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Individualized Nursing Care Plans and Patient Satisfaction: A Conceptual Synthesis of Processes, Mechanisms, and Outcomes

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ABSTRACT: Patient satisfaction is a central nursing-sensitive quality indicator closely linked to perceptions of communication, responsiveness, and relational engagement. Individualized Nursing Care Plans operationalize patient-centred nursing by structuring care around patients' unique needs, values, and contexts. This study aimed to synthesize existing evidence and develop a coherent conceptual explanation of how individualized nursing care planning influences patient satisfaction. A narrative synthesis and conceptual framework reconstruction approach was employed, drawing on systematic reviews, cross-sectional surveys, observational studies, mediation analyses, qualitative research, and implementation studies addressing individualized care, care planning, patient experience, and satisfaction, with findings integrated to identify patterns, mechanisms, and gaps. Across settings, satisfaction was consistently associated with patient-centred processes—particularly communication quality, educational guidance, responsiveness, and caring presence—though informational domains underperformed relative to technical competence and interpersonal courtesy, revealing gaps in discharge preparation. Patient experience explained substantial variance in satisfaction, supporting its interpretation as a process-driven outcome. Missed nursing care, especially communication omissions, was negatively associated with satisfaction and trust, positioning care-process reliability as a key mechanism. Individualized care plans enhance satisfaction when enacted as relational, communicative processes rather than mere documentation, highlighting the need for investment in nursing work environments and future longitudinal, interventional research.

Keywords: Patient Satisfaction, Individualized Nursing Care, Nursing Care Plans, Patient-Centred Care, Nursing Quality, Patient Experience.

INTRODUCTION

Patient satisfaction has become a central indicator of healthcare quality and an increasingly prominent outcome in nursing and health services research. Within contemporary quality

frameworks, satisfaction is consistently positioned as a nursing-sensitive, patient-reported outcome that reflects patients' evaluations of care processes, interpersonal interactions, and perceived responsiveness of health services (Gishu et al., 2019; Zarzycka et al., 2019). In empirical nursing research, patient satisfaction is widely used to benchmark service performance, compare units or institutions, and identify modifiable determinants of care quality, particularly those related to nursing practice. This framing is reinforced by methodological scholarship that explicitly conceptualizes patient experience and satisfaction as core pillars of healthcare quality and as key targets for quality improvement interventions and monitoring systems (Chen et al., 2021; Romero-García et al., 2018).

Despite broad consensus regarding its importance, patient satisfaction remains a concept characterized by partial conceptual ambiguity and measurement heterogeneity. A recurring distinction in the literature differentiates patient satisfaction understood as an evaluative judgement from patient experience, which refers more directly to patients' reports of what occurred during care processes. Instrument development work illustrates this distinction by treating patient experience as a construct grounded in patients' needs, values, and preferences, while empirically linking it to global satisfaction outcomes (Chen et al., 2021; Chen et al., 2022). At the same time, research in perioperative and specialized care settings highlights persistent challenges in standardizing measurement approaches for patient experience and satisfaction, suggesting that conceptual and operational diversity continues to limit comparability across contexts (Hoonakker et al., 2022; Sillero & Zabalegui, 2018). Nonetheless, across this diversity, satisfaction remains firmly established as a legitimate and meaningful indicator of perceived healthcare quality.

Measurement of patient satisfaction with nursing care is dominated by structured questionnaires that undergo psychometric evaluation and cultural adaptation. The field encompasses both the development of new, context-specific instruments such as the Inpatient Experience with Nursing Care Scale (IPENCS), the Nursing Intensive-Care Satisfaction Scale (NICSS), and the Emergency Nursing-Care Patient Satisfaction Scale (ENPSS) and the translation and validation of established tools across cultural and clinical settings (Chen et al., 2021; Haruna et al., 2022). Systematic reviews of nursing care quality instruments further demonstrate the existence of multiple tools that differ in perspective, scope, and quality domains, underscoring methodological pluralism and reinforcing the absence of a single dominant operationalization of satisfaction (Koy et al., 2016). In practice, these measures are frequently deployed in cross-sectional survey designs to quantify satisfaction levels and examine associations with patient, clinical, and organizational factors, reaffirming satisfaction's role as a measurable quality endpoint while simultaneously contributing to heterogeneity in how it is operationalized (Gishu et al., 2019; Nabajani et al., 2019).

The prominence of patient satisfaction within nursing research is closely aligned with the broader theoretical orientation of patient-centred care. Patient-centredness emphasizes respect for patients' values, preferences, and needs, and it has become a guiding principle in both nursing practice and the development of satisfaction and experience measures. Instruments such as IPENCS and NICSS explicitly adopt a patient-centred perspective by grounding item development in patients' views of nursing care, thereby operationalizing patient-centredness not only as a normative ideal but also as a methodological principle (Chen et al., 2021; Romero-García et al.,

2018). Empirical research further identifies organizational and interpersonal antecedents of patient-centred nursing practice, including teamwork, communication skills, and structural empowerment, which are theorized to enable nurses to deliver care that aligns with patient-centred values in routine clinical work (Dlamini & Park, 2024).

Beyond patient-centred care, several complementary theoretical strands inform the concept of individualized nursing practice. Interaction-based models emphasize the centrality of nurse–patient relationships and interpersonal exchange in shaping health behaviors and patient evaluations of care. For example, outpatient satisfaction research applying Cox's Interaction Model of Client Health Behavior positions nurse–patient interaction as a primary explanatory pathway linking nursing actions to satisfaction outcomes (Kartika, 2018). Related psychometric work conceptualizes the nurse–patient relationship as a multidimensional construct requiring dedicated measurement, reinforcing the theoretical importance of relational mechanisms in patient experience and satisfaction (Feng et al., 2024). In parallel, caring theory conceptualizes professional nursing care as comprising both instrumental and expressive dimensions, encompassing technical competence alongside personalized, empathic engagement. Systematic review evidence and empirical studies in psychiatric and general inpatient settings demonstrate that perceived nurse caring is positively associated with patient satisfaction, consistent with caring theory's emphasis on relational quality as a determinant of patient evaluations (King et al., 2019).

Holistic care frameworks further extend the theoretical basis for individualized nursing practice by emphasizing the interrelated physical, psychological, social, and existential dimensions of human experience. Empirical studies show that holistic nursing care is associated with higher patient satisfaction, supporting the premise that individualized care requires attention beyond biomedical needs alone (Rajabpour et al., 2019). Related scholarship on "invisible" nursing interventions draws attention to relational, anticipatory, and supportive actions that are often poorly documented yet are theorized to contribute meaningfully to patient well-being and satisfaction (Huércanos-Esparza et al., 2021). These perspectives collectively suggest that individualized nursing care is enacted not only through formal tasks and documented interventions but also through subtle, relational practices that shape patients' lived experience of care.

Empirical evidence linking nursing care processes to patient satisfaction further underscores the importance of both structural and process-level factors. A substantial body of research demonstrates associations between the nursing practice environment and patient-reported outcomes, including satisfaction, indicating that organizational conditions facilitate or constrain nurses' ability to deliver high-quality, patient-centred care (Aiken et al., 2018). Cross-sectional studies across diverse national contexts similarly associate favorable work environments, staffing patterns, and nurse–patient interactions with higher patient satisfaction and better overall experience ratings (Agostinho et al., 2023). Workload-focused analyses further suggest that nursing workload allocation is consequential for patient satisfaction, highlighting the interplay between organizational resources and patient perceptions of care (Goh et al., 2017).

At the process level, specific nursing activities have been directly linked to satisfaction and experience outcomes. Missed nursing care has been shown to be negatively associated with patient satisfaction and trust, implying that omissions in required or supportive nursing actions translate

into poorer patient evaluations (Karadaş et al., 2024). Mediation-focused studies further demonstrate that missed care can function as an explanatory mechanism linking patient conditions or adverse events to satisfaction and trust outcomes, thereby emphasizing the importance of care processes rather than purely structural explanations (Demïr et al., 2024). Other process-oriented research highlights the role of intentional rounding, proactive checks, and structured communication practices in shaping patient satisfaction, reinforcing the modifiability of nursing processes as levers for improving patient experience (Ayaad et al., 2019; East et al., 2020).

Within this broader landscape, Individualized Nursing Care Plans represent a formal mechanism through which individualized, patient-centred nursing is operationalized in clinical practice. Implementation research in electronic health record contexts characterizes nursing care plans as essential tools for guiding quality patient care, defining nursing roles, and supporting patient-specific interventions (Russell & McNeill, 2022). However, this research also highlights a tension between standardization and individualization, as standardized problems and targets are often used for efficiency despite aspirations for individualized planning (Russell & McNeill, 2022). From a patient-involvement perspective, qualitative research indicates that participation in nursing care planning varies across populations and settings, suggesting that individualization is not solely a matter of documentation but also of meaningful patient engagement in planning processes (Doody et al., 2019).

Despite extensive correlational evidence linking nursing care and satisfaction, important gaps remain in explaining the mechanisms through which individualized nursing care planning translates into improved patient satisfaction. Many individualized nursing actions remain "invisible" within documentation systems and standard measures, limiting the ability to capture key mediating processes (Huércanos-Esparza et al., 2021; Koy et al., 2016). Moreover, mediation and causal pathway analyses remain relatively uncommon, with the literature relying heavily on cross-sectional designs that constrain causal inference (East et al., 2020). Conceptual and measurement heterogeneity further complicates synthesis across settings, while links between individualized care planning and patient-reported outcomes are rarely tested using robust longitudinal or intervention-based designs (Sillero & Zabalegui, 2018).

In addition to its intrinsic value as a quality outcome, patient satisfaction has been linked to relational and behavioral consequences, including trust, adherence, and continuity of care. Evidence consistently associates satisfaction with patient trust and confidence in nurses and healthcare professionals, suggesting that satisfaction reflects and reinforces relational quality (Aiken et al., 2018). In chronic disease contexts, satisfaction with nursing care is discussed as relevant to adherence-related behaviors, although longitudinal causal evidence remains limited (Heidari et al., 2017; Konlan et al., 2020). While direct empirical links between satisfaction and continuity of care are less well specified, the extension of satisfaction measurement to ongoing care contexts implies its relevance for sustained engagement with health services (Pereira et al., 2020).

Against this background, the present study aims to address the conceptual gap by synthesizing existing evidence and articulating a coherent framework linking Individualized Nursing Care Plans

to patient satisfaction. By integrating theoretical perspectives on patient-centred, relational, caring, and holistic nursing with empirical findings on nursing processes and patient-reported outcomes, this study seeks to clarify the mechanisms through which individualized nursing care planning influences satisfaction. The central premise is that Individualized Nursing Care Plans enhance patient satisfaction by structuring and enabling individualized communication, shared decision-making, and coordinated care processes, which together shape patients' evaluative judgements of care quality.

METHOD

Study Design

This study adopts a narrative synthesis and conceptual framework reconstruction design to examine how individualized nursing care planning relates to patient satisfaction. This methodological choice is appropriate given the heterogeneity of study designs, care contexts, measurement instruments, and outcome definitions in the existing literature on individualized nursing care and patient satisfaction. Rather than aggregating effect sizes, the study aims to integrate empirical findings and theoretical perspectives to explicate mechanisms linking nursing care processes particularly those reflecting individualization to patient-reported satisfaction outcomes.

The methodological orientation is grounded in health services and nursing research traditions where narrative synthesis is employed to integrate diverse evidence when meta-analysis is not feasible or conceptually appropriate. This approach allows for systematic comparison of findings across cross-sectional surveys, observational studies, mediation analyses, qualitative research, and implementation studies, while preserving contextual nuance and theoretical meaning (Larsen et al., 2021; Oldland et al., 2020).

Predominant Empirical Approaches in the Literature

Cross-sectional and Observational Survey Designs

The dominant empirical approach in studies of individualized nursing care and patient satisfaction consists of cross-sectional observational surveys administered to patients during hospitalization, at discharge, or shortly after care encounters. These designs typically employ validated satisfaction or patient-experience questionnaires and apply correlational, multivariable regression, or comparative analyses to identify determinants of satisfaction (Alotaibi, 2024; Heidari et al., 2017).

Within this design tradition, individualized or patient-centred nursing care is operationalized primarily through patients' perceptions of care processes, including communication quality, responsiveness, caring behaviours, holistic attention, and interpersonal interaction. These constructs are measured quantitatively and linked statistically to satisfaction outcomes, often using global satisfaction items as dependent variables (Alshammari, 2023; Kartika, 2018).

Analytically, cross-sectional studies frequently incorporate multivariable regression models to adjust for patient characteristics, clinical variables, and organizational factors, including proxies for staffing or hospital characteristics (Simonetti et al., 2023). Multi-hospital observational designs extend this approach by relating features of the nursing practice environment to aggregated patient experience or satisfaction indicators (Aiken et al., 2018; Simonetti et al., 2023). While these designs are methodologically robust for identifying associations, they inherently limit causal inference regarding how individualized nursing actions lead to changes in satisfaction over time.

Process-focused Observational Studies

A complementary methodological strand conceptualizes individualized nursing care as care processes that are delivered or omitted in everyday practice. Studies within this strand examine how specific nursing processes, such as communication, responsiveness, intentional rounding, and completeness of care, are associated with patient satisfaction and relational outcomes.

Missed nursing care research exemplifies this approach by quantifying patient-reported omissions in required nursing actions using instruments such as the MISSCARE Survey–Patient and linking these omissions to satisfaction and trust outcomes (Karadaş et al., 2024). Communication-related missed care is consistently identified as particularly consequential for patient evaluations. Similarly, intentional rounding studies use cross-sectional surveys to identify which aspects of proactive nurse–patient contact predict satisfaction, including perceived availability, pain relief, and emotional attentiveness (East et al., 2020). Communication-focused studies in oncology and other specialty contexts apply analogous designs to determine which communication domains are most strongly associated with satisfaction (Alshammari, 2023).

Collectively, these process-focused designs operationalize individualized care as a bundle of patient-perceived care processes rather than as a single discrete intervention, thereby aligning closely with patient-centred and caring-theory perspectives (Alshammari, 2023).

Mechanism-oriented Modelling and Mediation Analysis

Although less prevalent, some observational studies explicitly test mechanistic pathways linking nursing care processes to patient satisfaction using mediation analysis or structural equation modelling. For example, missed nursing care has been modelled as a mediator between patient dependency or adverse events and outcomes such as satisfaction and trust, thereby moving beyond simple association toward explanatory modelling (Demir et al., 2024).

At the organizational level, structural equation modelling has been applied to test mediating constructs such as flow at work between the nursing practice environment and outcomes related to care rationing and adverse events, illustrating methodological feasibility for pathway analysis within nursing research (El-Gazar et al., 2024). Despite their explanatory value, such mechanism-oriented approaches remain underused relative to standard regression-based determinant studies (El-Gazar et al., 2024).

Qualitative Designs

Qualitative methodologies are employed when research aims to explore patients' lived experiences, expectations, and meanings attached to individualized nursing care. Phenomenological studies, such as research with hypertensive patients, elicit narratives regarding responsiveness, communication, education, and confidentiality, providing interpretive insight into what constitutes satisfying and individualized nursing care from the patient perspective (Konlan et al., 2020).

Qualitative and integrative review approaches have also been used to examine patient involvement in nursing care planning, particularly among vulnerable populations such as adults with intellectual disability. These studies highlight conceptual ambiguity and limited empirical attention to patient participation in care planning, revealing methodological gaps in how individualization is operationalized and studied (Doody et al., 2019).

Implementation and Quality-Improvement Methodologies

When individualized nursing care is conceptualized as documentation and planning practice, implementation and quality-improvement designs are applied, particularly within electronic health record contexts. These studies focus on workflow integration, standardized nursing language, and audit-based evaluation of care plan completion and tailoring within defined timeframes (Russell & McNeill, 2022).

Such approaches operationalize individualization as measurable variation in care plan content and implementation fidelity, rather than relying exclusively on patient-reported outcomes. However, within the existing evidence base, these implementation evaluations are rarely linked to downstream patient satisfaction outcomes, indicating a methodological disconnect between informatics/QI endpoints and patient-reported quality indicators (Russell & McNeill, 2022; Koy et al., 2016).

Narrative Synthesis and Conceptual Framework Reconstruction

Narrative synthesis is used in this study to integrate heterogeneous evidence where intervention content, contexts, and outcomes vary substantially. In nursing and health services research, narrative synthesis is frequently applied in systematic reviews examining diverse nursing interventions or professional frameworks, enabling structured comparison without statistical pooling (Larsen et al., 2021; Oldland et al., 2020).

Conceptual framework reconstruction extends narrative synthesis by explicitly aiming to rebuild or refine explanatory models. Methods used in related scholarship include theory synthesis, meta-narrative review, best-fit framework synthesis, and critical interpretive synthesis, each offering distinct epistemic orientations but sharing the goal of generating coherent conceptual explanations (Evans et al., 2018; Grant & Johnson-Koenke, 2024). These approaches inform the present study's strategy of mapping empirical findings onto a reconstructed framework linking individualized nursing care planning to patient satisfaction.

Measurement Instruments and Constructs

Validated instruments form the empirical foundation of the literature synthesized in this study. Patient satisfaction is commonly measured using instruments such as the Newcastle Satisfaction with Nursing Scale, the Patient Satisfaction with Nursing Care Quality Questionnaire, and setting-specific tools for emergency, intensive care, and primary care contexts (Hoonakker et al., 2022).

Perceived individualized nursing care is operationalized indirectly through measures of patient experience and care processes, including the Inpatient Experience with Nursing Care Scale, the Perception of Invisible Nursing Care–Hospitalisation, the Caring Behaviours Inventory, holistic care instruments, communication-experience scales, and nurse–patient interaction measures (Chen et al., 2021; Kartika, 2018). Instruments measuring missed care and trust are particularly important for mechanism testing, as they enable examination of how omissions or relational quality mediate satisfaction outcomes (Karadaş et al., 2024; Demir et al., 2024).

Methodological Gap and Rationale for the Present Study

Across methodologies, a consistent gap is evident between individualized nursing care planning as a documentation or workflow construct and individualized care as a patient-perceived experience linked to satisfaction outcomes. While satisfaction and experience instruments are well validated, direct patient-reported measures of perceived individualization of nursing care plans are comparatively scarce, and implementation studies rarely incorporate patient satisfaction as an outcome (Doody et al., 2019).

By employing narrative synthesis and conceptual framework reconstruction, the present study addresses this gap by integrating diverse empirical and theoretical evidence to explicate mechanisms through which Individualized Nursing Care Plans may influence patient satisfaction. This methodological approach is intended to support theory development and inform future empirical testing using longitudinal or intervention-based designs.

RESULT AND DISCUSSION

Individualized Discharge Communication and Patient Satisfaction

Across the reviewed evidence base, no randomized or quasi-experimental studies were identified that directly evaluated individualized discharge education as a discrete intervention and quantified its causal effect on patient satisfaction. Nevertheless, convergent findings from inpatient and specialty-care studies consistently demonstrate that education-, guidance-, and information-related components of nursing care conceptually overlapping with discharge preparation are salient determinants of patient satisfaction and frequently represent weaker-performing domains within satisfaction profiles.

Large-scale inpatient surveys illustrate this pattern clearly. In a multi-hospital Chinese study, satisfaction with health guidance provided by nurses was among the lowest-rated domains despite relatively high overall satisfaction, indicating that educational and guidance functions remain key

areas for improvement within patient-centred nursing care (Yan et al., 2022). Similarly, an Ethiopian hospital-based study reported low patient ratings for education and home-care preparation, while also demonstrating that patient education was strongly associated with overall satisfaction, underscoring the relevance of discharge-related educational processes even when examined cross-sectionally (Gishu et al., 2019). Comparable findings were observed in a Philippine tertiary hospital, where satisfaction with nurses as information providers lagged behind satisfaction with nurses' caring attitudes and technical competence, suggesting that informational support constrains global satisfaction ratings (Villarruz-Sulit et al., 2023).

Perioperative and specialty-care contexts reinforce these observations. In perioperative nursing research, patients expressed a need to be better informed and to receive more time and attention from nurses, highlighting informational preparation as a recurring deficit across care transitions (Sillero & Zabalegui, 2018). Although these studies do not isolate discharge communication as an intervention, they collectively indicate that informational guidance and patient education core elements of discharge preparation are central to satisfaction outcomes and represent modifiable targets for individualized nursing care.

No studies within the provided references explicitly evaluated teach-back methodology as a discharge communication strategy or quantified its effects on patient understanding and satisfaction. However, indirect evidence consistently links communication quality and information exchange to satisfaction across diverse clinical settings. Communication-related dissatisfaction clusters around informational deficits, suggesting that interventions such as teach-back, which explicitly target understanding and retention of information, are theoretically well aligned with documented satisfaction gaps (Gishu et al., 2019; Sillero & Zabalegui, 2018).

Comparative evidence between individualized and standard discharge processes is also absent in the reference set. Nonetheless, adjacent nursing research provides comparative logic supporting structured, patient-attuned communication processes. For example, structured nurse leader rounds were associated with significantly higher patient satisfaction and improved perceptions of nurse concern and caring in oncology settings compared with unstructured approaches (Ayaad et al., 2019). Intentional rounding studies similarly evaluate systematic communication processes designed to anticipate patient needs and identify predictors of satisfaction, including timely nurse availability and responsiveness (East et al., 2020). While not discharge-specific, these findings support the broader proposition that structured and individualized communication processes can improve satisfaction relative to routine or unstructured care.

Across studies, several communication-related components emerge as particularly influential for satisfaction and plausibly map onto discharge interactions. Information exchange and educational guidance are repeatedly associated with satisfaction outcomes. In oncology care, communication experiences involving information exchange and enabling self-management predicted satisfaction, whereas other patient-centred communication domains were not consistently associated, suggesting that practical, actionable information may be especially salient (Alshammari, 2023). In cardiosurgical patients, being informed by nurses about pain avoidance strategies was linked with higher evaluations of nursing care experience, aligning with the importance of anticipatory guidance around symptom management a key discharge concern (Kowalska et al., 2022).

Responsiveness, pain management, and time spent with patients further contribute to satisfaction evaluations. Studies across inpatient settings identify pain control and timely responses as prominent predictors or correlates of satisfaction (Kowalska et al., 2022; Simonetti et al., 2023). In Saudi inpatient data, lower satisfaction ratings were observed for items related to nurse check-ins and time spent with patients, interactional features likely to influence patients' perceptions of individualized attention and discharge readiness (Alotaibi, 2024). Taken together, although discharge-specific trials are lacking, the evidence converges on informational guidance, responsiveness, symptom management support, and time/attention as core components shaping satisfaction and structurally analogous to high-quality individualized discharge communication.

Perceived Individualized Nursing Care and Patient Satisfaction

A robust body of evidence demonstrates consistent positive associations between patient-perceived individualized or person-centred nursing care and satisfaction outcomes. These associations are observed across inpatient, outpatient, and specialty-care contexts, using diverse instruments that operationalize individualized care through patient experience, caring behaviours, holistic attention, and interaction quality.

Patient experience with nursing care, conceptualized as the cumulative quality of nurse–patient interactions, has been shown to be linearly and significantly associated with overall hospital satisfaction. In a large inpatient study conducted in Shanghai, patient experience with nursing care explained a substantial proportion of variance in overall satisfaction even after adjustment for sociodemographic and disease-related factors (Chen et al., 2022). This finding aligns with instrument development work demonstrating criterion validity of patient-experience measures against global satisfaction items, reinforcing the analytic linkage between perceived individualized care processes and satisfaction outcomes (Chen et al., 2021).

Holistic and relational dimensions of care further reinforce this association. In oncology inpatient settings, patients' perceptions of holistic care were positively correlated with overall satisfaction with nursing care, indicating that care addressing multiple dimensions of the person is associated with more favourable satisfaction evaluations (Rajabpour et al., 2019). Outpatient research grounded in Cox's Interaction Model of Client Health Behavior similarly demonstrated significant relationships between nurse–patient interaction quality and satisfaction, supporting an interactional pathway in which affective support, decision control, technical competence, and health information jointly shape satisfaction (Kartika, 2018).

Caring behaviours constitute another key experiential substrate of individualized care. In psychiatric acute care, perceived nurse caring measured using the Caring Behaviors Inventory was strongly and positively associated with satisfaction, consistent with caring theory's emphasis on expressive and relational dimensions alongside instrumental competence (King et al., 2019). Systematic synthesis of caring-behaviour studies further supports this dual-dimensional conceptualization of nursing care as instrumental and expressive, both contributing to patient evaluations (Romero-Martín et al., 2019).

Evidence also quantifies the explanatory power of perceived individualized care. In the Shanghai inpatient study, patient experience with nursing care explained approximately 34.9% of the variance in overall satisfaction, indicating substantial explanatory contribution relative to sociodemographic and clinical factors (Chen et al., 2022). Although not all studies report variance explained, this finding illustrates the central role of patient-perceived nursing interactions in shaping satisfaction outcomes.

Patterns in domain-level valuation are also evident across contexts. Patients consistently rate relational professionalism, respect, privacy, and technical competence highly, while informational and educational domains frequently receive lower ratings. High-valued domains include nurses' manners, privacy provision, and perceived capability in Saudi inpatient data (Alotaibi, 2024), caring attitude and competence in Philippine hospitals (Villarruz-Sulit et al., 2023), and confidentiality and timely treatment in psychiatric settings (King et al., 2019). In contrast, dissatisfaction or lower performance is repeatedly observed for information provision, education, and home-care preparation across Ethiopia, China, Spain, and the Philippines (Gishu et al., 2019; Yan et al., 2022).

Cultural and clinical contexts shape both measurement and perceptions of individualized care. Multiple instruments are developed or adapted to align with specific healthcare systems and cultural backgrounds, reflecting the assumption that satisfaction and individualized care perceptions are context-sensitive (Haruna et al., 2022; Mamić et al., 2024). Substantive findings further illustrate contextual variation. For example, Ghanaian hypertensive patients emphasized culturally sensitive communication and linked dissatisfaction to resource constraints and staffing distribution (Konlan et al., 2020), while oncology contexts highlighted information exchange and self-management support as key satisfaction drivers (Alshammari, 2023). These findings indicate that what constitutes "individualized" and valued care varies by clinical trajectory, cultural expectations, and resource environment.

Satisfaction as an Intermediate Outcome: Trust and Relational Pathways

Direct evidence modelling patient satisfaction as a mediator between individualized nursing care and patient trust was not identified within the provided references. Instead, the available evidence positions satisfaction and trust as closely related relational outcomes that are jointly influenced by nursing care processes, particularly communication and care completeness.

Missed nursing care research provides important insights into these pathways. Studies demonstrate that missed care especially communication-related omissions is negatively associated with both satisfaction and trust in nurses, and that satisfaction and trust are strongly positively related (Karadaş et al., 2024). More explicitly, mediation analysis has shown that patient-reported missed care partially mediates relationships linking care dependency and adverse events to satisfaction and trust outcomes, supporting a mechanism in which deficits in care processes propagate to relational outcomes (Demir et al., 2024). Although satisfaction itself was not modelled as the mediator between individualized care and trust, these findings substantiate mediation logic at the process level.

Additional evidence supports satisfaction as an intermediate outcome sensitive to cumulative care experiences. Patient experience with nursing care significantly predicts overall satisfaction, reinforcing satisfaction's role as a downstream evaluative endpoint of interactional processes rather than merely a reflection of structural characteristics (Chen et al., 2022). Organizational studies further suggest multi-level pathways in which work environments and staffing influence care processes such as communication and responsiveness, which in turn shape satisfaction-related evaluations (Simonetti et al., 2023).

Structural equation modelling in nursing research demonstrates the feasibility of testing indirect pathways, even when satisfaction is not the focal outcome. For example, flow at work has been shown to mediate relationships between the nursing practice environment and outcomes related to care rationing and adverse events, illustrating how intermediary constructs can be formally modelled within complex nursing systems (El-Gazar et al., 2024). Patient-level mediation analyses using regression-based approaches further demonstrate how relational outcomes such as trust and satisfaction can be embedded within sequential pathways (Demïr et al., 2024).

Regarding relational outcomes most influenced by satisfaction, trust emerges most consistently. Trust in nurses co-varies strongly with satisfaction and is sensitive to communication quality and care completeness (Demïr et al., 2024; Aiken et al., 2018). Evidence linking satisfaction to adherence is more indirect. Qualitative research with hypertensive patients situates satisfaction with nursing care as supportive of adherence-related behaviours, suggesting a plausible pathway from individualized care to satisfaction to adherence, although quantitative mediation evidence remains limited (Konlan et al., 2020). Overall, while explicit mediation models positioning satisfaction as the intermediary between individualized nursing care and trust remain a gap, the empirical associations and process-level mediation findings provide strong theoretical plausibility for such pathways.

The findings synthesized in this study align closely with patient-centred care and personalized nursing care theories that conceptualize quality as responsiveness to individual patients' preferences, needs, and values and emphasize patient feedback as a core evaluative mechanism (Dlamini & Park, 2024; Holt, 2018). The empirical pattern observed across studies where patient satisfaction is strongly associated with communication quality, responsiveness, education, and relational engagement supports the theoretical proposition that care quality is experienced and judged primarily through interactional processes rather than through technical performance alone. Instrument development in nursing science reinforces this alignment. The Inpatient Experience with Nursing Care Scale was developed explicitly to capture recipients' preferences, needs, and values and to identify gaps between expectations and provider behaviours, thereby operationalizing patient-centred care principles in measurement practice (Chen et al., 2021). Observational evidence showing that patient-reported experience with nursing care predicts overall hospital satisfaction further substantiates patient-centred care theory by empirically demonstrating that cumulative nurse–patient interactions shape global evaluative judgements of care quality (Chen et al., 2022).

The results are also congruent with individualized and personalized nursing theories that foreground relational and expressive dimensions of care. Caring theory, particularly as articulated

through Watson's Theory of Human Caring, distinguishes instrumental care (technical competence, efficiency, physical task completion) from expressive care (respect, sensitivity, presence, and relational engagement) (Romero-Martín et al., 2019). The reviewed evidence shows that expressive caring behaviours, as measured by the Caring Behaviours Inventory, are strongly associated with patient satisfaction in psychiatric and general care contexts, consistent with theoretical expectations that relational caring is constitutive of perceived care quality (King et al., 2019; Romero-Martín et al., 2019). Similarly, holistic care theory, which emphasizes integrated attention to physical, psychological, social, and existential dimensions, maps directly onto empirical findings linking patients' holistic care perceptions with higher satisfaction ratings (Rajabpour et al., 2019). These convergences suggest that individualized nursing care is enacted through a combination of technical reliability and relational presence, with satisfaction reflecting patients' appraisal of both dimensions.

The concept of "invisible nursing interventions" further strengthens theoretical alignment by highlighting that many individualized actions such as caring presence, anticipatory support, and attention to family or environment are not easily captured in routine documentation yet meaningfully contribute to well-being and satisfaction (Huércanos-Esparza et al., 2021; Koy et al., 2016). The development of dedicated instruments such as the PINC–H scale underscores the recognition that individualized care extends beyond visible tasks and requires construct-sensitive measurement. Interactional theories similarly resonate with the findings. Research applying Cox's Interaction Model of Client Health Behavior demonstrates that nurse–patient interaction quality, including affective support and information exchange, is significantly associated with satisfaction, reinforcing the view that individualized care is fundamentally relational and enacted through everyday exchanges rather than solely through standardized protocols (Kartika, 2018). Complementary measurement work on the multidimensional nurse–patient relationship further supports the premise that relationship quality is complex and central to individualized care delivery (Feng et al., 2024).

From a practical perspective, the findings suggest that quality improvement initiatives should prioritize modifiable nursing care processes that repeatedly emerge as satisfaction-relevant, particularly communication, responsiveness, education and guidance, and completeness of fundamental care. Across diverse settings, informational and educational domains consistently underperform relative to other aspects such as technical competence or courteous behaviour, including low ratings for health guidance in Chinese hospitals, education and home-care preparation in Ethiopia, and nurses' information provision roles in the Philippines (Yan et al., 2022; Gishu et al., 2019; Villarruz-Sulit et al., 2023). Specialty contexts reinforce this pattern, with perioperative patients expressing a need to be better informed and cardiosurgical patients reporting higher satisfaction when nurses provided pain-related guidance and anticipatory information (Sillero & Zabalegui, 2018; Kowalska et al., 2022). These convergent findings indicate that individualized communication and anticipatory guidance represent high-yield targets for quality improvement, even when the underlying evidence base is predominantly observational.

Improving individualized care processes also requires attention to organizational context. Evidence consistently links the nursing practice environment and staffing conditions to patient satisfaction and experience outcomes, supporting a structure–process–outcome logic relevant for

quality improvement prioritization (Al-ghraiybah et al., 2021). Poor work environments and inadequate staffing increase missed nursing care, which in turn erodes satisfaction and trust, while better environments are associated with improved communication, pain control, and timely assistance (Simonetti et al., 2023; Aiken et al., 2018). These findings imply that individualized care cannot be sustainably improved through frontline process redesign alone; organizational investment in staffing, workload management, and supportive practice environments is a prerequisite for enabling nurses to deliver individualized, patient-centred care (Goh et al., 2017).

The results also support repositioning patient satisfaction as a process-driven outcome rather than a static end-state rating. Patient experience with nursing care explains a substantial proportion of variance in overall satisfaction, indicating that satisfaction is responsive to the quality and reliability of care processes rather than merely to patient characteristics or institutional reputation (Chen et al., 2022). Evidence that missed nursing care particularly communication-related omissions is negatively associated with satisfaction and trust further reinforces the interpretation of satisfaction as downstream from modifiable process reliability (Karadaş et al., 2024; Demïr et al., 2024). Organizational studies similarly demonstrate pathways in which work environments shape care processes, which then influence patient-reported outcomes, supporting a multi-level, process-oriented conceptualization of satisfaction (Simonetti et al., 2023; Al-ghraiybah et al., 2021).

Mechanism-oriented analyses provide additional insight but also highlight gaps. While satisfaction and trust are strongly related and share common process predictors, explicit modelling of satisfaction as a mediator between individualized care and trust remains limited. Existing mediation studies more commonly position missed care as the mediator affecting both satisfaction and trust, leaving satisfaction-as-mediator pathways underdeveloped despite strong theoretical plausibility (Karadaş et al., 2024; Demïr et al., 2024). Structural equation modelling research demonstrates that nursing science has the methodological capacity to test indirect pathways, as shown in models linking work environment, flow at work, and adverse outcomes, suggesting that future research can extend these approaches to satisfaction-centred pathways (El-Gazar et al., 2024). Qualitative evidence further implies that satisfaction may support adherence in chronic disease contexts, although quantitative pathway testing remains sparse (Konlan et al., 2020).

Several limitations of the evidence base should be acknowledged. The predominance of cross-sectional observational designs constrains causal inference regarding whether individualized nursing processes produce changes in satisfaction over time (Chen et al., 2022; Rajabpour et al., 2019). Measurement heterogeneity and incomplete standardization, particularly in perioperative and emergency contexts, complicate synthesis and comparison across studies (Sillero & Zabalegui, 2018; Hoonakker et al., 2022). Cross-cultural adaptation efforts improve contextual validity but may limit comparability unless harmonization strategies are employed (Haruna et al., 2022). Additionally, a conceptual gap persists between individualized care planning as a documentation or workflow construct and individualized care as a patient-perceived experience linked to satisfaction outcomes, as implementation studies rarely integrate patient-reported measures (Russell & McNeill, 2022; Doody et al., 2019).

In summary, the evidence supports a coherent patient-centred interpretation of satisfaction as a relational, process-sensitive outcome shaped by individualized nursing care processes. At the same

time, persistent methodological constraints cross-sectional inference limits, measurement heterogeneity, and incomplete mechanism testing highlight priorities for future research. Addressing these gaps through longitudinal and interventional designs, mediation-oriented modelling, and integration of individualized care planning with patient-reported outcomes will be essential for advancing theory and practice in individualized nursing care and patient satisfaction research.

CONCLUSION

This study synthesizes and integrates a diverse body of nursing and health services research to clarify how Individualized Nursing Care Plans and related individualized nursing care processes contribute to patient satisfaction. Across theoretical perspectives and empirical findings, patient satisfaction emerges as a meaningful, nursing-sensitive indicator that reflects patients' evaluative judgements of communication, responsiveness, relational engagement, and the perceived completeness of care. Rather than functioning solely as a static end-point metric, satisfaction is best understood as a process-driven outcome that is shaped by everyday nursing interactions and care processes.

The evidence reviewed demonstrates consistent associations between patient satisfaction and patient-centred, personalized nursing practices. Communication quality, educational guidance, responsiveness, pain-related support, and caring presence repeatedly appear as central determinants of satisfaction across inpatient, outpatient, and specialty-care contexts. Patients tend to value respect, privacy, professional competence, and relational reliability highly, while informational and educational domains frequently underperform and constrain global satisfaction ratings. These patterns underscore the pivotal role of individualized communication and anticipatory guidance particularly around symptom management and care transitions as core components of satisfaction-sensitive nursing care.

The findings also support a strong theoretical alignment between patient satisfaction and patient-centred, caring, interactional, and holistic nursing frameworks. Patient-centred care theory is empirically reinforced by evidence showing that cumulative nurse–patient interactions and patient experience with nursing care explain substantial variance in overall satisfaction. Caring theory and holistic care perspectives further elucidate why expressive, relational, and person-focused dimensions of nursing care are integral to patients' evaluations of quality. The concept of "invisible" nursing interventions highlights that many individualized actions contributing to satisfaction are not readily captured in routine documentation, reinforcing the need for measurement approaches that are sensitive to relational and experiential aspects of care.

From a practical standpoint, the study highlights several implications for nursing practice and quality improvement. First, initiatives to improve patient satisfaction should prioritize modifiable nursing care processes, particularly communication, education, and responsiveness, which consistently emerge as satisfaction-relevant and improvable domains. Second, organizational context matters: supportive nursing practice environments, adequate staffing, and manageable workloads are essential enablers of individualized care delivery and indirectly shape satisfaction by

reducing missed care and facilitating relational engagement. Third, quality improvement efforts should integrate process redesign with robust measurement systems, using validated patient experience and satisfaction instruments to guide, monitor, and refine individualized nursing interventions.

Importantly, this synthesis identifies a critical gap between individualized nursing care planning as a documentation or workflow construct and individualized care as a patient-perceived experience. While implementation studies demonstrate improvements in the completion and timeliness of individualized care plans within electronic health record systems, evidence linking these improvements directly to patient satisfaction outcomes remains limited. Bridging this gap requires closer integration of care planning infrastructures with patient-reported outcome measures and greater attention to patient involvement in care planning processes, particularly for vulnerable populations.

The study also highlights priorities for future research. Longitudinal and interventional designs are needed to establish causal relationships between individualized nursing care processes especially communication and education and patient satisfaction and relational outcomes such as trust and adherence. Mechanism-oriented analyses, including mediation and structural equation modelling, should be more widely applied to test theoretically grounded pathways linking organizational context, individualized care processes, patient experience, satisfaction, and downstream outcomes. Additionally, continued efforts toward measurement harmonization and culturally sensitive validation are necessary to enhance comparability across settings while preserving contextual relevance.

In conclusion, individualized nursing care and the structured use of Individualized Nursing Care Plans represent a meaningful avenue for enhancing patient satisfaction when they are enacted as relational, communicative, and responsive care processes rather than solely as documentation requirements. By repositioning patient satisfaction as a process-sensitive outcome and aligning care planning, practice environments, and measurement systems accordingly, nursing services can more effectively translate patient-centred ideals into sustained improvements in patient experience and perceived quality of care.

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