Curatio : Journal of Advanced and Specialized Nursing, and Care Planning
E- ISSN : 3064-4089
Volume. 2 Issue 4 October 2025
Page No: 243-258

Individualised Nursing Care as a Patient-Centred Process: Associations with Satisfaction, Experience, and Quality of Life in Hospital Care

Mimi Rosiska
STIKES Bina Insani Sakti, Indonesia
Correspondent: mimirosiska@ymail.com

Received : August 29, 2025
Accepted : October 07, 2025
Published : October 31, 2025

Citation: Rosiska, M., (2025). Individualised Nursing Care as a Patient-Centred Process: Associations with Satisfaction, Experience, and Quality of Life in Hospital Care. Curatio: Journal of Advanced and Specialized Nursing, and Care Planning, 2(4), 243-258.

https://doi.org/10.61978/curatio.v2i4.1415

ABSTRACT: Patient-centred care emphasizes responsiveness to individual needs, preferences, and situations, with individualised nursing care serving as a core mechanism for enacting these principles in practice. While prior research links individualised nursing care to patient satisfaction, evidence integrating satisfaction, experience, and quality of life within a single analytical framework remains limited. This study examined the association between perceived individualised nursing care and patient satisfaction, experience, and quality of life among hospitalised adult inpatients. Perceived individualised nursing care was measured using the Individualised Care Scale; satisfaction and experience were assessed via validated patient-reported instruments and indicators; quality of life was measured using a validated questionnaire. Demographic and clinical covariates were extracted from medical records, with data analyzed using descriptive statistics and multivariable regression, adjusting for relevant covariates and clustering. Higher perceived individualised nursing care was associated with more positive satisfaction and experience outcomes, particularly in communication, information exchange, and relational engagement. It was also linked to better quality-of-life evaluations, though these effects were more context-dependent and heterogeneous than satisfaction or experience outcomes. Findings support a mechanistic interpretation whereby individualised care influences outcomes through enhanced communication, relational caring, and reduced missed nursing care—confirming its role as a meaningful, nurse-sensitive process indicator central to patient-centred care.

Keywords: Individualised Nursing Care, Patient-Centred Care, Patient Satisfaction, Patient Experience, Quality of Life, Nursing Outcomes.

INTRODUCTION

Patient-centred care has become a dominant paradigm guiding contemporary healthcare policy, practice, and research, reflecting a normative and empirical shift away from task-oriented service delivery toward care that is responsive to individual patients' needs, preferences, and lived experiences. Within this paradigm, quality is no longer assessed solely through clinical effectiveness or safety indicators but increasingly through outcomes reported directly by patients, including satisfaction, care experience, and quality of life. Nursing practice is central to this transformation. As the professional group with the most sustained and direct contact with patients across the care

continuum, nurses are uniquely positioned to operationalise patient-centred principles in everyday care interactions. Consequently, how nursing care is organised, delivered, and experienced has significant implications for patient-reported outcomes and for the overall quality of healthcare services.

Within patient-centred care–oriented nursing scholarship, individualised nursing care is widely conceptualised as care that is tailored to the person rather than delivered as a uniform or standardised set of tasks. Individualisation refers to nurses' ability to recognise and respond to patients' unique clinical conditions, preferences, values, and situational contexts (Kim & Chang, 2022; Suhonen et al., 2017). Importantly, this conceptualisation positions individualised care not merely as an ethical ideal but as an empirically observable and measurable attribute of care quality. Empirical studies among hospitalised cancer patients, for example, have demonstrated that patients' assessments of "individuality in care" function as a constituent component of patient-centred quality alongside constructs such as trust in nurses and perceived health status (Suhonen et al., 2017). Similarly, qualitative and mixed-methods research in long-term care settings shows that residents understand person-centred and individualised care primarily through lived experience and daily interactions, underscoring that individualisation is anchored in patients' perspectives rather than organisational rhetoric alone (Kim & Chang, 2022).

Conceptual developments further extend individualised care beyond individual nurse–patient dyads by situating it within broader care environments and organisational cultures. Person-centred care has been framed as an environmental property, whereby care settings characterised by supportive leadership, teamwork, and shared values enable nurses to deliver more individualised care (Choi et al., 2020). This perspective highlights that individualisation is shaped not only by individual nurse competencies but also by structural and contextual conditions that facilitate or constrain personalised care delivery. Hospital care delivery models provide an important conceptual bridge in this regard. The primary nursing model, for instance, is explicitly designed to enhance continuity, coordination, and nurses' in-depth knowledge of patients and families across the admission-to-discharge trajectory features that closely align with an individualised, person-specific conceptualisation of care (Gonçalves et al., 2023). At the system level, national initiatives implementing primary nursing, such as China's High-Quality Care Project, similarly position this model as a mechanism to improve both nurse and patient outcomes by strengthening responsibility, accountability, and relational continuity (Chen et al., 2020; Gonçalves et al., 2023).

Beyond conceptual alignment, a growing body of empirical evidence links nursing practices that plausibly instantiate individualisation with patient satisfaction outcomes. Cross-sectional studies have demonstrated that patients' perceptions of nurse caring behaviours relational practices characterised by attentiveness, responsiveness, and personal engagement are positively associated with satisfaction with nursing care (Rafii et al., 2024). At the level of care models, systematic review evidence indicates that primary nursing is associated with improvements in nursing-sensitive outcomes, many of which are closely coupled with patient satisfaction (Gonçalves et al., 2023). While long-term evidence remains limited, evaluations of large-scale primary nursing initiatives suggest that these associations may be sustained over time rather than reflecting only short-term or cross-sectional effects (Chen et al., 2020; Gonçalves et al., 2023).

Interventional and quality-improvement studies further support the sensitivity of patient satisfaction to nursing care processes. Structured nursing rounds, implemented to increase nurse–patient contact and responsiveness, have been associated with improvements in patient satisfaction across inpatient and outpatient settings (Azhari & Sukartini, 2021; Fan et al., 2020; Pappiya et al., 2022). Postoperative nursing interventions designed to accelerate recovery have also demonstrated effects on satisfaction outcomes, alongside clinical indicators, in meta-analytic syntheses (Wang et al., 2023). Notably, satisfaction has also been conceptualised as vulnerable to omissions in care delivery. Patient-reported missed nursing care has been empirically linked to lower satisfaction, supporting a mechanism in which failures to deliver timely and complete nursing care undermine patients' evaluations of care quality (Chaboyer et al., 2020; Demir et al., 2024).

Closely related to satisfaction, patient experience measures have gained prominence as indicators of healthcare quality that are sensitive to nursing care processes. Empirical evidence shows that patients' experiences with nursing care influence overall hospital satisfaction, reinforcing the centrality of nursing to global evaluations of care (Chen et al., 2022). In policy and accountability contexts, experience domains such as responsiveness and communication function as proxy indicators of nursing attentiveness and timeliness, with organisational and financial consequences (Berryman, 2021). Studies examining nurse staffing and workload further demonstrate that patient satisfaction and experience scores vary systematically with nursing resources and organisational conditions, implying that these measures capture differences in how care is delivered rather than merely patient dispositions (Goh et al., 2017; Hockenberry & Becker, 2016).

Nursing research provides a strong conceptual foundation for linking nursing care processes to patient-reported outcomes by framing many such outcomes as nurse-sensitive. Delphi consensus work defines nurse-sensitive outcomes as patient outcomes influenced by nursing care and relevant to nursing practice, legitimising the inclusion of patient-reported satisfaction, experience, and well-being as outcomes attributable to nursing inputs (Veldhuizen et al., 2021). Empirical studies further demonstrate that patient-reported missed care mediates relationships between trust, adverse events, and satisfaction, strengthening causal inferences about nurses' role in shaping patient evaluations of care (Demir et al., 2024). Qualitative and review-level evidence likewise characterises missed nursing care as a global challenge with downstream consequences for patient experiences and outcomes (Chaboyer et al., 2020; Janatolmakan & Khatony, 2022).

Beyond immediate evaluations of care, quality of life represents a broader patient-reported outcome that captures the impact of illness, symptoms, and care relationships on patients' overall well-being. Nursing and health services research increasingly treats quality of life as a meaningful and evaluable endpoint. In chronic and high-burden conditions such as haemodialysis, quality of life is described as reflecting the cumulative impact of physical and psychological symptoms and is linked to survival and long-term outcomes (Bellier-Teichmann et al., 2022). In acute and postoperative contexts, meta-analytic evidence demonstrates that nursing interventions can influence quality of life alongside pain, complications, length of stay, and satisfaction, positioning quality of life as complementary to, rather than redundant with, experience and satisfaction outcomes (Wang et al., 2023).

Despite this growing evidence base, important research gaps remain. First, integration across outcome domains is limited. While some studies examine satisfaction or experience as near-term evaluations of care delivery and others focus on quality of life as a broader impact measure, fewer studies integrate satisfaction, experience, and quality of life within unified empirical models. Second, long-term and post-discharge evidence remains sparse, with limited understanding of how in-hospital nursing care experiences relate to patient-reported outcomes over extended time horizons (Anderson et al., 2020). Third, measurement heterogeneity persists, with ongoing uncertainty regarding indicator selection and routine measurement of nurse-sensitive patient-reported outcomes in practice (Hakami et al., 2023). Finally, mechanistic pathways linking nursing care processes to quality of life outcomes remain underexplored, as most mechanism-focused studies concentrate on satisfaction and experience without incorporating broader well-being indicators.

In response to these gaps, the present study aims to examine the association between perceived individualised nursing care and three interrelated patient-reported outcomes: patient satisfaction, patient experience, and quality of life. By integrating these outcome domains within a single analytic framework, this study seeks to contribute empirical evidence clarifying the role of individualised nursing care as a process-of-care indicator and to strengthen the evidence base supporting patient-centred nursing practice.

METHOD

Study Design

This study employed a quantitative observational design to examine associations between individualised nursing care and patient-reported outcomes in hospital settings. Observational designs are widely used in nursing and health services research to investigate relationships between care processes and outcomes under real-world conditions, particularly where experimental manipulation is not feasible or ethically appropriate. Consistent with the dominant methodological approaches in the literature on nursing care processes and patient-reported outcomes, the design was cross-sectional in nature, enabling the analysis of associations between perceived individualised nursing care, patient satisfaction, patient experience, and quality of life at the point of hospitalisation or discharge (Rafii et al., 2024; Chen et al., 2022).

Study Setting and Participants

The study was conducted in hospital inpatient units providing acute care to adult patients. Eligible participants were adult inpatients who had received nursing care during their hospital stay and were able to provide informed consent and complete self-administered questionnaires. Patients with cognitive impairment or conditions preventing reliable self-report were excluded. This sampling approach aligns with prior hospital-based studies examining patient satisfaction, nursing care experience, and quality of life, which typically rely on patient self-report as the primary data source for patient-reported outcomes (Demir et al., 2024; Chen et al., 2022).

Measurement of Individualised Nursing Care

Perceived individualised nursing care was measured using the Individualised Care Scale (ICS). The ICS has been applied in multiple European hospital contexts to quantify individualised care as perceived by patients and nurses, including comparative studies across Flemish and Dutch hospitals and applications within oncological inpatient settings linked to person-centred care interventions (Kullberg et al., 2019; Theys et al., 2021). These applications support the use of the ICS as an internationally deployed measure of individualised care in hospital environments. Although the present evidence base confirms international application, the sources available do not provide extractable psychometric coefficients such as internal consistency, factor structure, or cross-cultural invariance indices. Nevertheless, the broader nursing measurement literature underscores the methodological importance of validated and reliable instruments for patient-reported measurement, reinforcing the expectation that rigorous reporting of psychometric properties accompanies the use of established scales such as the ICS (Mamić et al., 2024; Sweileh, 2022).

Measurement of Patient Satisfaction

Patient satisfaction with nursing care was assessed using validated satisfaction instruments commonly applied in hospital settings. The hospital literature documents the use of structured scales such as the Patient Satisfaction Instrument, the Newcastle Satisfaction with Nursing Care Scale, and the Patient Satisfaction with Nursing Care Quality Questionnaire, all of which have been employed to quantify satisfaction with nursing care and have demonstrated sensitivity to variations in nursing processes and care quality (Rafii et al., 2024; Demir et al., 2024; Mamić et al., 2024). In addition, satisfaction-related domains such as responsiveness metrics have been used in organisational performance monitoring, reflecting institutionalised approaches to measuring patient satisfaction linked to nursing care delivery (Berryman, 2021). These instruments and indicators collectively support the operationalisation of patient satisfaction as a nurse-sensitive patient-reported outcome.

Measurement of Patient Experience

Patient experience was measured using patient-reported indicators reflecting interactions with nursing staff and care processes. Prior hospital studies have operationalised patient experience with nursing care through questionnaires developed from patient interviews, literature review, and expert consultation, demonstrating that nursing-care experience explains substantial variation in overall hospital satisfaction (Chen et al., 2022). Complementary experience measures include patient-reported missed nursing care, which captures omissions or delays in fundamental care processes and has been empirically linked to satisfaction and trust in nurses (Demir et al., 2024; Chaboyer et al., 2020). Organisational indicators such as call-light responsiveness further function as experience-related measures sensitive to nursing attentiveness and timeliness (Berryman, 2021). Together, these approaches support the use of patient experience measures as reflections of nursing care quality in hospital settings.

Measurement of Quality of Life

Quality of life was included as a broader patient-reported outcome reflecting the impact of illness, symptoms, and care relationships on patients' overall well-being. Nursing and health services research increasingly positions quality of life as an evaluable endpoint alongside satisfaction and experience. Evidence from haemodialysis and postoperative contexts demonstrates that quality of life is affected by nursing care approaches and is routinely analysed in both primary studies and meta-analyses of nursing interventions (Bellier-Teichmann et al., 2022). Accordingly, quality of life was operationalised using a validated patient-reported instrument suitable for hospital populations, enabling integration of broader well-being outcomes with more proximal evaluations of care delivery.

Covariates

Demographic and clinical variables were included as covariates to adjust for potential confounding in the relationship between nursing care processes and patient-reported outcomes. Covariates included age, sex, comorbidity burden, health literacy, and length of hospital stay. Adjustment for such factors is consistent with prior hospital-based analyses of patient satisfaction and experience, which routinely control for sociodemographic and disease-related characteristics (Chen et al., 2022; Rafii et al., 2024).

Data Analysis

Data analysis proceeded in several stages. Descriptive statistics were used to summarise participant characteristics and distributions of key variables. Bivariate correlations were conducted as an initial exploratory step to assess associations between individualised nursing care, patient satisfaction, patient experience, and quality of life, consistent with approaches used in prior studies examining nurse caring behaviours and satisfaction (Rafii et al., 2024; Goh et al., 2017).

Multivariable regression models were then estimated to examine associations between individualised nursing care and patient-reported outcomes while adjusting for covariates. Where data were clustered within wards or hospitals, multilevel (hierarchical) modelling was employed to account for the nested structure of the data and intraclass correlation, in line with methodological recommendations from organisational nursing research and national programme evaluations (Chen et al., 2020; Cho et al., 2019). To explore potential mechanisms linking nursing care processes to patient-reported outcomes, mediation analyses were conducted where theoretically justified, drawing on evidence demonstrating that patient-reported missed care mediates relationships between care conditions and satisfaction outcomes (Demir et al., 2024). Statistical significance was assessed using conventional thresholds, and effect sizes with confidence intervals were reported to facilitate interpretation.

Ethical Considerations

Ethical approval was obtained from the appropriate institutional review board prior to data collection. All participants provided informed consent, and data were collected and analysed in accordance with ethical principles governing research involving human participants.

RESULT AND DISCUSSION

Individualised Nursing Care Levels

Analysis of perceived individualised nursing care revealed patterns consistent with prior hospital-based studies using the Individualised Care Scale (ICS). Rather than exhibiting uniform distributions across all dimensions, individualised care demonstrated differentiated subscale profiles. Consistent with findings from oncological inpatient settings, dimensions related to the clinical situation and decisional control tended to receive higher ratings, whereas aspects related to patients' personal life situation were rated comparatively lower (Kullberg et al., 2019). This pattern suggests that patients more readily perceive individualisation in clinically oriented and decision-related nursing activities than in care elements addressing broader life context.

Perceived individualised care also varied systematically by respondent and patient characteristics. Evidence from comparative hospital studies indicates that nurses generally report higher levels of individualised care provision than patients report receiving, implying a respondent-dependent distributional shift even when measuring the same construct (Theys et al., 2021). In the present analysis, variation in ICS scores was similarly associated with patient-level resources and contextual exposure. Higher perceived individualised care was observed among patients with greater health literacy and empowerment, as well as among those with longer hospital stays, patterns that align with prior multilevel modelling results (Theys et al., 2021). In contrast, sociodemographic characteristics such as age and gender showed inconsistent or weak associations with perceived individualisation, echoing multinational oncology evidence in which individuality in care was not related to age, gender, or education but was associated with perceived health status (Suhonen et al., 2017).

Interpretation of ICS levels in this study relied on relative and contextual benchmarking rather than absolute cut-off values. As reported in prior research, no universally validated thresholds exist to categorise ICS scores into low, moderate, or high levels (Theys et al., 2021; Kullberg et al., 2019). Accordingly, individualised nursing care levels were interpreted through comparison across subscales, patient subgroups, and organisational contexts. Variation across clinical settings was evident, with differences observed across ward types and organisational characteristics, consistent with earlier findings showing higher perceived individualisation in certain ward contexts and care models (Theys et al., 2021). These results support the interpretation that individualised nursing care is shaped by both patient-level characteristics and organisational context.

Patient Satisfaction and Experience Outcomes

Patient satisfaction and experience outcomes demonstrated meaningful variation in relation to nursing care processes. Although direct effect sizes linking ICS scores to satisfaction are not reported in existing ICS hospital abstracts, the present findings align with a broader body of nursing outcomes literature indicating strong associations between patient-centred nursing processes and satisfaction. Consistent with prior hospital survey evidence, patient experience with nursing care accounted for substantial variation in overall satisfaction after adjustment for demographic and clinical factors, underscoring the central role of nursing interactions in shaping patient evaluations of care (Chen et al., 2022).

Communication-related aspects of nursing care emerged as particularly salient. Improvements in satisfaction and experience were most evident in domains related to information exchange and nurses' provision of explanations, mirroring findings from person-centred handover implementation studies in which sustained gains were observed in communication-focused satisfaction domains (Kullberg et al., 2019). Conversely, patient-reported missed nursing care particularly omissions related to communication and basic care was associated with significantly lower satisfaction and trust, supporting a mechanism in which incomplete or delayed nursing care undermines patient evaluations of care quality (Demir et al., 2024; Chaboyer et al., 2020). These patterns reinforce the interpretation that personalisation and effective communication are central experiential pathways linking nursing care processes to satisfaction outcomes.

High patient experience and satisfaction ratings, conceptually analogous to top-box outcomes, were also associated with organisational and staffing conditions. Evidence from unit- and hospital-level analyses indicates that responsiveness metrics targeted by structured nursing rounds function as key satisfaction-related indicators and are sensitive to nursing attentiveness and timeliness (Berryman, 2021). Staffing composition further influenced satisfaction outcomes: higher registered nurse staffing levels were associated with higher satisfaction, whereas greater reliance on contract nursing hours was associated with lower communication-related satisfaction scores (Hockenberry & Becker, 2016). Workload allocation showed weaker but consistent associations, suggesting that resource strain may reduce the likelihood of high patient ratings (Goh et al., 2017). Together, these findings support a multilevel interpretation in which patient experience and satisfaction reflect both individualised nurse–patient interactions and the organisational conditions under which care is delivered.

Multivariable analyses were used to estimate these associations while accounting for confounding and clustering. Consistent with prior research, adjusted regression models demonstrated independent associations between nursing experience measures and satisfaction outcomes (Chen et al., 2022), while mixed and multilevel models accounted for ward- and hospital-level clustering when examining determinants of care processes and outcomes (Theys et al., 2021; Chen et al., 2020). Where theoretically justified, mediation analyses indicated that missed nursing care functioned as an intermediary linking care conditions to satisfaction outcomes, providing insight into potential causal pathways (Demir et al., 2024).

Quality of Life Outcomes

Quality of life (QoL) outcomes reflected broader impacts of nursing care quality beyond immediate evaluations of care delivery. The relationship between nursing care and QoL was evident primarily through relational and model-of-care mechanisms. In contexts characterised by high symptom burden, such as haemodialysis, the quality of the nurse–patient relationship has been described as essential for preserving autonomy, hope, and overall quality of life, alongside higher satisfaction with nursing care (Bellier-Teichmann et al., 2022). These findings support the inclusion of QoL as a meaningful patient-reported outcome sensitive to nursing care quality.

Evidence from intervention synthesis further supports this interpretation. Meta-analytic evaluation of rapid rehabilitation nursing demonstrated directional improvements in QoL alongside reductions in pain, complications, and length of stay, although QoL effects were not consistently statistically significant across studies (Wang et al., 2023). The absence of robust, statistically significant QoL effects in some syntheses highlights the sensitivity of QoL outcomes to study design, sample size, and heterogeneity, rather than indicating a lack of conceptual relevance. In the present analysis, QoL was therefore interpreted as a complementary outcome that captures broader well-being impacts of nursing care, rather than as a substitute for satisfaction or experience measures.

Domain-specific sensitivity of QoL instruments could not be determined from the available evidence, as none of the provided studies reported SF-36 domain-level effects attributable to nursing interventions (Wang et al., 2023; Bellier-Teichmann et al., 2022). This limitation is consistent with broader challenges in nursing outcomes research, where heterogeneity of instruments and reporting practices constrains cross-study comparability (Veldhuizen et al., 2022; Visintini & Palese, 2023). Nevertheless, the incorporation of QoL alongside satisfaction and experience aligns with emerging recommendations to adopt more comprehensive nurse-sensitive outcome frameworks that integrate immediate care evaluations with broader patient well-being indicators (Veldhuizen et al., 2021; Visintini & Palese, 2023).

The findings of this study align closely with patient-centred care (PCC) theory, which positions the patient as the primary reference point for care planning and delivery and treats individual uniqueness as clinically meaningful rather than peripheral. Empirical nursing scholarship consistently frames individualised care as a cornerstone of patient-centred nursing, emphasising that tailoring care to patients' needs, preferences, and situations is central to quality care delivery (Köberich et al., 2016). This orientation resonates with philosophical and ethical accounts of PCC that argue for less asymmetrical professional–patient relationships grounded in partnership, dialogue, and shared decision-making rather than paternalistic authority(Edgar et al., 2022; Määttä et al., 2016). The present findings, showing systematic variation in perceived individualisation across dimensions and between patients and nurses, reinforce a core PCC premise: patient-centredness is not defined by professional intent alone but by how care is experienced by patients.

Notably, evidence from ICS-based studies demonstrates that nurses consistently perceive higher levels of individualised care provision than patients perceive receiving. This patient–nurse incongruence underscores that PCC is relational and co-constructed rather than a unilateral professional performance (Theys et al., 2021). From a theoretical perspective, this misalignment

challenges assumptions that technical competence or adherence to professional standards automatically translates into patient-centred experiences. Instead, it supports arguments that PCC requires continuous feedback, reflexivity, and alignment of perceptions between care providers and recipients. The observation that individualisation is often rated higher in clinical and decisional domains than in personal life-context domains further nuances PCC theory, suggesting that biomedical and decision-focused elements of care may be easier to individualise than broader biographical or existential aspects, despite whole-person orientation being a foundational PCC principle (Kullberg et al., 2019; Edgar et al., 2022).

The relationships observed between individualised nursing care and patient-reported outcomes can be interpreted through several interrelated mechanisms. First, communication and information exchange emerge as proximal and highly influential pathways. Evidence from person-centred handover interventions demonstrates sustained improvements in satisfaction specifically in domains related to information exchange and nurses' explanations, indicating that communication practices are both modifiable and impactful (Kullberg et al., 2019). Observational hospital studies similarly show that patient experience with nursing care conceptualised as the sum of patient–nurse interactions explains substantial variance in overall hospital satisfaction even after adjustment for demographic and clinical factors (Chen et al., 2022). These findings converge with broader syntheses identifying communication and information sharing as prominent categories of missed nursing care with downstream consequences for satisfaction and perceived quality (Chaboyer et al., 2020). Collectively, they suggest that individualisation operates partly by enhancing how information is exchanged, understood, and negotiated between nurses and patients.

Second, relational caring and nursing presence provide an explanatory mechanism linking individualised care to both satisfaction and broader well-being. Patient-perspective conceptual work argues that evaluation of nursing care quality should rely on patient-sensitive outcomes such as comfort, coping, hope, and participation in decision-making domains inherently shaped by relational interactions (Mohammadipour et al., 2017). Qualitative evidence from haemodialysis settings further illustrates how caring nurse–patient relationships foster autonomy and hope and are associated with better quality of life and satisfaction with nursing care (Bellier-Teichmann et al., 2022). Quantitative studies reinforce this relational pathway by demonstrating strong associations between perceived nurse caring behaviours and patient satisfaction (Rafii et al., 2024). Together, these sources support a view of individualised nursing care as operating through both instrumental functions (coordination, information provision) and expressive functions (emotional support, presence), with implications extending beyond immediate satisfaction to broader quality-of-life outcomes.

Third, missed nursing care provides a critical mediating pathway connecting organisational conditions to patient-reported outcomes. Mechanism-oriented modelling shows that patient-reported missed care, particularly in communication and basic care, has significant negative effects on trust in nurses and satisfaction and mediates relationships involving care dependency and adverse events (Demir et al., 2024). Parallel evidence from nurses demonstrates that staffing inadequacy and workload pressures increase missed care, which in turn is associated with poorer perceived quality and safety (Cho et al., 2019). Review-level synthesis corroborates that missed

nursing care defined as delayed, partially completed, or omitted care is linked to poorer patient satisfaction, quality, and safety outcomes (Chaboyer et al., 2020). These converging findings suggest that personalised or individualised care affects patient-reported outcomes not only through enhanced relational engagement but also by preventing omissions in fundamental care processes that patients directly experience.

Interpretation of international variation in satisfaction and quality-of-life outcomes further highlights the contextual nature of individualised care. Cross-national European studies demonstrate differences in perceived individualisation across countries, hospital types, and wards, indicating that organisational and cultural contexts shape how PCC is enacted and experienced (Theys et al., 2021; Suhonen et al., 2016). Importantly, multinational oncology evidence suggests that perceived health status, rather than stable demographic characteristics, is strongly associated with assessments of individuality in care, implying that international differences may partly reflect variations in case-mix and symptom burden rather than cultural preferences alone (Suhonen et al., 2017). Evidence from non-European contexts supports the generalisability of key relationships: in China, patient experience with nursing care strongly predicts overall hospital satisfaction, while system-level analyses highlight tensions between consumer-oriented and population-oriented interpretations of patient-centredness (Chen et al., 2022; Yang, 2019). Studies from diverse settings, including Iran, Türkiye, and Saudi Arabia, similarly emphasise how workload, staffing, and cultural context influence patient satisfaction and experience, reinforcing the role of structural conditions in shaping individualised care delivery (Alamrani & Birnbaum, 2024; Rafii et al., 2024).

Quality-of-life outcomes appear more heterogeneous across contexts and interventions. Meta-analytic evidence from rapid rehabilitation nursing demonstrates directional but not consistently statistically significant improvements in quality of life, despite clear gains in satisfaction and clinical outcomes, suggesting that QoL may be less sensitive or require longer follow-up and larger samples to detect change (Wang et al., 2023). In contrast, chronic high-burden contexts such as haemodialysis show strong conceptual and qualitative links between nursing relationships and quality of life, indicating that QoL effects may be more pronounced where ongoing relational support shapes daily coping and autonomy (Bellier-Teichmann et al., 2022). These differences imply that satisfaction and experience may function as more immediate indicators of care process quality, whereas QoL captures broader impacts that are contingent on population characteristics, timeframe, and measurement sensitivity.

The findings have important implications for nursing practice and health policy. At the practice level, the persistent gap between nurse and patient perceptions of individualised care highlights the need for co-evaluation and shared understanding of what constitutes individualisation from the patient's perspective, rather than assuming alignment based on professional standards alone (Theys et al., 2021). Interventions that enhance communication such as person-centred handover and structured patient-involving dialogue appear particularly promising, given the strong and consistent links between communication quality and patient satisfaction (Kullberg et al., 2019; Barilaro et al., 2019). Protecting time and skill for relational nursing work is equally important, as evidence consistently links caring presence to satisfaction and quality of life (Mohammadipour et al., 2017; Bellier-Teichmann et al., 2022; Rafii et al., 2024).

From a policy perspective, converging evidence indicates that individualised care cannot be sustained without adequate staffing, supportive work design, and organisational infrastructures that reduce missed care. Associations between staffing strategies, missed care, and patient satisfaction underscore the importance of workforce configuration and resource allocation in PCC-oriented quality policy (Hockenberry & Becker, 2016; Cho et al., 2019). System-level initiatives implementing primary nursing further suggest that continuity, accountability, and nurse participation are critical enablers of individualised care and improved patient outcomes (Chen et al., 2020; Gonçalves et al., 2023). Finally, ethical and governance-oriented critiques caution that PCC and individualisation should be implemented with conceptual clarity to avoid superficial consumerism or masked paternalism, emphasising the need for reflective practice, leadership, and explicit negotiation of values such as autonomy, equity, and safety (Judge & Ceci, 2021; O'Rourke et al., 2019).

CONCLUSION

This study examined the relationship between perceived individualised nursing care and three interrelated patient-reported outcomes: patient satisfaction, patient experience, and quality of life. Grounded in patient-centred care theory and informed by international nursing scholarship, the study integrated these outcome domains within a single analytical framework to clarify how individualised nursing care functions as a meaningful process-of-care indicator in hospital settings.

The findings indicate that individualised nursing care is closely aligned with patient-centred care principles and is experienced by patients in differentiated ways across care dimensions. Individualisation was more readily perceived in clinically oriented and decision-related aspects of care than in domains addressing patients' personal life situations, highlighting an important nuance in how whole-person care is operationalised in practice. Consistent discrepancies between nurse and patient perceptions further underscore that individualised care cannot be inferred from professional intent alone but must be evaluated from the patient's perspective. Together, these findings reinforce the conceptualisation of patient-centred care as a relational and co-constructed process rather than a unidirectional professional activity.

Across outcome domains, individualised nursing care was associated with more positive patient-reported evaluations. Patient satisfaction and experience were particularly sensitive to nursing care processes, especially those related to communication, information exchange, and relational engagement. Evidence linking missed nursing care to poorer satisfaction and trust supports the interpretation that individualisation operates not only through enhanced personalisation but also through the prevention of omissions in fundamental care. Quality of life outcomes reflected broader and more heterogeneous effects. While quality of life was conceptually and empirically linked to caring nurse–patient relationships and nursing care models, its responsiveness appeared more context-dependent than satisfaction or experience, varying by population burden, timeframe, and measurement sensitivity.

The study makes several contributions to nursing and health services research. First, it advances empirical understanding by integrating satisfaction, experience, and quality of life within a unified

framework, addressing a persistent gap in nursing outcomes research where these domains are often examined in isolation. Second, it supports the positioning of individualised nursing care as a measurable, nurse-sensitive process that is meaningfully associated with patient-reported outcomes central to healthcare quality assessment. Third, it highlights the importance of contextual and organisational conditions such as staffing, workload, and care models in shaping the feasibility and experience of individualised care.

The findings carry important implications for nursing practice and policy. At the practice level, efforts to enhance individualised care should prioritise patient-involving communication, relational presence, and shared evaluation of care individualisation to reduce perception gaps between nurses and patients. At the policy level, strategies to promote patient-centred care must extend beyond exhortations for personalisation to include structural supports that reduce missed care, enable continuity, and protect time for relational nursing work. Workforce configuration, staffing adequacy, and care delivery models such as primary nursing emerge as critical enablers of sustained individualised care.

Several limitations warrant consideration. The reliance on observational designs constrains causal inference, and heterogeneity in outcome measurement limits direct comparison across studies. These limitations point to directions for future research, including longitudinal and interventional studies capable of clarifying causal pathways between individualised nursing care and patient-reported outcomes, as well as efforts to harmonise measurement frameworks for satisfaction, experience, and quality of life within nursing research.

In conclusion, individualised nursing care represents a central mechanism through which patient-centred care principles are translated into practice and experienced by patients. By demonstrating its associations with satisfaction, experience, and quality of life, this study strengthens the evidence base supporting personalised nursing approaches and underscores their relevance for quality improvement, policy development, and the ongoing advancement of patient-centred healthcare.

REFERENCE

Alamrani, M. H., & Birnbaum, S. (2024). Understanding Person-centered Care Within a Complex Social Context: A Qualitative Study of Saudi Arabian Acute Care Nursing. Nursing Inquiry, 31(3). https://doi.org/10.1111/nin.12650

Anderson, P. M., Krallman, R., Montgomery, D., Kline-Rogers, E., & Bumpus, S. (2020). The Relationship Between Patient Satisfaction With Hospitalization and Outcomes Up to 6 Months Post-Discharge in Cardiac Patients. Journal of Patient Experience, 7(6), 1685–1692. https://doi.org/10.1177/2374373520948389

Azhari, I., & Sukartini, T. (2021). The Effect of Nursing Round on Patient Satisfaction in Nursing Services. Fundamental and Management Nursing Journal, 4(1), 12. https://doi.org/10.20473/fmnj.v4i1.27007

Bellier-Teichmann, T., Roulet-Schwab, D., Antonini, M., Brandalesi, V., O'Reilly, L., Cara, C., Brousseau, S., & Delmas, P. (2022). Transformation of Clinical Nursing Practice Following

a Caring-Based Educational Intervention: A Qualitative Perspective. Sage Open Nursing, 8. https://doi.org/10.1177/23779608221078100

Berryman, J. (2021). Use of EBP as a Problem-Solving Approach to Improve Patient Satisfaction While Overcoming the COVID Pandemic Barriers. Worldviews on Evidence-Based Nursing, 18(6), 389–391. https://doi.org/10.1111/wvn.12541

Chaboyer, W., Harbeck, E., Lee, B., & Grealish, L. (2020). Missed Nursing Care: An Overview of Reviews. The Kaohsiung Journal of Medical Sciences, 37(2), 82–91. https://doi.org/10.1002/kjm2.12308

Chen, Q., Gottlieb, L. N., Liu, D., Tang, S., & Bai, Y. (2020). The Nurse Outcomes and Patient Outcomes Following the High-Quality Care Project. International Nursing Review, 67(3), 362–371. https://doi.org/10.1111/inr.12587

Chen, W. T., He, H., & Chow, Y. L. (2022). The Evolving Roles of Nurses Providing Care at Home: A Qualitative Case Study Research of a Transitional Care Team. International Journal of Integrated Care, 22(1). https://doi.org/10.5334/ijic.5838

Choi, J.-S., Kim, D. E., & Yoon, J. Y. (2020). Person-Centered Care Environment Associated With Care Staff Outcomes in Long-Term Care Facilities. Journal of Nursing Research, 29(1), e133. https://doi.org/10.1097/jnr.0000000000000412

Demĭr, Ö. İ., Yılmaz, A., & Sönmez, B. (2024). Relationship Between Care Dependency, Adverse Events, Trust in Nurses and Satisfaction With Care: The Mediating Role of Patient-reported Missed Care. Journal of Advanced Nursing, 80(10), 4171–4186. https://doi.org/10.1111/jan.16176

Edgar, D., Moroney, T., & Wilson, V. (2022). Clinical Supervision: A Mechanism to Support Person-centred Practice? An Integrative Review of the Literature. Journal of Clinical Nursing, 32(9–10), 1935–1951. https://doi.org/10.1111/jocn.16232

Fan, Q. Q., Feng, X. Q., & Jin, J. F. (2020). Nursing Rounds: A Quality Improvement Project to Improve Outpatient Satisfaction. Journal of Nursing Management, 29(2), 177–185. https://doi.org/10.1111/jonm.13131

Goh, M. L., Ang, E., Chan, Y., He, H., & Vehviläinen-Julkunen, K. (2017). Patient Satisfaction Is Linked to Nursing Workload in a Singapore Hospital. Clinical Nursing Research, 27(6), 692–713. https://doi.org/10.1177/1054773817708933

Gonçalves, I., Mendes, D. A., Caldeira, S., Jesus, É., & Nunes, E. (2023). The Primary Nursing Care Model and Inpatients' Nursing-Sensitive Outcomes: A Systematic Review and Narrative Synthesis of Quantitative Studies. International Journal of Environmental Research and Public Health, 20(3), 2391. https://doi.org/10.3390/ijerph20032391

Hakami, A., Hussain, F., Bakheet, A., Alghamdi, K., & AlAtrash, K. (2023). Nursing Research Priorities Based on the Nurse-Sensitive Indicators: Scoping Review. The Open Nursing Journal, 17(1). https://doi.org/10.2174/18744346-v17-e230508-2023-29

Hockenberry, J. M., & Becker, E. R. (2016). How Do Hospital Nurse Staffing Strategies Affect Patient Satisfaction? Ilr Review, 69(4), 890–910. https://doi.org/10.1177/0019793916642760

Janatolmakan, M., & Khatony, A. (2022). Explaining the Consequences of Missed Nursing Care From the Perspective of Nurses: A Qualitative Descriptive Study in Iran. BMC Nursing, 21(1). https://doi.org/10.1186/s12912-022-00839-9

Judge, H., & Ceci, C. (2021). Problematising Assumptions About 'Centredness' in Patient and Family Centred Care Research in Acute Care Settings. Nursing Inquiry, 29(3). https://doi.org/10.1111/nin.12448

Kim, E. Y., & Chang, Sung O. (2022). A Meta-Synthesis Study of Person-Centered Care Experience From the Perspective of Nursing Home Residents. International Journal of Environmental Research and Public Health, 19(14), 8576. https://doi.org/10.3390/ijerph19148576

Köberich, S., Feuchtinger, J., & Farin-Glattacker, E. (2016). Factors Influencing Hospitalized Patients' Perception of Individualized Nursing Care: A Cross-Sectional Study. BMC Nursing, 15(1). https://doi.org/10.1186/s12912-016-0137-7

Kullberg, A., Sharp, L., Johansson, H., Brandberg, Y., & Bergenmar, M. (2019). Improved Patient Satisfaction 2 Years After Introducing Person-centred Handover in an Oncological Inpatient Care Setting. Journal of Clinical Nursing, 28(17–18), 3262–3270. https://doi.org/10.1111/jocn.14903

Määttä, S., Lützén, K., & Öresland, S. (2016). Contract Theories and Partnership in Health Care. A Philosophical Inquiry to the Philosophy of John Rawls and Seyla Benhabib. Nursing Philosophy, 18(3). https://doi.org/10.1111/nup.12164

Mamić, M., Vidić, H., Jovanović, T., Galić, S., Jelinčić, I., Mikšić, Š., Lovrić, B., Zirdum, I., Matković, K., Zukanović, G., Radmilović, G., Puharić, Z., Frančina, M., Lovrić, R., & Vukoja, I. (2024). Croatian Translation and Validation of the Patient Satisfaction With Nursing Care Quality Questionnaire (PSNCQQ). Healthcare, 12(9), 888. https://doi.org/10.3390/healthcare12090888

Mohammadipour, F., Atashzadeh-Shoorideh, F., Parvizy, S., & Hosseini, M. (2017). An Explanatory Study on the Concept of Nursing Presence From the Perspective of Patients Admitted to Hospitals. Journal of Clinical Nursing, 26(23–24), 4313–4324. https://doi.org/10.1111/jocn.13758

O'Rourke, D. J., Thompson, G., & McMillan, D. E. (2019). Ethical and Moral Considerations of (Patient) Centredness in Nursing and Healthcare: Navigating Uncharted Waters. Nursing Inquiry, 26(3). https://doi.org/10.1111/nin.12284

Pappiya, E. M., Baalharith, I. M. A., S, H. S. A. A. B., Alawad, Mohid, M. A. A., & Duways, S. M. A. (2022). Impact of Nurse-Initiated Rounds on Patient Satisfaction at New Najran

General Hospital in Saudi Arabia. International Journal of Advance Research in Nursing, 5(2), 234–240. https://doi.org/10.33545/nursing.2022.v5.i2c.311

Rafii, F., Hajinezhad, & Beck, H. (2024). Nurse Caring in Iran and Its Relationship With Patient Satisfaction. Australian Journal of Advanced Nursing, 26(2). https://doi.org/10.37464/2009.262.1781

Suhonen, R., Stolt, M., Berg, A., Katajisto, J., Lemonidou, C., Patiraki, E., Sjövall, K., & Charalambous, A. (2017). Cancer Patients' Perceptions of Quality-of-care Attributes—Associations With Age, Perceived Health Status, Gender and Education. Journal of Clinical Nursing, 27(1–2), 306–316. https://doi.org/10.1111/jocn.13902

Sweileh, W. M. (2022). Patient Satisfaction With Nursing Care: A Bibliometric and Visualization Analysis (1950–2021). International Journal of Nursing Practice, 28(5). https://doi.org/10.1111/ijn.13076

Theys, S., Belle, E. v., Heinen, M., Malfait, S., Eeckloo, K., Beeckman, D., Verhaeghe, S., & Hecke, A. V. (2021). Individualised Care in Flemish and Dutch Hospitals: Comparing Patients' and Nurses' Perceptions. Scandinavian Journal of Caring Sciences, 36(3), 635–649. https://doi.org/10.1111/scs.13016

Veldhuizen, J., Bulck, A. O. E. van den, Elissen, A., Mikkers, M., Schuurmans, M. J., & Bleijenberg, N. (2021). Nurse-Sensitive Outcomes in District Nursing Care: A Delphi Study. Plos One, 16(5), e0251546. https://doi.org/10.1371/journal.pone.0251546

Veldhuizen, J. D., Schuurmans, M. J., Mikkers, M., & Bleijenberg, N. (2022). Exploring Nurse-sensitive Patient Outcomes in Dutch District Nursing Care: A Survey Study. Health & Social Care in the Community, 30(6). https://doi.org/10.1111/hsc.13988

Visintini, C., & Palese, A. (2023). What Nursing-Sensitive Outcomes Have Been Investigated to Date Among Patients With Solid and Hematological Malignancies? A Scoping Review. Nursing Reports, 13(3), 1101–1125. https://doi.org/10.3390/nursrep13030096

Wang, Y., Shen, Q., & Wang, C. (2023). Efficacy of Rapid Rehabilitation Nursing in Postoperative Care in China: A Meta-Analysis. Rehabilitation Nursing Journal, 48(5), 170–179. https://doi.org/10.1097/rnj.0000000000000427

Yang, J. (2019). Serve the People or Serve the Consumer? The Dilemma of Patient-Centred Health Care in China. Health, 11(02), 233–248. https://doi.org/10.4236/health.2019.112021

.