the personal life situation and decisional control of care	Patients hospitalized in general surgical units for an operation or any other surgical treatment in five European countries, the Czech Republic, Cyprus, Finland, Greece and Hungary	Perceived by patients: Patients gave lower scores compared with nurses in each country. Perceived by nurses: Nurses tend to think that the care they provide is individualized more often than their patients. Each care system provides more or less opportunities for nursing interventions to be tailored to the specific needs of the patients. Some of the between-country differences may be due to the variability of nurse education, which has an impact on the results through nurses' assessments.
Inman et al. (2011)	Educational telephone follow up calls on patients after radical prostatectomy, 3-5 days after discharge	Patients undergoing radical prostatectomy surgery after discharge	Perceived by patients: helpful and reduced the need to utilize other resources. The intervention group averaged a rating of for ability to manage their health and for understanding the use of their medications. Sixty percent of the control group used unplanned resources to address their post-operative concerns, and 47% of the intervention group reported unplanned resource use.
Hammar et al. (2010)	Patient-centred care approach by telephone calls to provide patient education, counselling and coordinate care	Patients with chronic disease: coronary artery disease, heart failure, diabetes, or chronic obstructive pulmonary disease, in home	Perceived by patients: self-efficacy, healthy behavior, and appropriate treatment for the management of the full range of chronic conditions and comorbidities, that reduce the hospital admission rate

Nursing Interventions

Nursing interventions were grouped into three categories: programmed supportive educational interventions, monitoring, and hand massage. Each category encompasses several nurses' actions that the authors considered to be an intervention cluster (Happ *et al.*, 1996) representing one stage of a 'complex intervention', as described further in the Discussion section.

Six studies described *programmed supportive educational interventions*. Godino *et al.* (2006) showed that a one-to-one programme for patient education, training, and counselling a positive impact on cancer patients' well-being and self-care ability. Poochikian-Sarkissian *et al.* (2008) demonstrated that educational intervention according to patients' needs and preferences resulted in the satisfaction of patients admitted to a neuroscience unit, (Table 1) Sidani (2008) showed that surgical patients' involvement in care resulted in increased self-care ability and level of social functioning. Johnson *et al.* (2009) reported that the provision of information to patients with chest pain in an emergency department reduced fear and maintained normality in an alien environment. Hayashi *et al.* (2011) described positive outcomes, such as awareness of a fresh point of view, of telephone-based guidance and encouragement of patients with spin cerebellar degeneration. Inman *et al.* identified as well the phone calls in the post-operative care of urology patients providing just-in-time, individualized reinforcement of education three to five days after hospital discharge, that increase the knowledge about how to manage the medication, symptoms and well-being, reduce the need to look for the health care.

Monitoring interventions were central in Liddy *et al.*'s (2008) study of telephone-based monitoring of clinical data for at-risk patients with chronic illnesses; the authors found that such care satisfied patients and families and reduced the number of home visits. Vincent *et al.* (2006) studied the effects of bidirectional communication with frail elderly patients at home. Two studies classified as educational interventions (Poochikian-Sarkissian, Wennberg and Sidani 2008, Sidani, 2008) also included monitoring interventions, complicating categorisation. Effective individualised educational interventions, and indeed all nursing interventions, must be based on the careful assessment of the patient's situation. Hamar *et al.* (2010) suggested that coordinating care by phone calls of persons with chronic disease is useful.

The category *hand massage* included demonstration of the protocol, return visits to repeat the demonstration, and incentives. Kolcaba, Schirm and Steiner (2006) found that hand massage as a nursing intervention increased one-to-one connections, comfort, and satisfaction with nursing care in patients receiving long-term care for orthopaedic or neurological conditions.

Outcomes of Nursing Interventions

The analysis identified patient and organisational outcomes, including patients' satisfaction with care and a decreased number of visits and hospital readmissions, which reduced costs. Innman *et al.* (2011) introduce the benefit of individualization in the health costs, since the follow-up by phone calls can reduce the unplanned clinical visits to their physicians, less visits to the emergency department and self-care.

Outcomes were reported as perceived by patients and by others involved. Table 1 includes important outcomes perceived by others that were not analysed in more detail, as the definition of individualised nursing interventions guiding the present review includes only patient-perceived outcomes. Categorisation was difficult since none of the studies characterised patient outcomes clearly, due to various study objects and objectives. Nevertheless, four categories of patient-perceived outcomes were identified: felt accepted, felt respected, felt supported, higher self-care ability, and decreased informal caregivers' burden.

Hayashi et al. (2008) identified *felt accepted* as '*be heard by others; time and attention given*'. Johnson et al. (2009) mentioned empathy.

Poochikian-Sarkissian et al. (2008) identified *felt respected* as an outcome, meaning that care was given according to patients' needs and preferences. Godino et al. (2006) mentioned 'doubts clarified' with a similar meaning.

Kolcaba, Schirm and Steiner (2006) study of hand massage stated that patients *felt supported*, with specific reference to patient comfort. Godino et al. (2006) mentioned decreased fatigue, and Johnston et al. (2009) identified feeling reassured, calmed down, and reduced fear. Hook et al. suggest that cancer education, supportive care, and appropriate referrals after diagnosis and throughout treatment for breast cancer have as an outcome *learning new information*. Hamer et al. suggested that coordinating care by phone calls of persons with chronic disease increase the self-efficacy

Vincent et al. (2006) reported *decreased informal caregivers' burden*, which was considered a patient outcome because nurses provided as much care to informal home caregivers of dependent elders as to patients, and the study reported caregivers' perceptions...

Patient Condition and Context

The available data did not allow nursing interventions and patient outcomes to be related to the patients' clinical conditions and contexts of care, which varied widely among the analysed studies. Patients' clinical conditions could be classified as: acute, including at-risk patients with chronic illnesses, acute medical and surgical conditions, and acute chest pain (Liddy et al., 2008; Sidani, 2008; Johnson et al., 2009); multiple disabilities, including spinocerebellar degeneration (Vincent, et al., 2006; Hayashi et al., 2008); orthopaedic, neurological, and neurosurgical (Kolcaba, Schirm and Steiner, 2006), chronic disease (Hamar et al., 2010); and cancer (Inman et al., 2011; Hook et al., 2012). Care was provided in the following contexts: home (Vincent et al., 2006; Hayashi et al., 2008; Liddy et al., 2008; Hamar et al., 2010) hospital (Poochikian-Sarkissian, Wennberg and Sidani, 2008; Sidani, 2008; Johnson et al., 2009; Hook et al., 2012) and long-term care facilities (Kolcaba, Schirm and Steiner, 2006; Hook et al., 2012). Most nurses had no postgraduate qualifications; 'advanced practice nurses' were included in one study. In most studies, nurses were part of a health team that valued patients' individuality and performed individualised interventions. The health unit's philosophy of care is probably a major factor in the establishment of an individualised care practice.

At the descriptive level, it is possible to confirm evidence of the effects of individualised nursing interventions on patients, but caution is necessary in interpreting these results due to study limitations.

DISCUSSION

This literature review sought to identify individualised nursing interventions that had a positive impact on adult patients in different contexts. It was designed to supplement a systematic review performed 9 years previously with the same aim (Suhonen, Välimäki, and Leino-Kilpi, 2008). Both studies found that individualised interventions were most frequently educational, but the actions involved and the incorporation of such interventions into a process involving outcome assessment and evaluation were not always clear or comparable. This is implied in the individual articles, which is in accordance with the well-accepted decision-making process in nursing.

In Suhonen et al's (2008) study two types of intervention were identified (preventive interventions and patient training). In the present study, programmed supportive educational interventions, monitoring and hand massage, were identified. The interventions identified here included five components of individualised nursing interventions listed by Suhonen et al. (2004): 1) talk with the patient about his/her feelings about his/her illness, 2) talk with the patient about needs that require care and attention, 3) give the patient the chance to assume responsibility for care according to his/her resources, 4) listen to the patient's personal wishes with regard to care, and 5) encourage the patient to ask anything about his/her care.

The outcomes of interventions identified in the present review were also similar to those described by Sidani (2008), including monitoring levels of patient participation in care, resolution of problems, and especially attendance to patients' needs. Both reviews provided evidence of patient outcomes that were apparently related to programmed, rather than routine or standardised, individualised nursing interventions. For example, several articles included in the present review reported planned interventions involving entire health teams or organisations (Godino *et al.*, 2006; Vincent *et al.*, 2006; Johnson *et al.*, 2009). Outcomes identified in the present study that were related to physical function or the managing of changes in self-care levels were particularly comparable with the results of Sidani (2008).

Although the present review identified several patient outcomes that were apparently related to individualised interventions, further research is necessary to characterise both interventions and outcomes and establish relationships between them. Like previous studies, we highlight the need to clearly delineate interventions and outcomes in order to develop standardised measures and enable the replication of intervention studies. Future studies would benefit from the classification of outcomes as patient outcomes (including well-being, self-efficacy, and knowledge), socioeconomic outcomes (including hospitalisation, cost savings), and clinical outcomes (including mortality and disability), as in Frich's study (Frich, 2003). Inman et al. (2011) demonstrated, with a RCT study, that patients had significantly fewer episodes of unplanned clinical visits to their physicians and less visits to the emergency department and the least number of phone calls, when the information was individualized. The telephone call intervention strategy was reported by patients as helpful and reduced the need to utilize other resources. Hamar et al. (2010) confirm the fact that telephone calls reduce the hospital admission rates and a patient-centered approach is the key to the gold standard of care. This approach can be differentiated from the programs of the system that implement standardized care guidelines and protocols into primary care for improving the quality of care, and to provide

a means of risk-structure adjusted compensation to insurers. This finding indicates that participation in care calls reduces the likelihood of inpatient admission in a population that is diverse with respect to disease diagnosis and severity.

The fact that neither review found clear patterns of relationship between patients' conditions and the context of care and interventions and outcomes, and that both studies found great variation in these relationships, suggests that the type of nurse-patient relationship, rather than clinical conditions or environments, affects intervention effectiveness. This argument is in line with the profession's values, as put forth in national and international codes of ethics. However, the issue of how to translate research evidence of the positive outcomes of individualised nursing care into practice remains problematic. This challenge has been discussed over time, but the present economic crisis is not favourable to change.

Limited evidence was obtained due to the small number of studies identified in databases, and analysis was hindered by the lack of characterisation of individualised nursing interventions, outcomes, patients' clinical situations, and the context of care; full description of these variables was not the aim of the studies analysed.

Some studies have described individualised nursing care from the patients' point of view (Radwin and Alster, 2002; Happ, *et al.*, 1996; Suhonen, Alikleemola, and Katajisto, 2010). Others have measured nurses' perceptions about the provision of individualised care (Chappell, Reid and Gish, 2007; Caspar, O'Rourke and Gutman, 2009; Suhonen, Alikleemola and Katajisto, 2010). However; most of these studies have been conducted at the national level. The literature shows that nurses do not seem to be universally convinced of the utility of individualised care in their day-to-day practice (Caspar, O'Rourke, 2008; Caspar, O'Rourke and Gutman, 2009). Individualised care is important to obtain positive outcomes for patients (Mulrow *et al.*, 1994; Suhonen, Välimäki, and Leino-Kilpi, 2008) such as improved memory function (Thompson *et al.*, 2006) success in rehabilitation (Mulrow *et al.*, 1994) and recovery (Frich, 2003). The delivery of individualised care also meets the ethical obligations of health care (ICN, 2005; Thompson *et al.*, 2006). Suhonen *et al.*'s (2008) review categorised the effects of individualised nursing interventions as: help-seeking behaviours or special types of health care services, clinical health status indicators, adherence to recommended care regimens, and patients' perceptions (e.g. satisfaction). As in the present review, most effective interventions were educational.

The present integrative review has reinforced the argument that care should be focused on the client and implemented by joint decision making among health care team members, with the involvement of nurses and patients. The provision of care is increasingly less fragmented. Every client has the right to receive the best care possible from the team; thus, care must be planned to meet each patient's individual needs.

The analysed studies used unclear concepts; the terms 'individualised intervention' and 'tailored intervention' were used interchangeably to describe 'interventions for individual patients and their individual situations'. We considered personalised and individualised care to have the same meaning, including patient involvement in care decisions. Further clarification (Meleis, 2007) of the concept of 'individualised interventions' is necessary to determine whether these terms are synonymous or related.

Given the difficulty of identifying individualised nursing interventions and their outcomes, analysis should focus on intervention clusters rather than taking a linear

approach, which does not account for the complexity of nursing practice. Complex interventions should be examined as ‘an integrated process of development, feasibility/piloting, evaluation, and implementation, where there is a non-linear and dynamic interchange between stages’ (Meleis, 2007).

CONCLUSION

The current study has provided evidence based on patients’ perceptions of the effectiveness and usefulness of individualised nursing interventions, mainly programmed educational interventions. Several outcomes were identified, but they could not be related specifically to the identified interventions, patients’ conditions, or the context of care.

Individualised nursing interventions are not a collection of specific actions, but represent an approach that involves patients in the planning of care according to their preferences and needs, more specified in the Table 2. The definition of this concept requires further development. Future studies should take a non-linear approach and consider intervention clusters. This review also identified the need for health care teams to recognise the professional value of individualised care, and to prioritise interventions based on available resources.

Table 2: The Intervent factors and the Outcomes of Individualization

Outcomes of Individualization
Reduce burden in informal caregivers Utilization of health services Reduce the number of home visits Reduce the number of hospitalisations Reduce the search of local community health centres Reduce the admission of emergency care Reduce the need of of phone calls assistance Increase patient satisfaction with nurse care Increase family satisfaction with nurse care Increase self-care ability Increase quality of life Decreased psychological distress Reduce caregivers burden
Intervent factors on the individualization
Culture of care system Country Nurse education

Conflict of Interest statement

The authors declare that there is no conflict of interest.

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