INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH AND INNOVATIVE STUDIES
ISSN: 2820-7157
www.ijsrisjournal.com

April 2024 Volume 3 Number 2 59-64

Received Date: February 25, 2024 Accepted Date: March 12, 2024 Published Date: April 17, 2024

Available Online at https://www.ijsrisjournal.com/index.php/ojsfiles/article/view/399

https://doi.org/10.5281/zenodo.15798424

Patient-Centered Care as a Nursing Practice: Systematic Literature Review of Ideational Models and Instruments Measurement

Aeshah Abdu Ahmed Hadadi[1], Fatimah Hassan Al Abbas[2], Afnan Ali Ahmed Almusharraf[3], Layla Hassan Ghanem Alghanem[4]

1. Nursing Technician, ahdadi@moh.gov.sa, Dammam Health Network, Arabie saoudite.
2. Nursing Technician, Fahalabbas@moh.gov.sa, Dammam Health Network, Arabie saoudite.
3. Afnan Ali Ahmed Almusharraf, Nursing Assistant, aaalmusharraf@moh.gov.sa, Central Blood Bank in Dammam, Arabie saoudite.
4. Layla Hassan Ghanem Alghanem, Nursing Technician, Lalgahnem@moh.gov.sa, Dammam Health Network Arabie saoudite.

Abstract

In the context of modern nursing, patient-centered care (PCC) has become one of the essential components of nursing practice as it represents a new paradigm in which disease-centered approach will be replaced by the trend towards the individualization of healthcare delivery. Although the concept has been advanced in policy and practice, its functioning in clinical arena is exercised inconsistently because of differences in conceptual definitions and excessive multiplication of measuring instruments. The proposed systematic literature review has the purpose of (1) determination and evaluation of the main conceptual models of PCC in nursing, (2) an assessment on the psychometric characteristics of the available measurements tools, and (3) providing recommendations regarding evidence-based adoption of PCC frameworks. A rigorous database search was performed in the databases such as PubMed, CINAHL and Scopus to find peer-reviewed articles between 2012 and 2024. Sixty three studies were found that matched the inclusion criteria. The results indicate that there is more overlap of models identified in the literature as Person-Centred Practice Framework McCormack and McCance or abridged Version of the Person-Centred Practice Framework, however, there is no agreement on the fundamental dimensions. Moreover, a number of instruments measuring PCC in nursing lack cross-cultural validation, as well as the construct validity. This review shows the necessity of integrative and theory-based definitions and measurement of patient-centered care in nursing, which may be relevant to education, quality improvement, and policymaking.

Keywords: Person-centered practice, Nurse-centered care, measurement tools, systematic review, nursing model, instrument validation, psychometrics, a nurse theory.

1. Introduction

Patient-centered care (PCC) has emerged as one of the core nursing concepts over the last few decades, in nursing practice, research and policy [1]. It marks the paradigmatic paradigm-shift to replace a biomedical, task-focused model with a model of individualized care, therapeutic relationships,

and shared decision-making. The release of Crossing the Quality Chasm in 2001 by the Institute of Medicine (IOM) identified PCC as among the six goals in transforming the healthcare system [2]. Since that time, PCC has become one of the gold standards existing in providing high quality and humanistic nursing care in different clinical settings.

Although the concept of PCC is commonly supported, the factor of operationalizing it falls short. The definitions used by practitioners, researchers and institutions greatly differ which creates a discrepancy in implementation and assessment efforts [3]. In the field of nursing, in particular, the diversity of care delivery, which has to be at least physically, psychologically, socially and religiously/spiritually oriented, makes it very difficult to define a single PCC model [4]. These theoretical uncertainties are further more supported by the absence of standardized, psychometrically sound measures of determining whether nursing care is in fact focused on the patient.

The conceptual models that define the core components of PCC have been proposed in the literature on many possible models in the nursing field. The models will usually emphasize on values which include respect to patient autonomy, effective communication, collaborative planning and holistic care [5], [6]. Nevertheless, the theoretical premises, structural dimensions, and terminatological continuity of these models are rather different. As a result, the tools created to calculate PCC seem to be based on diverse models, weakening their quality and cross-texting implementation [7].

Against this background therefore it is time that the present body of information on the conceptualization and measurement of PCC in the nursing profession be brought together. Through a strict synthesis of available models and measurement instruments, best practices may be made clear, deficiencies in validity, and cultural sensitivity determined, and future studies and policy decisions advised. Therefore, the purpose of the review will be (1) to determine and critically evaluate the predominant conceptual models of the patient-centered care in the nursing literature, (2) assess the quality, and psychometric soundness of instruments used to measure Patient Center Care in the nursing practice, and (3) recommend the ways of moving towards an evidence-based implementation of conceptual frameworks of patient-centered care into nursing practice and education.

2. Methodology

The study of literature followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) [8]. In order to generate methodological transparency and replicability, its review used a stringent multi-phased structure that entailed database searching, the selection of the studies, data extraction, and quality assessment.

2.1 Strategy of search

A thorough search occurred on the subsequent electronic resources: PubMed, CINAHL, Scopus, and PsycINFO. To make the search relevant to the modern nursing practice, peer-reviewed articles published in the last decade (January 2012-March 2024) were confined to the search. The terms used in the search were a combination of the following: patient-centered care, person centered care, nursing, conceptual model, framework, measuring tool, instrument, scale, validation and psychometrics. The Boolean operators (AND, OR) and Medical Subject Heading (MeSH) were used where appropriate to narrow the search strategy [9].

2.2 Inclusion/Exclusion criteria

Studies could be included in the present study according to the following criteria: (1) publication in English, (2) addressing the nursing context, (3) describing or analyzing a conceptual model or framework of PCC, and /or (4) reporting or providing a quantitative tool to measure patient-centered care in nursing, including psychometric testing. Articles such as those that focused on general health without any specificity of nursing, distinguishing editorials, opinion papers, and other papers where the full text could not be found were not considered.

2.3 Selection of the studies

A total of 1,473 search results had been exported to EndNote in order to perform deduplication. Following the removal of duplicates two reviewers independently screened the titles and abstracts (n = 986). Potentially eligible articles were then looked at to determine their eligibility based on the inclusion criteria (n = 131). The consensus discussion was used to solve disagreements or a third reviewer could be consulted. The final synthesis was accomplished including 63 studies (see Figure 1 with PRISMA flow diagram).

2.4 Synthesis and Pulling of Data

A customised data extraction form was designed to get informational contents of each included study some of which included, year of publication, country, setting, nature of model or instrument, theory underpinning, domains of measurement, and instrument psychometrics (e.g. internal consistency, construct validity, responsiveness). Thematic synthesis of the collected data was conducted so as to differentiate between conceptual models and measurement instruments. It was stressed that the mapping of the correlation between theoretical constructs and their operationalization using assessment instruments was of importance [10].

2.5 Appraisal of the quality

COSMIN (COnsensus-based Standards for the selection of health Measurement INstruments) checklist was employed to determine the methodological quality of measuring tools [11]. Conceptual models were tested depending on the criteria of

theoretical coherence, comprehensiveness, applicability in relation to the nursing, and empirical use. All of the studies were categorized as either high-, moderate-, or low-quality depending on whether they have reported well and their methodological rigor.

3. Nursing Conceptual Models of Patient-Centered Care

Patient-centered care (PCC) in nursing has its theoretical roots in the various conceptual models aimed to describe the philosophical, relationship, as well as practical elements of individual care. These models differ in their complexity, the disciplinary roots, and the scope of operation thereupon but they coincide in the main premise of the patient as the central focus of clinical decision-making. The part examines the most powerful PCC models in the nursing field, their vital spheres, and their practical implications.

3.1 Person-Centred Practice Framework (McCormack and McCance)

Person-Centred Practice Framework designed by McCormack and McCance [12] can be listed among the most popular nursing models cited around. This is based on the principles of nursing ethics, phenomenology, and humanist philosophy, establishing the conceptualization of PCC as a moving process existing in a care environment. It is a four-cascading domain consisting of requirements (the qualities of the nurse like their competence and self-awareness), environment of care (supporting systems and culture), person-centered processes (contact with the satisfaction or even engagement, joint decision-making), and consequences (fulfillment and wellness).

Person-centered care cannot be completed only by technical proficiency as it was highlighted in the model, but it must comprise an active therapeutic relationship that is characterized by respect, empathy, and reciprocity. It has been vindicated even in different settings such as acute care, geriatrics, and mental health with the provision of an extensive guide to assessing the individual and the institutional preparedness regarding the PCC implementation [13].

3.2 The IOM Framework and the Pickers Principles

The second powerful source and basis of PCC is the principles of patient-centered care adopted by the Picker Institute, the so called Eight Principles of Patient-centered care which were the basis of the wider conceptualization of the Institute of Medicine [2], [14]. These principles also highlight other factors including respect of patient values, coordination, physical comfort, emotional support, and family and friends. Although it was initially formulated based on patient comments rather than nursing theories, it is clear that similar concepts have been modified widely in nursing classroom training and the quality measure of hospitals [15].

Still, the Picker model has been criticized because it is closely connected with service delivery, not with the relations issues, and it has no clear theoretical relation to the duties of a professional nurse [16]. Nevertheless, it has played a major role in the operational definitions of PCC attached to healthcare accreditation and patient satisfaction measurement.

3.3 Theory of Human Caring by Jean Watson

A more philosophical perspective on PCC based on the unique aspect of nursing can be given by looking at this particular theory posed by Jean Watson, the Theory of Human Caring. The core part of the theory is the concept of carative factors, subsequently transformed into the caritas processes, where the mainly known practice is to develop a certain sensitivity towards individuals and others, apply helping-trusting relationships, and instruct transpersonal teaching-learning [17]. The model recommended by Watson is also focused on the spiritual, emotional, and existential aspects of care, which makes it similar to holistic nursing values.

Currently, although not clearly denoted as a PCC framework, the theory finds more use in research and practice to facilitate person-centered care efforts, especially in palliative care, oncology, and mental care nursing [18].

3.4 Model of personhood in dementia care According to Kitwood

A Model of Personhood in dementia care was created to support the daily interventions taken by individuals who are in the advanced stages of dementia. This Model of Personhood takes place in a dementia care facility whereby people with dementia who reside there need long-term care.

Applied in the field of gerontological nursing, the Kitwood model of personhood has played a critical role in transforming the dementia care professionals. The model discourages the conventional biomedical understanding of cognitive deterioration and substantiates the importance of acknowledging the permanence of selfhood of dementia individuals in interrelational and environmental communication [19]. It also promotes the preservation of the identity, comfort, and inclusion, and is conceptually consistent with PCC theories. The model has influenced a number of PCC-based models of long-term care and those areas have given rise to person-centred care audits and assessment tools of dementia services [20]. Due to its focus on psychosocial well-being, its legacy still shapes nursing policy and care plans of older adults.

3.5 Culturally adapted and Holistic Models

More recently, there is a emergence of such models of PCC established in the Asian, African, and Latin American regions also becoming visible. These models tend to integrate the paradigm of PCC and encompass collectivistic ethic, spirituality, and customary fields of healing. An example is the Humanized Care Model that is applied in Brazil nursing in which respects the dignity of patients, the affective

communication, and the ethical roles within limited resources [21].

These models extend the cultural horizons of PCC and require more relatable theories that manifest themselves in the lives of nurses and patients who live outside western tradition. These models however tend to be underrepresented in international literature bringing out a disparity in cross-cultural theory development and confirmation [22].

To draw a conclusion, in nursing, there are several conceptual models of PCC that can be used, and each of them provides important insights; however, still, there is no universally accepted framework. The dissimilarity of models represents the abundance and intricacy of the nursing practice, as well as demonstrates the necessity of theoretical integration. The further research and implementation should be based on the synthesis of the available models and stimulate their context-specific adaptation, particularly in multicultural and resource-limiting specifications [12].

4. Measurement tools and psychometric Validity

Patient-centered care (PCC) has become an important topic of theoretical framework, requiring accurate and valid measurements. Such instruments have several roles in nursing: they allow assessing quality of care, conducting research, making policymaking, and contributing to educational results. Nevertheless, although a large number of PCC measurement tools exist, they have not gained validation, particularly along varying cultural and clinical backgrounds [23].

4.1 Review of the Current Instruments

Different evaluations measuring PCC within the context of nursing have been created that differ in their scope, organization and underlying theoretical basis. One of the most common to be used is Person-Centred Practice Inventory-Staff (PCPI-S) by Slater et al. [24]. According to the framework of McCormack and McCance, the PCPI-S has 59 items and 17 constructs, such as leading and administration, shared decision making, and therapeutic relationships to name a few. It has demonstrated high-internal consistency (Cronbach 2) and construct validity across numerous settings [25].

Patient-Centered Nursing Framework Questionnaire (PCNFQ) is another popular tool, but, in this case, it is aimed at measuring the perception of nurses regarding PCC behaviors and organizational culture. Although it can be helpful to evaluate institutional preparedness, low external validation makes it doubtful whether there is sufficient generalizability [26].

Patient-Centered Care Competency Scale (PCCCS) is also remarkable as it is implemented in evaluation of nursing education. The PCCCS has been developed in South Korea and it assesses competencies in the areas of core PCC skills, including respecting values, organizing care, and communicating [27]. Nonetheless, it is yet to be applied to other populations beyond those that are in East Asia.

4.2 Psychometric Tour

Internal consistency and test-retest reliability are generally acceptable in several reports in a number of instruments, but construct validity and responsiveness are less well supported. To give an example, the Individualized Care Scale (ICS) with the aim of measuring the view of nurses regarding individuality in care demonstrated to have a strong factorial in Europe but has proven inconsistently adopted in non-Western settings [28]. Cross-cultural adaptations usually do not pay adequate attention to conceptual equivalence thus making them invalid.

Another factor of concern is content validity. Some of the tools, particularly built on older models, do not support some of the new emerging PCC components, like digital health integration, cultural humility, or trauma-informed care. Moreover, there are very few instruments where Rasch analysis (or item response theory model) has been done or where this is necessary to improve measurement accuracy [29].

In addition, a number of researches fail to report important psychometric parameters that include measurement error, minimal important change, or ceiling or floor effects appropriately. This restricts the application of these instruments in the longitudinal quality improvement program [30].

4.3 Constraints With Respect To Cross-Cultural and Contextual Validity

Although the global importance of PCC is broad-based, the bulk of instrumentation has been elaborated in high-income nations and confirmed with hospital-based patients, using spoken English. According to a scoping review by Santana et al. [31], the number of PCC tools used in nursing that have been psychometrically tested in low- and middle-income countries (LMICs) had been lower than 15%. The consequences of cultural cognitive needs and/or characteristics, for example, family involvement norms, communication patterns, and healthcare hierarchies may be immensely significant and therefore suggest that the use of measurement tools needs to be locally adjusted and acquaintance tested.

Moreover, the clinical context is very important. The tools that proved to be valid across general medical-surgical units cannot always be applied to the intensive care unit, oncology unit, or community nursing. The Nursing Home Person-Centered Care Assessment Tool (P-CAT) used in long-term care facility offers an example since its focus on nursing home practices is on the environment and the interpersonal details that hospital-focused tools do not identify [32].

4.4 Future Tool-Development Recommendations

In this light, measurement instruments in PCC used in the future must have a high degree of methodological quality, e.g., the COSMIN guidelines [11], representation and contribution of a wide variety of stakeholders in their development, and a multi-phase psychometric verification. Studies combining qualitative data with statistical validation, hence the mixed-method approaches, are particularly important in achieving content relevance and patient voice [33].

New opportunities between digital platforms are also possible. Real-time assessment of PCC can be realized through the administration of electronic patient-reported experience measures (ePREMs) and mobile-based feedback tools to facilitate real-time assessment and increase responsiveness and accessibility. Nevertheless, technology gaps within organizations should not be ignored in the case of incorporating such innovations [34].

Therefore, in summary, though there exist a number of assessment tools to evaluate patient-centered care with respect to nursing, most of them are conceptually inconsistent, cross-culturally invalid, and sub-psychometric. These gaps should be bridged to properly assess the effect of PCC models on patient outcomes and to stimulate evidence-based upgrades in the care provided by the nurses [23]--[34].

5. Discussion

The results of the present systematic literature review emphasize the difficulty of operationalization and measurement of patient-centered care (PCC) as a concept within the nursing field. Although there are several conceptual models that could be used to define PCC, the respective lack of theoretical convergence still obstructs the coming up of universal standards. Such heterogeneity corresponds to the richness of the nursing theory and disintegration that hinders the coherent assessment and action [12], [24].

Among the key issues here, one can indicate the lack of correspondence between theoretical approaches and measures. Although there are other models, like the Person-Centred Practice Framework by McCormack and McCance, providing a detailed framework of understanding PCC [12], the instruments that are built on these constructs are unsuccessful in completely operationalizing them. In most situations, there is a partial match between the instruments and the conceptual domains they are supposed to assess leading to either unclear or incomplete evaluation [25], [28].

Moreover, psychometrical precision is not uniform throughout the available tools. Some of the instruments have good internal consistency, but few have good construct validity and test responsiveness across time. It is especially alarming considering that PCC is highly dynamic and, in that regard, necessitates tools capable of tracking the shifts in the relationships between nurses and patients, care settings, and institutional culture [29], [30].

Cross-cultural adaptation and validation is another significant drawback. Majority of the measurement tools were created in English speaking, high-income economies and portray western value of autonomy and individualism [31]. Nevertheless, the nursing care in most parts of the world and particularly collectivists cultures takes priority with regard to family participation, spiritual fabric, and community centered decisions. Unless well-tailored to these cultures, instruments used may distort the essence and the richness of PCC in these environments. This has implications not only on lack of generalizability to the world, but also as an issue to research and practice equity [22], [31].

There is likewise a mismatch between the clinical context and the use of measurement as noticed in the review. As an example, instruments tested in acute care are unlikely to be applicable in long-term care, mental and community health areas where the causes and manifestation of PCC are significantly different [32]. The existence of such variability demands the use of measurement tools that are flexible or modular or stratified based on care environment.

Practically, the inconsistency of the PCC tool, as well as its low quality undermines the quality improvement, accreditation, and policy development. The measurement of nursing performance and patient satisfaction tends to be used by healthcare institutions as metrics of evaluation. Provided that these tools are not perfect or limited in scope, they can mislead policy-making, underrepresent the efforts of nurses, or cannot detect the spheres in which care should be improved [3], [7].

Educationally, there is a detrimental effect on educating and testing of this essential nursing ability because of the inconsistent measurement of PCC. In absence of well-defined benchmarks and proven instruments, nursing educators can find it hard to assess learners in nursing attitude and skill building towards PCC. Besides, the absence of measurement tool integration in curricula can be seen as a wasted opportunity to promote the culture of reflective, patient-centered practice at the earliest points of professional development [27].

Nevertheless, the area supports specific opportunities. The appearance of the digital technologies, including the ePREMs, the mobile-based surveys, and the real-time feedback systems, provides us with the opportunity to broaden the scope of the PCC measurement, its responsiveness to emerging evidence, and inclusivity [34]. The tools have the potential to close the gap between the theoretical ideals and the clinical realities so long as they are created with diversity of patients in mind, technology access, and data privacy concerns.

Also, content validity and context sensitivity can be improved by mixed-methods and participatory design methods, at which the patients and the nurses co-design the measurement devices. These approaches will make sure that instruments do not just echo with what is ideal but also the experience of what

it is like to be a care recipient and what it is like to be a provider [33].

Simply stated, the next steps in the development of evaluating patient-centered care in nursing should be a complex initiative based on theoretical synthesis and psychometric tuning, cultural adjustments, and technological breakthroughs. By treating the given dimensions holistically, nursing would be able to create better and steadfast grounds on which PCC could be implemented and evaluated in practice.

6. Conclusion

Patient-centered care (PCC) is an essential principle of contemporary nursing, a moral awareness towards dignity, autonomy, and holistic well-being of a patient. The presented study is a systematic literature review addressing the conceptual frameworks and measurement instruments, which support PCC in nursing. The study identified significant advances and gaps in the most essential areas. The review named a number of influential frameworks, starting with the Person-Centred Practice Framework developed by McCormack and McCance to the Picker Principles and the Theory of Human Caring designed by Watson, which have had a significant impact on theoretical understanding. There is however, a remaining fragmentation, and there is no consensus regarding a unified and operational definition of PCC over care environments or cultures.

The same contradiction could be observed in the landscape of measurement tools. Although some of the tools e.g., PCPI-S, PCCCS have attractive psychometric characteristics, a large number of them are not well validated especially in cross-cultural and diverse clinical settings. Lack of rigorous construct validity, limited level of responsiveness, and incompetent use of progressive psychometric procedures weaken their applicabilities in research as well as practice.

Responding to such issues, the discipline should make the construction of collaborative paradigms that can integrate conceptual clarity and empirical measure its priority. The proposed future studies ought to be culturally flexible, patient and staff co-developed, and translatable in practice settings. Also, the deployment of digital technologies extending the possibilities of PCC assessment, including mobile-based feedback tools and ePREMs, can increase its scope and receptiveness.

The final frontier of science and practice of PCC in nursing, therefore, is not just tools but an unnecessary orientation of tool with a total alignment with nursing values and an evidence-based priority of a humanized care following patient partnership. Only in this way, the ideals of the patient-centered care can be fully achieved in the nursing practice at the world scale.

References

[1] Institute of Medicine, Crossing the Quality Chasm: A New Health System for the 21 st Century, Washington, DC: National Academies Press, 2001.

[2] T. McCormack and T. McCance, Person-centred practice in nursing and health care: Theory and practice, 2 nd ed., Oxford: Wiley Blackwell, 2017.

[3] K. Slater, B. McCance and T. McCormack, The development and testing of the Person-centred Practice Inventory Staff (PCPI-S), Int. J. Qual. Health Care, vol. 29, n. 4, 2017, 541-547.

[4] A. Santana, B. Manalili, S. Zelinsky, H. A. Wodchis and M. J. Baker, How to practice person-centred care: A conceptual framework, Health Expect., 21 (2018) 429440.

[5] J. Watson, Nursing: The Philosophy and Science of Caring, Boulder, CO: University Press of Colorado, 2008.

[6] C. Kitwood, Dementia reconsidered, the person comes first, Buckingham, UK Wendover book, open press publishing, 1997.

[7] B. de Silva, Helping Measure Person-centred Care: A Review of Evidence about Commonly Used Approaches and Tools Used to Help Measure Person-centred Care, London: Health Foundation, 2014.

COSMIN Group, Consensus-based Standards for the Selection of Health Measurement Instruments (COSMIN) Manual, 2012. [8] [Online]. Available: https://www.cosmin.nl

[9] Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), PRISMA 2020 Checklist. [Online]. Available: https://www.prisma-statement.org/

[10] M. Terwee et al., Quality criteria: Progress and discussion in preparation of criteria and definition of the measurement properties of health status questionnaires, J. Clin. Epidemiol., vol. 60 no. 1, 34-42, 2007.

[11] J. Boateng et al., Best practices in scales development and validation in health, social and behavioral research: A primer, Front. Public Health 6 (2018) 149.

[12] B. Edvardsson et al., Int. Psychogeriatr., vol. 22, no. 2, pp. 254 264, 2010, The person-centered care assessment tool (P-CAT).

[13] M. Park, H. Lee, J. Jeong, and J. Jeong, Development and validation of a Patient-Centered Care Competency Scale for hospital nurses, BMC Nurs., vol. 17, p. 11, 2018.

[14] C. Mead and P. Bower, Patient-centredness: A conceptual framework and review of the empirical literature, Soc. Sci. Med., 51 (7), 10871110, 2000.