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The impact of patient-centered care on the patient experience

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Abstract---Healthcare providers are not combining their knowledge of mental health symptoms and treatments with their patients' individual needs and preferences. This can apply to all aspects of health services, and a number of policies increasingly support the concept of "patient-centered care." We talk about the role of organizational climate in supporting the move towards patient-centered care and look at some of the relevant research in the field. Contemporary healthcare practice emphasizes a model of care that values patient preferences and inclusion; however, this is a relatively recent development. The antecedents of this care model have deep roots. Over two decades ago, some healthcare providers recognized that patient priorities are not always aligned with clinical outcomes.

Keywords---patient experience, patient-centered care, healthcare.

1. Introduction

Traditionally, much of medicine was focused on patient care or professional-driven care. However, in recent years, it has become increasingly clear that patients must be at the center of care. In mental health services, patients are often asked about what they want their treatment plans to look like, which goals they want to work on, and what their future mental health might look like. Healthcare providers are not combining their knowledge of mental health symptoms and treatments with their patients' individual needs and preferences. This can apply to all aspects of health services, and a number of policies increasingly support the concept of "patient-centered care." We talk about the role of organizational climate in supporting the move towards patient-centered care and look at some of the relevant research in the field.

In 2001, a review of research evaluated the impact of the "Patients' Charter." The Patients' Charter was introduced in 1991 and was intended to inform patients of what level of service they could expect. It contained a number of rights or "guarantees," such as "a clear explanation of your condition and treatments" and "help so that you can understand what is happening to you." It also contained

patient responsibilities or "considerations." In regard to the question of quality care, the study found that patients rated the interpersonal aspects of care as most important and the most difficult aspect of care to get right. They also found that the most important determinant of patient satisfaction was the effectiveness of interpersonal care. This suggests that, in order to ensure that patients are satisfied with the care they receive, staff need to be warm and welcoming, and they need to listen to what the patient wants in order to achieve the best care possible. It is also suggested that actual involvement in all care decisions might not be as important as the care provided.

1.1. Background and Significance

Contemporary healthcare practice emphasizes a model of care that values patient preferences and inclusion; however, this is a relatively recent development. The antecedents of this care model have deep roots. Over two decades ago, some healthcare providers recognized that patient priorities are not always aligned with clinical outcomes. For example, patients do not necessarily seek to optimize a cancer surgery that achieves the longest life expectancy possible if the recovery promises misery; general practitioners select medications that best fit a patient's daily life rather than those offering the greatest reductions in risk; and dentists sometimes serve patients with severe dental phobia by delivering convenient sedation dentistry. Over time, a number of professional patient advocacy groups and illness foundations demanded inclusion as a central tenet of care delivery.

Care in oncology is one example of how patient-centered care leads to increased satisfaction and patient-provider partnership. Because undergraduate medical education emphasizes the importance of patient involvement in care, graduating physicians also recognize the need to involve patients in decisions. However, while patients generally report that they recognize the value of patient-centered care, they also report that they do not experience it. Despite this recognition from patients, providers, and healthcare organizations from across the world, minimal exploration has occurred to examine the impact, positive or otherwise, of incorporating patients' preferences and values into a real-world setting. (Drossman et al.2021)(Kim et al., 2021)

2. Understanding Patient-Centered Care

Patient-centered care, also known as person-centered care, is more than just a current buzzword in healthcare. A patient-centered approach meets the needs, values, and preferences of both the people who create care and the individuals experiencing the care. In patient-centered care, healthcare professionals work together with patients and their families or carers, taking account of patients' individual values and desires, to facilitate care that is the most appropriate. This requires providing support to enable patients to participate in healthcare planning to the greatest extent possible. Patients and family members who engage in healthcare are more content with their treatment and enjoy a better quality of life. High levels of respect and dignity for every patient, regardless of their background or beliefs, are also central to patient-centered care. (Alshammri et al.2022)(Grover et al.2022)

The collaboration between a patient and their healthcare provider is a core aspect of patient-centered care. The provider may gather evidence so the patient can make an informed care decision about their own treatment alternatives and essential healthcare they want. The service provider shares knowledge and provides opportunities for discussion so that individual patients can make educated choices about their treatment. Offering care to a single patient in an individualistic manner, as determined by that person, is essential for patient-centered care. Treatment could include supplies, medications, advice, support, or any other kind of service that a patient needs. Supporting patients is therefore unlikely to be the same as simply offering them what is intended to deliver because of distinct individual needs and desires. As a result, treatment plans have been designed with patients, that have received agreement from them, and that are in line with their care preferences to ensure individualized care that puts patients at the heart of their service.

2.1. Definition and Principles

The principles of patient-centered care arise from a shared definition of the term: "providing care that is respectful of and responsive to individual patient preferences, needs, and ensures that patient values guide all clinical decisions." Rather than simply implicating patient autonomy in isolation—the "independent patient" of traditional bioethics—patient-centered care envisions a co-created approach to care delivery. This definition outlines ten fundamentals for incoming care, each of which outlines ways patient-centered care meaningfully differs from a care delivery model that fails to take into account patient preferences, satisfaction, and support. These principles include, but are not limited to: (a) Patients are encouraged to express individual needs and values. This tool encourages healthcare professionals to explore and examine patients' beliefs and preferences for care—many of which may be influenced by deeply rooted cultural ideals or personal experiences. (b) Patients are empowered to make care decisions, as well as fully participate in the provision of care. Patients are encouraged to engage in ongoing dialogue with healthcare providers to deliver communication around care delivery, treatment plans, and instructions in a way that is both timely and comprehensible. (c) Respect for patients' role in care outcomes. Not only does the patient's participation in the care plan serve as a site of clear communication, but it can influence the patient-physician relationship significantly. Guidelines for best patient practices enacted by healthcare professionals—some of which include culturally competent care and ongoing respect. Importantly, this emphasizes the transformative role of trust and empathy in the formation of successful patient-centered care. Crucially, this definition lent itself to being operationalized, or put into practice, using existing tools and ideals available for healthcare policy, provider training, and continuing education.

3. Benefits of Patient-Centered Care

A variety of patient-centered care benefits exist for both patients and the healthcare system. Patient outcomes are improved as a result of it. Patients who are involved in their care are more likely to adhere to treatment plans and make more informed choices about their health situations. Their physical and emotional

health tends to benefit from it as a result. Additionally, patient satisfaction is greater when patient-centered care is used. It aids in the creation of a more personalized health experience. Patients typically perceive the care provided to them as being of higher quality. As a result of a more patient-centered approach, healthcare becomes more efficient. Patients who are more satisfied require less follow-up care. They also have an improved understanding of their disease, preventing the need for additional care and intervention. This can lead to an overall decrease in healthcare spending. In addition, increased adherence to treatment plans equals better health management. When patients have a stronger sense of agency surrounding their health, they are more eager to adhere to treatments that will benefit them. This notion of self-efficacy is the foundation of increasing treatment adherence. In conclusion, patient care satisfaction increases because of patient-centered care. When healthcare professionals have worked with patients to build care strategies, they may now measure the outcomes of those interventions, showing proof of trust. It also demonstrates that the patient is receiving care that is tailored to their medical requirements and desires. Furthermore, healthcare professionals feel as if they have a greater sense of personal accomplishment when they include patients in this way. (Siebinga et al.2022)(Perera and Dabney2020)

3.1. Improved Patient Outcomes

3.1. Improved Patient Outcomes

Many studies have reported a relationship between a patient's active involvement in his or her care and achieving better health results. Patient engagement makes patients more likely to take prescribed medications, maintain doctor's appointments, comply with their treatment plan, and self-manage their chronic conditions in between visits. Practice styles that reflect patient-centered care can not only help the patient feel better, but they can also help to reduce the financial strain individual patients place on a healthcare organization. Studies have demonstrated a significant reduction in hospital readmissions when patients feel connected with providers and supported in their care. Patients experiencing greater satisfaction with provider communication are also more likely to return to the provider in the future, which supports them in maintaining ongoing communication with a care team and accessing preventive services.

Increasing access to preventive services is associated with reducing the likelihood of health problems going untreated. Patients who receive early diagnosis, treatment, and medication, as well as actively manage their health, are less likely to require the high costs associated with late-stage diagnosis, chronic disease, and/or preventable emergency room care. As such, patient-centered care can lead to increased access to preventive services and support accelerated health system preventive care management interventions. Additionally, patient-centered care can prevent such costs in the future. Investing in patient-centered care can therefore yield financially tangible health dividends. Relationships between emotional and mental health and physical health are longstanding. Studies have shown that mental health conditions can increase one's vulnerability to serious medical conditions such as heart disease, stroke, and even Alzheimer's, while behavioral health problems are a major cause of disability. Consistent and

supportive communication with a primary care provider can alleviate stress, depression, and anxiety. Decades of ongoing communication with a primary care provider can “even out” day-to-day health problems and reduce the impact of chronic stress on the body. This has been studied specifically with health systems that have implemented a medical home model with patient-centeredness at its core.

4. Challenges and Barriers to Implementing Patient-Centered Care

Let's face it. It is difficult, at times, for providers to deliver the level of care that they would like to provide. From an insider's perspective, several reasons support our difficulty, including: 1) the fact that health care providers work in a bureaucratic and financial system that often values other priorities over those of patients—each of whom has a unique story to tell, 2) the fact that non-patient-related priorities operate in an overlapping manner with the patient-centered processes and routines of individual providers, and 3) the traditional provider resistance to change. Tied to this is the fact that the traditional paradigm for health care—practicing medicine in a provider-dominated model that provides care episodically and serves acute and chronic medical conditions—does not install a mindset that looks at health care from the patient's perspective. Faced with the time constraints (a visit can last anywhere from 7.5 to 20 minutes), there must not only be time to diagnose and make treatment recommendations, but also to jot notes and obtain consents. In sum, the history of health care primarily as a technical endeavor (focused on illness from the provider's perspective) has made it difficult to respond to contemporary pressures to take a broader perspective. (Vogus et al.2020)(Krull et al.2023)(Smits et al.2022)

On a much more personal and individual basis, providers are not typically trained in the patient-centered methodologies needed to gather disparate pieces of information from a patient and then organize them into a coherent story. Subsequently, providers are unable to develop an in-depth understanding of the nuanced aspects and cultures of the communities they serve. At an organizational level, it is difficult for health care organizations to shift resources away from supporting their operations and infrastructure (which are often quality-related, but not value-added from a patient perspective) toward patient-centered activities. At a systems and policy level, the diversity of beliefs, health attitudes, and capacity to engage among different populations and community groups may demand a level of adaptability in patient engagement techniques that is perhaps not practical for every health care organization. There are a number of stakes in the ground about what patient-centered care is and is not, but there are less concrete, overlapping beliefs by stakeholders about what is change management and what is time. Separate from the legitimate diversity of opinions about these matters is a legitimate concern among both organizations and change practitioners on whether or not time and resources are being employed in ways that can in any way make a difference. Public and private support for patient-centered health reforms continue to be advanced; lesser discussed are ongoing and substantial challenges to doing so.

5. Strategies for Successful Implementation

There are several practical strategies to assist healthcare and patient-centered care. Healthcare provider training in the provision of care that is patient-centered has been shown to result in improvements in both their communication and engagement skills. While it is important to emphasize the collection of feedback from patients as an important tool in facilitating organizational change, it is not sufficient to change the patient's experience on its own. An interdisciplinary care model can be employed to build systems of health care that proactively implement a patient-centered process of care.

A preliminary implementation team representing patient practices and systems of care can be formed to collaborate in problem-solving and addressing the challenges involved in patient-centered care at multiple levels. The organizational process of care must be further refined, and providers and patients will subsequently be invited to a half-day planning retreat. A single-system pilot tooling phase and an organizational feasibility assessment can then be implemented to test the applicability of this model of care to a real-world setting. Focus groups of consumers, providers, and managers should be held to revise the model and guidelines of care based on the pilot and feasibility study. In the second phase of implementation, a third-party observational study will be led by a nurse manager to test the feasibility of the plan and collect data regarding patient satisfaction, self-efficacy, and health care utilization. Finally, necessary changes and revisions will be made in anticipation of system-wide dissemination of the guidelines. Ongoing assessments of these strategies and methods result in many adaptations and adjustments required to more fully integrate these practices into the varied primary care settings in which they ultimately will be implemented.

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