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The utility of a care model to individualize rehabilitation for critically ill patients: A scoping review

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Abstract

Background: Individualized care in intensive care units (ICUs) refers to holistic nursing care provided to critically ill patients, which takes into account their clinical conditions, personal life circumstances, and encourages their active involvement in the decision-making process.

Purpose: To synthesize the impact of individualized care on the rehabilitation outcomes of critically ill patients.

Method: A scoping review approach was employed. The literature search was conducted using PubMed, ScienceDirect, and EBSCO databases, utilizing a keyword strategy with Boolean operators "OR" and "AND" combining the terms: Individualized care and Rehabilitation.

Results: The review revealed cross-country differences in nurses' perceptions of individualized care. Nurses from Nordic countries and the United States generally rated the Individualized Care Scale–Nurse (ICS–Nurse) variables more highly, whereas nurses from Mediterranean and Southern European countries tended to provide lower ratings.

Conclusion: Overall, nurses are committed to supporting patient individuality through comprehensive nursing practices, although certain barriers persist. It is recommended that nurses more consistently integrate patients' personal life contexts into their care to enhance individualized care delivery.

Keywords: Critical Patients; Individualized Care; Rehabilitation.

INTRODUCTION

Data from the World Health Organization (WHO) indicate that the prevalence of critically ill patients requiring intensive care unit (ICU) treatment has been increasing annually. It is estimated that between 9.8% and 24.6% of critically ill patients are treated in ICUs per 100,000 population, with global mortality from critical and chronic illnesses rising by approximately 1.1 to 7.4 million cases. This presents a significant healthcare challenge, particularly in Indonesia, where around 4 million ICU admissions occur each year (Nugroho, Nugroho, Abdurrahman, Faisal, Afdhal, & Rochana, 2022). Similarly, in the United States, over 5.7 million ICU patients are treated annually, while Germany reports approximately 2 million ICU admissions per year.

Notably, nearly 50% of these patients experience muscle wasting associated with ICU-acquired weakness (ICU-AW), a common neuromuscular complication in critically ill patients. ICU-AW is recognized as a predictor of poor clinical outcomes, as it increases the risk of mortality, extends ICU and hospital stays, lowers MRC (Medical Research Council) scores at ICU discharge, and contributes to escalating healthcare costs (Zhang, Hu, Cai, Liu, Wu, Deng, & Qin, 2019).

The growing number of ICU patients has led to an increase in both the physical and psychosocial needs of critically ill individuals (Buetow, Getz, & Adams, 2018). These needs encompass biological, psychological, social, cultural, and spiritual aspects,

as well as the need for adequate knowledge regarding disease processes and treatment procedures (Kalolo, Mula, & Gundo, 2023). Despite these complex needs, studies have reported significant care gaps: 45% of family needs and 35% of patient needs remain unmet, only 57.5% of patients receive adequate mental health support, 40% report feeling comfortable, and just 37.5% feel they have received appropriate critical care services (Pondi, Fauzan, & Yulanda, 2020).

Individualized care, which is widely regarded as a best practice and the gold standard in person-centered care, has emerged as a promising approach to address these challenges. This model emphasizes the importance of considering each patient's unique characteristics when determining interpersonal approaches and nursing interventions, as care must be tailored to the specific needs of each individual (Golubev, 2022). In the ICU setting, individualized care involves a holistic nursing approach that accounts for the patient's clinical condition, personal life circumstances, and active involvement in care-related decision-making. It applies personalized principles across prevention, diagnosis, and intensive care with the goal of enhancing both quality of life and patient satisfaction (Guven Ozdemir, & Sendir, 2020).

The effectiveness of individualized care can be assessed through the patient's rehabilitation progress during ICU treatment, which is expected to positively impact recovery outcomes. Delivering this level of personalized care remains a significant challenge for nurses, who must consistently integrate individualized care principles into their daily clinical

practice (López-Domingo & Rodríguez-Martín, 2021).

RESEARCH METHOD

A scoping review methodology was employed, guided by the framework proposed by Arksey and O'Malley, which encompasses five key stages: formulating research questions and objectives, identifying relevant literature, selecting appropriate studies, charting the data, and collating, summarizing, and reporting the results. The literature search was conducted across PubMed, ScienceDirect, and EBSCO databases using a keyword strategy that incorporated Boolean operators "OR" and "AND" with the terms: "Individualized care and Rehabilitation". The identification of relevant literature involved an independent, systematic search from credible sources. Retrieved articles were subsequently analyzed for relevance, duplication, and distinctiveness.

The article selection process adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines. Initially, 2,950 articles were identified: 2,933 from PubMed, 9 from ScienceDirect, and 8 from EBSCO. After excluding four duplicate articles, 2,946 articles remained. These were further screened by publication year, focusing on studies published within the last five years (2018–2023), which resulted in the exclusion of 1,618 articles. A subsequent screening based on abstract relevance and the exclusion of non-original research yielded a final selection of nine articles.

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RESEARCH RESULTS

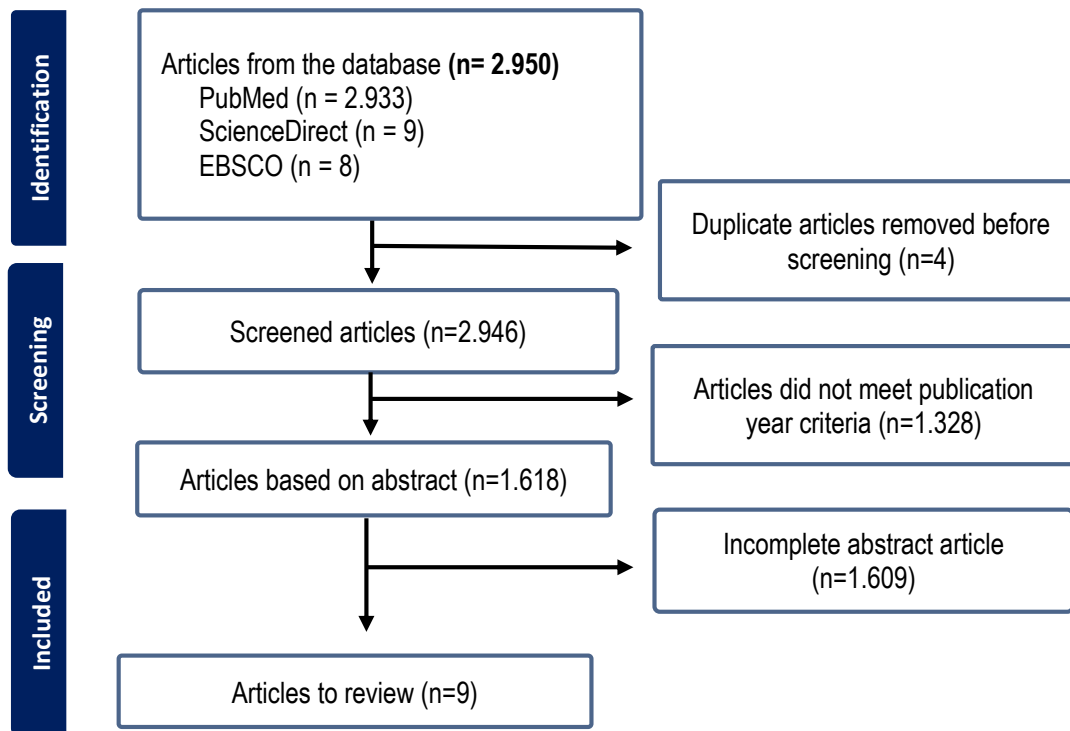


Figure PRISMA Flow Diagram

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Table The Main Characteristics of the Included Studies

(Author, Year) (Country)	Purpose	Method	Results
(López-Domingo & Rodríguez-Martín, 2021) (Spain)	To analyze and integrate the existing literature on nurses' perceptions regarding factors associated with the provision of individualized care in hospital contexts.	A systematic literature search was performed in Scopus, Web of Science, MEDLINE, Índice Médico Español, CUIDEN, ProQuest, PsycINFO, CINAHL and the Cochrane Library.	A total of 6,330 articles were identified, with 13 meeting the inclusion criteria. The delivery of individualized care was found to be influenced by nurses' personal attributes, including academic background, specialization, age, professional experience, personal motivation, empathy, and cultural background. Additionally, organizational factors such as staffing ratios, the degree of care routinization and standardization, professional autonomy, leadership quality, and a supportive work environment also played a significant role.
(Gerrish, 2020) (England)	To examine how policy directives concerning the provision of individualized care were modified in their transformation into district nursing practice and the implications this carried for the care provided to patients from different ethnic backgrounds.	An ethnographic case study approach (Hammersley & Atkinson 1995) was selected in order to seek insight into the culture of district nursing practice in a multi-ethnic context.	This study discusses several implications for patients from minority ethnic backgrounds in relation to how nurses conceptualize and implement individualized care. The inconsistencies within nurses' narratives, the influence of healthcare policies on care provision, and the presence of external factors beyond the nurses' control highlight the complex processes through which the ideals of individualized care are adapted and modified in daily clinical practice. These findings raise critical questions regarding the suitability of the current understanding and application of individualized care within the context of a multicultural society.

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(Author, Year) (Country)	Purpose	Method	Results
(Radwin & Alster, 2022) (USA)	To offer a definition of individualized nursing care synthesized from research findings.	Two separate grounded theory studies were conducted. One examined the clinical decision-making of cardiac nurses and the other investigated the quality of oncology nursing care.	Findings from two qualitative studies revealed that both nurses and patients valued individualized care, though they emphasized different aspects. Nurses focused primarily on healthcare experiences and physical behaviors, while patients prioritized life experiences, coping strategies, and personal perceptions beyond the hospital setting. These differences reflect the 'etic' perspective of nurses, who observe patients as professionals concerned with clinical indicators, and the 'emic' perspective of patients, who experience illness from an insider's view. Despite these differences, both groups agreed on key elements of individualized care: nurses should understand patients as unique individuals and tailor care to their specific experiences, behaviors, feelings, and perceptions, both related and unrelated to illness. This shared understanding formed the basis for an empirically derived definition of individualized care that integrates medical and personal life contexts to better meet patient needs.

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(Author, Year) (Country)	Purpose	Method	Results
(Nielsen et al., 2024) (England)	To describe the management of Pediatric Emergence Delirium (PED) by examining practices in Danish intensive care units (ICUs), with a focus on current approaches in 2023, including screening, prevention, and treatment strategies. Additionally, the study seeks to explore healthcare professionals' perceptions of best practices, including identified barriers and facilitators, and, where applicable, to compare practices between the years 2017 and 2023.	Self-reported, cross-sectional survey of dysphagia practice in Danish ICUs administered from April to May 2023. In addition, data were compared with the 2017 Dysphagia in Intensive Care Evaluation study, when possible.	Only approximately half of Danish ICUs reported having a formal protocol for managing Pediatric Emergence Delirium (PED), and fewer than half routinely conducted dysphagia screening following extubation. The most commonly used screening techniques included oral mechanism examinations, water swallow tests, and Facio-oral tract therapy. In practice, both nurses and physicians frequently depended on a general physical assessment of the patient. There was a consistent consensus that the most effective treatment strategies involved proper patient positioning, adjusting food and fluid consistencies, utilizing ergonomic utensils, and applying compensatory techniques. Major barriers to effective dysphagia management included a shortage of specialized personnel, limited awareness of dysphagia as a significant health concern, and the absence of standardized clinical protocols.
(Suhonen et al., 2021) (USA)	To describe and compare orthopaedic and trauma patients' perceptions of individuality in their care in four European countries	A cross-sectional comparative study. Questionnaire survey data using the Individualized Care Scale (ICS) were obtained and analyzed using descriptive and inferential statistics including frequencies, percentages, means, standard deviations, 95% confidence intervals (CI), one-way	Patients generally perceived that nurses supported their individuality during specific nursing interventions and recognized a sense of personalized care. However, variations in these perceptions were observed across different countries. While patients felt that their unique clinical conditions and their involvement in decision-making were largely acknowledged and respected, their personal life

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(Author, Year) (Country)	Purpose	Method	Results
		analysis of variance (ANOVA), x2 statistics and univariate analysis of covariance (ANCOVA).	circumstances were not adequately addressed through nursing interventions. As a result, patients in this area reported lower perceptions of individualized care.
(Guven Ozdemir & Sendir, 2020) (Turkey)	To determine the relationship between nurses' empathic tendencies, empathic skills, and individualized care perceptions.	Descriptive and correlational design	A definite high-level relationship was determined between nurses' empathic tendencies and individualized care perceptions, but no relationship was determined between nurses' empathic skills and individualized care perceptions.
(Jones et al., 2020) (Finland)	To facilitate emergency department nurses' understanding of the complexities of overdose compartment syndrome, combined with the importance of early recognition of the condition.	Reviewing the pathophysiology of compartment syndrome, describe diagnostic techniques, present a clinical algorithm, and describe the surgical treat.	Compartment syndrome is a surgical emergency requiring rapid recognition and diagnosis to prevent severe complications or death. The most common cause of acute extremity compartment syndrome (AECS) is tibial fractures, while opioid-induced compartment syndrome (ODCS), though less frequently reported, is expected to rise alongside increasing substance use disorders in North America. ODCS shares similar pathophysiology and treatment with traumatic AECS but typically involves the gluteal muscles, presenting with tenderness, swelling, and firmness in that area. Emergency nurses play a crucial role in reducing misdiagnosis through heightened clinical awareness based on patient history and presentation, particularly by estimating the time from injury to hospital arrival. Timely diagnosis and treatment of AECS remain a significant challenge in

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(Author, Year) (Country)	Purpose	Method	Results
			healthcare and are among the most litigated issues in orthopedics. This review highlights AECS, ODCS, their diagnostic processes, treatment strategies, and offers a practical algorithm to assist emergency nurses in improving ODCS assessment and diagnosis.
(Suhonen et al., 2017) (Finland)	To examine the association between hospital organizational variables and patients' perceptions of individualized care.	A cross-sectional design was used. The questionnaire survey data were obtained from 861 (response rate 82%) hospital patients and 35 (100%) nurse managers in Finland.	An inverse relationship between the size of the hospital and ward and patients' perceptions of individualized care was found. Increased staffing or skill mix failed to predict a higher patient perception of individualized care, but primary nursing care delivery did.
(Wilches Luna et al., 2018) (Columbia)	To perform translation, cultural adaptation and inter-rater reliability of the Spanish version of the Perme Intensive Care Unit Mobility Score and IMS tools in ICU patients.	Translation and validation study between November 2016 and July 2017, following the COSMIN Protocol's recommendations. Two pairs of physiotherapists with the role of observer/rater applied both scales in 150 patients upon admission and discharge of a medical surgical ICU from a private hospital in Colombia	Translation and cultural adaptation were performed, the final version of both scales in Spanish was approved by the authors. The sample was 150 patients, 52% were men, the average age was 58 ± 17 years, invasive mechanical ventilation was present in 63 (42%) of the cases. Inter-rater reliability of the ICU Mobility Scale was between 0.97 and 1.00, and for the Perme Intensive Care Unit the Mobility Score it was between 0.99 and 1 in the two moments of the measurements.

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DISCUSSION

An analysis of nine articles was conducted to examine the influence of individualized care on the rehabilitation of critically ill patients. The studies involved ICU patient populations and consistently discussed the concept of individualized care, which refers to holistic nursing that takes into account the patient's clinical condition, personal life circumstances, and active involvement in decision-making. This approach applies personalized principles across prevention, diagnosis, and intensive care, aiming to improve both quality of life and patient satisfaction (Gerrish, 2020). Among the nine studies reviewed, various research designs were utilized, including descriptive and comparative surveys, ethnographic case studies, descriptive and correlational studies, and cross-sectional comparative studies. These studies were conducted in several countries, including England, USA, Finland, and Turkey, and provided international comparisons.

Findings revealed that nurses generally felt their nursing practices supported patient individuality, particularly during surgical procedures. However, the level of support varied between countries. Turkish nurses reported the lowest levels of individualized care, while Greek nurses reported the highest. In the ICS-A-Nurse subscales, nurses from all countries—except the United States—indicated strong support for patient individuality in the clinical context. American nurses, in contrast, gave the highest ratings in supporting patients' decision-making control. ANOVA analyses showed significant clinical differences between countries in the subscales related to clinical situations, personal life situations, and decision-making control (Suhonen, Berg, Idvall, Kalafati, Katajisto, Land, & Leino-Kilpi, 2021). After adjusting for nurses' demographic characteristics using ANCOVA, significant differences remained in perceptions of individualized care during surgical procedures, particularly regarding patients' personal life situations and decision-making control, though differences in the clinical situation subscale were not statistically significant. Post-hoc analyses using the Bonferroni test identified specific differences between Greece and Free ($P < 0.001$), Greece and Sweden ($P = 0.04$), and Greece and Turkey ($P = 0.005$) (Suhonen, Välimäki, Katajisto, & Leino-Kilpi, 2017).

Regarding the personal life situations subscale (PersA), differences were observed between Greek nurses and nurses from other countries, as well as between Portugal and Finland ($P = 0.001$), Portugal and Turkey ($P < 0.001$), and the United States and Turkey ($P = 0.047$). In the decision control subscale (DecA), significant differences were found between the United States and Free ($P < 0.001$), Portugal ($P < 0.001$), and Sweden ($P = 0.001$), as well as between Finland and Portugal ($P = 0.005$), Finland and Free ($P = 0.002$), and Turkey and Portugal ($P = 0.008$). When evaluating the individualized care provided to patients (ICS-B-Nurse), further differences between countries emerged. American and Greek nurses reported the highest levels of perceived individualized care (Mean 4.25, SD 0.70), whereas Portuguese nurses reported the lowest (Mean 3.87, SD 0.60) (Zang, Chen, Wang, Chen, Hui, Guo, & Shang, 2020).

Nurses generally agreed that the care provided reflected patient individuality in the clinical situation (ClinB Mean range 4.12–4.44) in all countries except the United States. Similar to the ICS-A-Nurse findings, the decision-making control subscale also showed significant international differences. Post-hoc analysis (Bonferroni test) indicated differences between the United States and Free ($P < 0.001$), Finland ($P = 0.003$), Portugal ($P < 0.001$), and Turkey ($P < 0.001$). Additional differences were found between Greece and Free ($P = 0.003$), Greece and Portugal ($P < 0.001$), Sweden and Free ($P = 0.006$), and Sweden and Portugal ($P < 0.001$). Finnish nurses gave significantly higher ratings than Free ($P = 0.002$) and Portuguese nurses ($P < 0.001$), and Turkish nurses gave higher ratings than Portuguese nurses ($P = 0.008$) (Tipping, Harrold, Holland, Romero, Nisbet, & Hodgson, 2017).

Overall, these studies demonstrated that nurses generally perceived themselves as providing individualized care that supported patient individuality across a range of nursing activities. However, several areas for improvement were identified, particularly the need for nurses to place greater emphasis on understanding and integrating patients' personal life circumstances into care plans to better support individuality. Differences between countries in perceptions of individualized care were consistently observed. Nurses from the Nordic

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countries and the United States tended to give higher ratings to individualized care practices, while nurses from Mediterranean and Southern European countries, particularly in Turkey and Portugal, reported lower levels of individualized care. An exception was Greece, where nurses reported high levels of support for patient individuality. American nurses consistently rated their individualized care practices the highest, while Portuguese nurses provided the lowest ratings (Jones, Rankin, & Then, 2020).

The review emphasized the importance of international collaboration to identify health priorities, establish clear indicators, develop guidelines and best practice recommendations, encourage the sharing of effective strategies, and measure progress across countries. The findings of these studies can inform the development of nursing care processes, enhance international transparency, and contribute to building a shared understanding of best practices (Nielsen, Kaldan, Gade, & Egerod, 2024).

In addition, two studies specifically addressed individualized care in the context of rehabilitation, focusing on mobilization measurement using the Perme scale and the implementation of early mobilization as part of rehabilitation strategies. These studies, conducted in Spain and Colombia, employed a cohort study design and a translation and validation study conducted between November 2016 and July 2017 in accordance with the COSMIN protocol. During the study period, 150 patients were included. Out of 354 ICU admissions over five months, 194 patients met exclusion criteria and 15 were not assessed. Among the clinical characteristics reported, invasive mechanical ventilation was required in 63 patients (42.0%), with successful weaning occurring in 81.0% of cases (Jesus & Hoenig, 2015).

The studies used the intraclass correlation coefficient (ICC) with a 95% confidence interval to assess inter-rater reliability, and high ICC values indicated excellent agreement between observers across both scales and assessment points (Wilches Luna, Hernández, Siriani de Oliveira, Kenji Nawa, Perme, & Gastaldi, 2018). The translation, cultural adaptation, and application of the Perme scale showed high concordance, with no significant differences found between observers across two assessment periods (Efsthathiou, Lemonidou,

Papastavrou, Da Luz, Idvall, Berg, & Kalafati, 2021). The studies highlighted that ICU patients, particularly those experiencing immobility and prolonged bed rest, require comprehensive rehabilitation interventions. Individualized care is widely recognized as a person-centered approach and is considered a best practice or gold standard because it holistically addresses patients' clinical conditions, personal lives, and participation in care planning (Radwin & Alster, 2022). The application of rehabilitation within individualized care provides significant benefits, as the use of the Perme scale enables nurses to assess muscle strength and effectively evaluate the success of individualized care interventions (Miller, Murray, Richards, Zorowitz, Bakas, Clark, & Billinger, 2020).

CONCLUSION

The findings indicated that nurses generally perceived their nursing practices as supportive of patient individuality, especially in the context of surgical care. Nevertheless, the extent of this support differed across countries. It is advised that nurses more consistently incorporate patients' personal life circumstances into their care plans to strengthen the implementation of individualized care.

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