



PATIENT CARE DELIVERY THROUGH INNOVATIVE NURSING MODELS

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Abstract

Ensuring that healthcare services are delivered in a manner that acknowledges and fulfills the requirements of patients and caregivers is crucial for encouraging good care consequences and opinions about care quality. This is an important component of meeting the criteria for patient-centered care. Effective interaction among patients and healthcare personnel is essential for the delivery of patient care and recuperation. Therefore, patient-centered communication is essential for achieving the best possible health results. This approach aligns with longstanding nursing principles that emphasize the need for personalized treatment that addresses patient health issues, opinions, and contextual factors. Attaining patient-centered attention and interaction in nurse-patient clinical encounters is intricate due to the presence of several obstacles, including organizational, interaction, ecological, and personal/behavioral factors. In order to advance patient-centered care, healthcare practitioners need to recognize the obstacles and facilitators that affect both patient-centered care and interaction, considering their interconnectedness in clinical encounters. The PC4 Model is a suggested framework that aims to guide healthcare workers in understanding care methods, discourse settings, and communication contents and forms that may either improve or hinder the achievement of patient-centered care in the clinical setting.

Keywords: Patient care, nursing staff, treatment, PC4 model, obstacles, interaction.

1. Introduction

Delivering healthcare services that prioritize and fulfill the needs of patients and their caregivers is crucial for fostering good care outcomes and perceptions of high-quality care. This approach is known as patient-centered care. Care is defined as a sentiment of worry or curiosity towards a person or item that requires attention and supervision. The Institute of Medicine (IOM) defined patient-centered care as the act of acknowledging and addressing the unique care requirements, preferences, and values of each individual patient in all clinical decisions [2]. In the field of nursing, patient-centered care or person-centered care is a kind of care that recognizes and takes into account the experiences, stories, and knowledge of patients. It involves providing care that prioritizes and shows respect for the values, preferences, and requirements of patients by actively including them in the care process [3]. Healthcare providers and

professionals must actively include patients and their families in the treatment process in significant ways. In its 2003 report on Health Professions Education, the IOM acknowledged the importance of patient-centered care and underlined that education for health professionals should prioritize the development of this core skill [4]. This focus highlighted the need of providing healthcare services based on the specific requirements and desires of patients.

Studies have shown that establishing excellent communication between patients and healthcare personnel is crucial for delivering quality patient care and facilitating the process of recovery [5,6,7,8]. In their research on maternity care in Malawi, Madula et al. [6] observed that patients expressed satisfaction when nurses and midwives effectively communicated and treated them with kindness, compassion, and courtesy. Nevertheless, several patients reported that inadequate communication from nurses and midwives, which included instances of verbal abuse, disdain, or refusal to answer queries, had a negative impact on their opinion of the services provided [6]. In a study conducted by Joolae et al. [9], the researchers investigated the experiences of patients about caring relationships in an Iranian hospital. The findings revealed that patients considered effective communication between nurses and themselves to be of more importance than physical care.

Boykins [10] defines successful communication as a reciprocal exchange of information between patients and care providers. During the discussion, both sides engage in uninterrupted speaking and listening. They ask questions to clarify, express their viewpoints, share information, and fully comprehend each other's intended meaning. In addition, Henly [11] asserted that efficient communication is essential in therapeutic encounters. He noted that the impact of health and sickness on quality of life makes health communication crucial. Additionally, he acknowledged that the personal and sometimes overwhelming nature of health problems may pose significant challenges when talking with nurses and other healthcare personnel. Moreover, Henly [11] said that patient-centered communication is essential for achieving optimum health outcomes, aligning with longstanding nursing principles that emphasize the need for personalized and attentive care that addresses patient health issues. In light of the widespread use of face-to-face and device-mediated communications in healthcare settings, it is necessary to examine and define the specifics of interactions with people, families, and communities in terms of who, what, where, when, why, and how they get care and health services [11].

The significance of efficient communication in nurse-patient clinical encounters cannot be overstated, as research has shown that communication procedures are crucial for obtaining more precise patient reporting and disclosure [12]. Establishing a respectful form of communication between nurses and patients has many positive effects. It reduces ambiguity, encourages patients to be more involved in decision making, improves their adherence to medicines and treatment plans, increases social support, enhances safety, and boosts patient satisfaction with their care [12, 13]. Therefore, proficient nurse-patient clinical communication is crucial for improving patient-centered care and achieving favorable treatment outcomes.

Patient-centered communication, sometimes referred to as person-centered communication or client-centered communication, is a defined procedure that involves inviting and encouraging patients and their families to actively engage and collaborate in decision-making around their care requirements, as stated in [7]. Effective patient-centered communication is essential for establishing patient-centered care and requires active involvement of patients and their caregivers in the care process. According to McLean (14), patient-centered care may be improved by prioritizing patient-centered communication and respecting patients' dignity and rights. By fostering transparent communication and cooperation, where care professionals, patients, and their families exchange information and care plans, the delivery of care becomes focused on the needs and preferences of the patient [14.]

In order to achieve patient-centered care, it is crucial to recognize and address the obstacles and facilitators of patient-centered care and communication. Additionally, it is necessary to suggest effective strategies to improve patient-centered communication, as it plays a vital role in attaining patient-centered care. The objective of this study is to identify the obstacles and factors that promote patient-centered care and communication. Additionally, we will provide a model called the Patient-Centered Care and Communication Continuum (PC4) Model, which aims to describe how nurse-patient clinical encounters may be improved to prioritize patient-centered care. Grant and Booth contended that critical reviews serve the purpose of presenting, analyzing, and synthesizing research findings from many sources. The result of this process is the development of a hypothesis or model that interprets current data and contributes to the improvement of evidence-based practice [15]. This critical literature review research aims to investigate the obstacles and facilitators of patient-centered care and to propose strategies for enhancing patient-centered care via effective clinical communication.

The work in question was previously submitted as part of author AK's PhD comprehensive examinations in February 2021. A doctoral committee, consisting of experts from various disciplines, recommended the literature and research questions included in this study. These recommendations were made in accordance with the current emphasis on patient-centered care in healthcare facilities and in alignment with the goal of universal healthcare access as outlined in the health sustainable development goal. Further literature searches were carried out from September to November 2020 utilizing keywords such as obstacles and facilitators of nurse-patient contact, patient-centered care, patient-centered communication, and nurse-patient communication. The databases that were searched were CINAHL, PubMed, Medline, and Google Scholar. The papers included in this critical review were empirical research focused on nurse-patient interactions in various care settings. These studies were published in English and were accessible to the public. The pertinent publications were thoroughly examined, and their primary discoveries pertaining to our review inquiries were discovered and categorized into themes and subthemes expounded upon in this manuscript. The researchers reviewed other published papers in conjunction with those that directly addressed the research issue. This

allowed them to construct a model that outlines strategies for improving patient-centered care via effective communication.

2. Obstacles to Communication and Patient-Centered Care

Nurses are a substantial group of healthcare professionals whose actions may have a profound effect on the results of treatment, whether they are beneficial or detrimental. Nurses dedicate a significant amount of time to interacting with patients and their caregivers. Positive nurse-patient and caregiver connections have a therapeutic effect and are an essential part of treatment [9, 13]. Often, nurses fulfill the roles of interpreters or advocates for patients, in addition to carrying out their core care responsibilities. While healthy nurse-patient relationships have a beneficial effect on nurse-patient communication and engagement, research has shown that many circumstances hinder these connections, leading to major repercussions on care outcomes and quality [6, 16, 17]. Therefore, these obstacles restrict the ability of nurses and other healthcare workers to provide medical services that adequately address the requirements of patients and caregivers. The hurdles to patient-centered care and communication may be classified into four categories: institutional and healthcare system-related barriers, communication-related barriers, environment-related barriers, and personal and behavior-related barriers. While these impediments are addressed in distinct subcategories, they are intricately interconnected in clinical practice.

3. Patient-Centered Care And Communication Model

Implementing nursing care practices that prioritize patient-centered communication can immediately improve patient-centered care, as it encourages active involvement of patients and their caregivers in the care process. In order to improve patient-centered communication, we suggest the use of the person-centered care and communication continuum (PC4) as a framework to comprehend patient-centered communication, its routes, and the specific communication and care methods that healthcare professionals should adopt to attain person-centered care. In the PC4 Model, the focus is on the individual rather than the patient, since they are seen as a person prior to being identified as a patient. Furthermore, the PC4 Model is intended to be applicable to all those involved in patient care. Therefore, it is essential to prioritize the respect for their personal dignity.

While there is much literature on patient-centered communication in healthcare, there is a lack of information on its development over time and the specific communication elements that improve patient-centeredness. Furthermore, there is less knowledge on the impact of various clinical discourse environments on communication and its substance during nurse-patient clinical interactions. Based on the findings of Johnsson et al. [3], Murira et al. [23], and Liu et al. [35], as well as other relevant research, we provide a detailed explanation of the elements of the PC4 Model. Additionally, we examine how various discourse spaces within the clinical context and the content of communication influence patient-centered care and communication.

4. Significance of the PC4 Model for Nursing Practice

To enhance person-centered care and communication, nurses and other healthcare practitioners must establish therapeutic connections with patients, their families, and caregivers, recognizing the importance of good communication in nurse-patient encounters and care outcomes. To do this, one must first have an understanding of and reflect upon the obstacles that hinder therapeutic communication, as well as strategies to reduce their impact. The PC4 Model highlights the importance of patient-centered care pathways and emphasizes the essential role of good communication for nurses and other healthcare professionals. Healthcare workers, especially nurses, need to understand how their communication style, whether focused on completing tasks and following care protocols or on addressing the needs of patients and their caregivers, might affect patient-centered care. Healthcare practitioners must carefully consider the treatment setting, patients' individual circumstances, their non-verbal communication and behavior, as well as their affiliation with historically marginalized groups or cultures.

Mastors [29] has provided healthcare practitioners with guidelines to consider while communicating and engaging with patients and caregivers. Therefore, rather of inquiring about the patients' medical condition, care givers can inquire about their priorities by asking, "What holds significance for you?" This question allows the patient to express their opinions and actively participate in determining their own healthcare requirements. Healthcare personnel should inquire with patients in the waiting area to offer updates about extended waiting times, taking into account the specific healthcare circumstances. In addition, it is advisable for them to make an effort to recall their chats with patients in order to enhance their later contacts. Nurse managers may improve this continuity by reassessing their deployment of care professionals to patients. Patients might have a sense of being cherished and seen when they are consistently attended to by the same nurse during their whole stay [29].

5. Summary

Efficient communication is a crucial element in the interactions between nurses and patients and a fundamental aspect of nursing care. Therapeutic communication occurs when the nurse-patient relationship is based on the needs and preferences of the patient. It facilitates trust and mutual respect in the process of providing care, therefore encouraging care methods that accommodate the needs, concerns, and preferences of patients and caregivers. We have identified the obstacles and enablers of patient-centered care and communication and put forth a person-centered care and communication continuum (PC4 Model) to illustrate the intersection of patient-centered communication with patient-centered care.

References

1. Etheredge HR. "Hey sister! Where's my kidney?" Exploring ethics and communication in organ transplantation in Gauteng, South Africa, Ph.D. dissertation, Johannesburg. University of the Witwatersrand; 2015.

2. Institute of Medicine. Crossing the quality chasm: A new health system for the 21st century. National Academy Press; 2001.
3. Johnsson A, Wagman P, Boman A, Pennbrant S. What are they talking about? Content of the communication exchanges between nurses, patients and relatives in a department of medicine for older people: An ethnographic study. *J Clin Nurs*. 2018 Apr;27(7–9):e1651–9.
4. Long KA. The Institute of Medicine report on health professions education: A bridge to quality. *Policy Polit Nurs Pract*. 2003 Nov;4(4):259–62.
5. Crawford T, Candlin S, Roger P. (2017). New perspectives on understanding cultural diversity in nurse-patient communication. *Collegian*, 2017 Feb 1;24(1):63 – 9.
6. Madula P, Kalembo WF, Yu H, Kaminga CA. Healthcare provider-patient communication: A qualitative study of women’s perceptions during childbirth. *Reprod Health*. 2018 Dec;15(135):1–10.
7. McCabe C. Nurse-patient communication: An exploration of patients’ experiences. *J Clin Nurs*. 2004 Jan;13(1):41–9.
8. Schöpf AC, Martin GS, Keating MA. Humor as a communication strategy in provider-patient communication in a chronic care setting. *Qual Health Res*. 2017 Feb;27(3):374–90.
9. Joolae S, Joolaei A, Tschudin V, Bahrani N, Nikbakht NA. Caring relationship: the core component of patients’ rights practice as experienced by patients and their companions. *J Med Ethics Hist Med*. 2010;3(4):1–7.
10. Boykins AD. Core communication competences in patient-centered care. *The ABNF J*. 2014 Apr 1;25(2):40 – 5.
11. Henly SJ. Health communication research for nursing science and practice. *Nurs Res [Editorial]* 2016:257–8.
12. Ruben BD. Communication theory and health communication practice: The more things change, the more they stay the same. *Health Commun*. 2016 Jan 2;31(1):1–11.
13. Bello P. Effective communication in nursing practice: A literature review. *BSc Nursing Thesis*. Arcada; 2017.
14. McLean A. *The person in dementia: A study of nursing home care in the US*. Toronto, University of Toronto Press; 2007.

15. Grant MJ, Booth A. A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Info Libraries J.* 2009;26:91–108.
16. Amoah KMV, Anokye R, Boakye SD, Acheampong E, Budu-Ainooson A, Okyere E, Kumi-Boateng G, Yeboah C, Afriyie OJ. A qualitative assessment of perceived barriers to effective therapeutic communication among nurses and patients. *BMC Nurs.* 2019 Dec;18(4):1–8.
17. Ddumba-Nyanzia I, Kaawa-Mafigiria D, Johannessen H. Barriers to communication between HIV care providers (HCPs) and women living with HIV about childbearing: A qualitative study. *Patient Educ Couns.* 2016 May 1;99(5):754–9.
18. Al-Kalaldeh M, Amro N, Qtait M. Barriers to effective nurse-patient communication in the emergency department. *Emerg Nurse.* 2021 Mar 2;29(2).
19. Sethi D, Rani MK. Communication barrier in health care setting as perceived by nurses and patient. *Int J Nurs Educ* 2017 Oct. 2016;9(4):30.
20. Loghmani L, Borhani F, Abbaszadeh A. Factors affecting the nurse-patients' family communication in intensive care unit of Kerman: A qualitative study. *J Caring Sci.* 2014 Mar;3(1):67–2.
21. Norouzinia R, Aghabarari M, Shiri M, Karimi M, Samami E. Communication barriers perceived by nurses and patients. *Glob J Health Sci.* 2016 Jun;8(6):65–4.
22. Yoo HJ, Lim OB, Shim JL. Critical care nurses' communication experiences with patients and families in an intensive care unit: A qualitative study. *PLoS One.* 2020 Jul 9;15(7):e0235694.
23. Murira N, Lützen K, Lindmark G, Christensson K. Communication patterns between healthcare providers and their clients at an antenatal clinic in Zimbabwe. *Health Care Women Int.* 2003 Feb 1;24(2):83 – 2.
24. Papadopoulos I, Lazzarino R, Koulouglioti C, Aagard M, Akman O, Alpers L-M, Apostolara P, Araneda Bernal J, Biglete-Pangilinan S, Eldar-Regev O, Gonzalez-Gil MT, Kouta C, Zorba A. Obstacles to compassion-giving among nursing and midwifery managers: An international study. *Int Nurs Rev.* 2020 Aug;11:1–13.
25. Camara BS, Belaid L, Manet H, Kolie D, Guillard E, Bigirimana T, Delamou A. What do we know about patient-provider interactions in sub-Saharan Africa? A scoping review. *Pan Afr Med J.* 2020;88(88):1–13.
26. Kwame A, Petrucka PM. Communication in nurse-patient interaction in healthcare settings in sub-Saharan Africa: A scoping review. *Int J Afr Nurs Sci.* 2020 Jan 1;12:100198.

27. Anoosheh M, Zarkhah S, Faghihzadeh S, Vaismoradi M. Nurse-patient communication barriers in Iranian nursing. *Int Nurs Rev.* 2009 Jun;56(2):243–9.
28. Vuković M, Gvozdenović BS, Stamatović-Gajić B, Ilić M, Gajić T. Development and evaluation of the nurse quality of communication with patient questionnaire. *Srp Arh Celok Lek.* 2010;138(1–2):79–4
29. Mastors P. (2018). What do patients want, need, and have the right to expect? *Nurs Adm Q.* 2018 Jul 1;42(3):192-8.
30. Harvard Medical School. The Eight Principles of Patient Centered Care; 2015 Nov 18.
31. White J, Phakoe M, Rispel LC. ‘Practice what you preach’: Nurses’ perspectives on the Code of Ethics and Service Pledge in five South African hospitals. *Glob Health Action.* 2015 Dec 1;8(1):26341.
32. Kruger L-M, Schoombee C. The other side of caring: abuse in a South African maternity ward. *J Reprod Infant Psychol.* 2010 Feb 1;28(1):84–101.
33. International Council of Nurses. ICN Code of Ethics for Nurses; 2012.
34. Stievano A, Tschudin V. The ICN code of ethics for nurses: A time for revision. *Nurs Health Policy Perspect.* 2019 Jun;66(2):154–6.
35. Liu W, Manias E, Gerdtz M. Medication communication during ward rounds on medical wards: Power relations and spatial practices. *Health* 2012 Mar. 2012;17(2):113–34.
36. Hoglind TA. Healthcare language barriers affect deaf people, too. 2018 Oct 11. Retrieved from Boston University [BU] School of Public Health:
37. Cuellar NG. Humility. A concept in cultural sensitivity. *JTranscult Nurs* [Editorial]. 2018 Apr 26; 29(4):317.
38. Sharifi N, Adib-Hajbaghery M, Najafi M. Cultural competence in nursing: A concept analysis. *Int J Nurs Stud.* 2019 Nov 1;99(103386):1–8.
39. Henderson S, Horne M, Hills R, Kendall E. Cultural competence in healthcare in the community: A concept analysis. *Health Soc Care Community.* 2018 Jul;26(4):590–603.