

Review Article

Patient-Centered Care in Healthcare and its Implementation in Nursing

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Abstract

Patient-centered care (PCC) is a concept and standard of care that describes organizing healthcare system around the patient, with the aim is to improve quality of care. PCC approach has become increasingly popular in various healthcare systems, including Israeli healthcare system. However, the complexity of the concept contributes to the difficulties in implementing it in practice. This article reviews the definitions of the PCC concept and the paths of healthcare systems to implement this approach, while focusing on nursing and nursing education.

Key Words: patient-centered care, quality of care, implementation, nursing role

Introduction

Patient-centered care (PCC) is a concept that describes organizing healthcare system around the patient (Jayadevappa & Chhatre, 2011). It is a standard of care that ensures that the patient is in the center of healthcare delivery (McCance et al., 2011). The PCC approach emerged in the early 50s of the previous century and became suddenly prevalent in the arena of healthcare policies in the late 90s. The reason for it may be attributed to the need of healthcare system to find ways to improve quality of care, while correcting the imbalance in care, that is, to stay away from the biomedical model, toward a focus on interaction, cooperation, and holistic approach (McCance et al., 2011).

Working according to PCC approach leads to better communication between patients and caregivers and improves quality of care, thereby increasing patient satisfaction, care adherence, and care outcomes (Robinson et al., 2008). In an era of reduced information gaps between patients and caregivers and increase in the patient's ability to choose, it is

necessary to consider patient's wishes and involve him in the process of care.

PCC is one of the six goals set by the Institution of Medicine (IOM, 2001), as a measure of quality of care in the healthcare system. The Ministry of Health in Israel as well adopted the notion that patient care experience is an essential part of a high quality healthcare system, and if the patient had previously been perceived as "captive customer", today the discourse in a healthcare system has changed and puts the patient in the center (Aka Zohar et al., 2015).

In 2013 the Israeli Ministry of Health issued a circular on "improving the patient experience in the healthcare system", where it was noted that "care that focuses on a patient is considered one of the essential elements of high quality care"; such care was defined as "care delivery that respects the patient and responds to his preferences, needs and values". It includes dimensions such as emotional support, respectful attitude, physical support, information provision and communication, continuity and coordination of care, patient and family

involvement in the process of care and access to care (General Director Circular, 2013).

The Israeli Ministry of Health aims to implement patient experience domain in all management levels of the organization. Implementation includes staff training and provision of financial incentives for healthcare institutions that excel, in order to foster healthcare institutions to achieve higher levels of patient satisfaction. Setting standards and measures of patient experience is used as a vehicle to improve communication between caregivers and patients and to promote quality and safety in healthcare (General Director Circular, 2013).

However, healthcare systems in the world are having difficulty implementing PCC approach; in addition, there is a variation in implementing this approach in different healthcare institutions. The possible reasons for this are multiple definitions of PCC and heterogeneity in its interpretation (Lusk & Fater, 2013; Steiger & Balog, 2010). Extensive literature has been devoted to an attempt to clarify the meaning of this term and examine its implementation in practice (McCance et al., 2011). The purpose of this article is to review the definitions of the PCC concept and the paths of healthcare systems to implement this approach, while focusing on nursing and nursing education.

Defining patient-centered care

PCC is a multidimensional concept. According to Mead & Bower (2000), PCC dimensions include: biopsychosocial, patient as a person, sharing power and responsibility, therapeutic alliance, and clinician as a person. Additional dimensions as presented by The Institute for Patient- and Family-Centered Care (2010) include respect, dignity, information sharing, and collaboration, while according to Robinson et al. (2008), PCC relates to several distinct domains which are public policy, finances, clinical practice, and caregiving.

Other PCC definitions are delivery of respectful and responsible care, which considers each patient's preferences, needs, and personal values, and ensures that personal values of each patient will be at the base of all patient-related therapeutic

decisions (Steiger & Balog, 2010). Similarly, Smith-Stoner (2011) claims that the delivery of PCC means that professionals work together with the patient to develop program upon which has been achieved a mutual consent, while taking into account the relevant laws and regulations. Often these decisions are discussed and mutually agreed not only by the patient and the medical personnel, but also by the patient's family – in family-centered care (FCC) (Smith-Stoner, 2011).

Other terms relating to a similar concept are also in use, such as person-centered care, family-centered care, and relationship-centered care. It has been suggested that the "patient-centered care" focuses first and foremost on recipient of treatment, while the "person-centered care" is a wider concept which takes into account the context and other interrelationships that may exist in this environment, for example, the interactions between healthcare professionals. Several authors have argued that there is a need to move away from what they perceive as focusing on meeting the needs of the individual. Instead, they recommend focusing on the interaction between all parties involved in care delivery, and whose needs must be considered, in order to achieve higher quality of care (McCance et al., 2011).

In light of the above, there is no universal definition of the PCC concept, as the definition varies according to different contexts, for example, community care versus acute care. It has been argued that single and simple description of the PCC may not fit to the needs of a complex healthcare system, which is a collection of various services, including acute care, inpatient care, emergency care, trauma care, and home care, and hospice care. Moreover, the narrow definition of the PCC may actually prevent patients from receiving PCC (Small & Small, 2011).

Implementing patient-centered care

Organization of the healthcare system that puts the patient in the center requires significant changes in the process of healthcare delivery (Jayadevappa & Chhatre, 2011). The PCC dimensions as described may serve as a basis for developing policies

and procedures for implementing this approach (Smith-Stoner, 2011). However, the complexity of the concept contributes to the difficulties in implementing it in practice (McCance et al., 2011). Healthcare system managers who are trying to implement the PCC approach are faced with the problem of defining PCC within the organization (Small & Small, 2011). In addition, there are those who doubt efficacy and feasibility of the PCC approach (Rangachari et al., 2011). Indeed, in the literature there is uncertainty as to how PCC affects care outcomes (Lusk & Fater, 2013).

However, despite the difficulties during the implementation of the PCC, the PCC delivery by nurses refers to the range of activities which include: working with the beliefs and values of patient, engagement, empathetic presence, shared decision-making, and delivery of holistic care. Care outcomes are the main element of the PCC, and care outcomes of effective PCC are: patient satisfaction with care, engagement in care, treatment, well-being, and creating a therapeutic environment (McCance et al., 2011).

An example of PCC implementation is involving the patient in interdisciplinary unit rounds. Maxson et al. (2012) found that involving the patient in nursing bed reports increases the patient satisfaction and improves safety in nursing practice such as reducing medication errors and improving communication with a physician. Similarly, another study found that bedside round in the pediatric ICU, which included medical staff, nursing staff, patients and family members, improves communication between all participants in the round and increases the percentage of detected errors by 26% (Licata et al., 2013). Implementation of the PCC approach during bedside reporting in the emergency department yielded similar outcomes of improvement in patient satisfaction scores and a significant reduction in errors associated with shift changes (Cronin-Waelde & Sbardella, 2013). Another example of PCC implementation is recruiting staff that accompanies and supports patients and family members. Institutions that use this type of supporting staff report positive results, including higher satisfaction scores

and reduction in duration of hospital stays (Warren, 2012).

Nursing and patient-centered care

The PCC implementation among all healthcare workers is an important and essential part in daily work. However, the literature review indicates that as the nursing staff is 24 hours a day at the bedside of the patient, nurses play the most significant role in PCC implementation (Small & Small, 2011). In the study by Otani (2010), ratings of quality of nursing care in hospitals by patients, had the most significant effect on the overall experience of care and services, even more than the experience of care provided by a physician or housekeeping services. Bad experience of nursing care had a disproportionately negative effect on the perception of quality of care and PCC. In 2014 The Israeli Ministry of Health conducted national survey of patient care experience in general hospitals. In this survey 11,098 patients in 24 hospitals were interviewed. The results of this survey indicate that nursing staff has a crucial influence on the patient care experience, his care satisfaction, and his perception of being in the center of care (Aka Zohar et al., 2015).

Nursing education and patient-centered care

One of the most important elements in PCC implementation is the training of nursing staff on PCC. The nursing training programs should provide nurses with tools to identify the unique needs of each patient, as well as provide tools for shared decision making. One of the important tools for this is advanced communication skills (Smith-Stoner, 2011). In addition, it is important to teach content related to quality of care and patient safety. However, it is important that these contents are transmitted not only frontally in classroom teaching, but also via simulations that examine the student's ability to implement the principles of PCC in practice (Onge & Parnell, 2015).

For example, in a project carried out by nursing teachers, Girdley et al. (2009) developed a short questionnaire in PCC approach as part of nursing assessment. The questionnaire consisted of open questions relating to patients' care expectations,

including patients' suggestions to improve the experience of hospital stay. It can be expected that patient involvement in nursing assessment may disclose care safety issues that are patient or family concerns, not necessarily visible to nursing staff. For example, the patient may notice that the amount of time that passes between insulin injection and meal times at the hospital is longer than the one he is used to at home and which has been proven safe for him. Allowing the patient to voice his concerns on this issue may help avoid potential hypoglycemia. In addition, students indirectly experienced the emotions of patients and family members in the event of an error in care delivery. After the implementation of these activities, there has been a significant improvement in the expression of empathy and connection to patient emotions among students, especially to the patient's need to be heard and appreciated.

Conclusion

The PCC is currently essential to maintain a high standard of quality of medical and nursing care. However, the complexity of the PCC concept makes it difficult to implement it in practice. Therefore, it is highly important to design and implement training programs for internalization of the PCC process among all healthcare workers and nursing staff in particular.

References

- Aka Zohar A., Greenbaum Arizon A. & Binder Bachrah I. (2015) Survey of patient in departments in general hospitals. Available at: http://www.health.gov.il/publicationsfiles/patient_experience2015.pdf [accessed 24 July 2016]. In Hebrew].
- Cronin-Waelde D. & Sbardella S. (2013) Patient-centered transfer process for patients admitted through the ED boosts satisfaction, improves safety. *ED Management* 24(2): 17-20.
- General Director Circular. (2013). Improving patient experience in healthcare system. Circular No. 06/13. Ministry of Health, Jerusalem [In Hebrew].
- Girdley D., Johnsen C. & Kwekkeboom K. (2009) Facilitating a culture of safety and patient-centered care through use of a clinical assessment tool in undergraduate nursing education. *Journal of Nursing Education* 48(12): 702-705.
- Institute for Patient- and Family-Centered Care. (2010). FAQs. Available at: www.ipfcc.org/faq.html [accessed 24 July 2016].
- Institute of Medicine (IOM). (2001) Crossing the quality chasm: a new health system for the 21st century. National Academy Press, Washington, DC.
- Jayadevappa R. & Chhatre S. (2011) Patient-centered care—A conceptual model and review of the state of art. *Open Health Services and Policy Journal* 4: 15-25.
- Licata J., Aneja R. Kyper C. *et al.* (2013) A foundation for patient safety: phase I implementation of interdisciplinary bedside rounds in the pediatric intensive care unit. *Critical Care Nurse* 33(3): 89-92.
- Lusk J.M. & Fater K. (2013) A concept analysis of patient-centered care. *Nursing Forum* 48(2): 89-98.
- Maxson P., Derby K., Wroblewski D. & Foss D. (2012) Bedside nurse-to-nurse handoff promotes patient safety. *Medsurg Nursing* 21(3): 140-144.
- McCance T., McCormack B. & Dewing J. (2011) An exploration of person-centredness in practice. *OJIN: The Online Journal of Issues in Nursing* 16(2).
- Mead N. & Bower P. (2000) Patient-centredness: a conceptual framework and review of the empirical literature. *Social Science Medicine* 51(7): 1087-1110.
- Onge JLS. & Parnell R.B. (2015) Patient-centered care and patient safety: a model for nurse educators. *Teaching and Learning in Nursing* 10(1): 39-43.
- Otani K.W. (2010) How patient reactions to hospital care attributes affect the evaluation of overall quality of care, willingness to recommend, and willingness to return. *Journal of Healthcare Management/American College of Healthcare Executives* 55(1): 25-37.
- Rangachari P., Bhat A. & Seol Y.H. (2011) Using the “Customer Service Framework” to successfully implement patient-and family-centered care. *Quality Management in Healthcare* 20(3): 179-197.
- Robinson J.H, Callister L.C., Berry J.A. & Dearing K. (2008) PCC and adherence: definitions and applications to improve outcomes. *Journal of the American Academy of Nurse Practitioners* 20(12): 600-607.
- Small D. & Small R. (2011) Patients first: engaging the hearts and minds of nurses with a patient-centered practice model. *OJIN: The Online Journal of Issues in Nursing* 16(2).
- Smith-Stoner M. (2011) Teaching PCC during the Silver Hour. *OJIN: The Online Journal of Issues in Nursing* 16(2).

Steiger N.J. & Balog A. (2010) Realizing patient-centered care: putting patients in the center, not the middle. *Frontiers of Health Services Management* 26(4): 15-25.

Warren N. (2012) Involving patient and family advisors in the patient and family-centered care model. *Medsurg Nursing* 21(4): 233-239.