

The Role of Patient-Centered Care in Nursing



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KEYWORDS

- Patient-/family-centered care
- Family at bedside
- Bedside report
- Holistic nursing
- Patient satisfaction

KEY POINTS

- Patient-/family-centered care is key to patient satisfaction.
- Inclusion of family and friends is needed for increased quality of care.
- Use of a bedside report enhances quality of nursing care delivery.

SCENARIO

Nurse Smith, RN is running behind schedule. This is the third 12-hour shift on a 36-bed medical/surgical unit, and the change-of-shift-report has just been received for 7 patients assigned to her care. The night shift nurse has an appointment and needs to get home immediately. There is little time for questions or verifications of procedures such as early morning blood draws and catheter care necessities. Patient A is scheduled for surgery and is due to be transported at any moment. Problem: the prophylactic antibiotic he was to receive preoperatively has not yet arrived on the unit. Patient B is sleeping, but his glucose reading was 60 at 6:30 AM. Patient C is crying because of poor control of her postsurgical incisional pain, but she is not due for medication for another hour. Nurse Smith's remaining 4 patients will require her already taxed attention to pull her in several other directions within the hour, and there are 2 admissions waiting in the emergency department. Nurse Smith has been assigned to one of them. And the story continues.

INTRODUCTION

This scenario depicts a multitude of challenges and is played out repeatedly in many acute care inpatient facilities across the nation. Nurses like Nurse Smith bear heavy patient loads with limited support systems and ever-increasing responsibilities in the care of patients, particularly those with chronic illness. Health care has become

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progressively more complicated and highly technical and is perceived by many patients to be an impersonal and highly complex system.¹ So where is the patient in all the chaos? How satisfied are patients with nursing care today? What aspects of patient care can be considered in improving the quality of that care that will allow the patient to be seen, heard, and cared for amidst all the noise?

PROBLEM

The effects of changes in the field of health care are reverberating in nursing, which requires the need for increased efficiency in the provision of care. This environment pushes even the most experienced nurse to become more task oriented and less patient focused in a sea of constant admissions and discharges with expectations that patients are to do most of their recovery either in a long-term rehabilitation unit or at home.^{2,3} The mantra “doing more with less and less” seems to be the quote of the day, every day.

One form of response to these challenges has echoed in the literature of nursing and other health care professions for several decades; the concept of patient-centered care (PCC). In fact, the Institute of Medicine has placed PCC as 1 of 6 objectives in the improvement of health care quality for the 21st century.⁴ So what is PCC and how does it involve nursing care?

Defining Patient-Centered Care

PCC has been depicted as a philosophy, a process, a model, a concept, and a partnership that involves both the patient and health care provider (to include the nurse) arriving at some form of conclusion about the care and treatment of the patient’s condition.^{5–7} Although there are no definitive definitions of PCC, several attempts have been made to operationalize this concept. A summary of these efforts describing PCC are outlined in **Box 1**.

Kjeldmand and colleagues¹² acknowledged Mead and Bower’s¹³ early attempts to describe PCC but suggested that the term *patient-centeredness* is central to

Box 1

Brief history of patient-centered care

Balint first described PCC in the mid-1950s as a concept of understanding patients as unique beings.⁸

There have been many references to PCC as a philosophy.⁹

- a. Mead and Bower (2002) began to form a preliminary framework of patient centeredness as a method of delivering health care to patients by describing 5 distinct dimensions of PCC.^{10,11}
 1. Bio psychosocial perspective that takes into account the impact of social and psychological factors of illness
 2. Patient as a unique individual that considers the patient’s personal understanding and meaning of illness
 3. Sharing of power and responsibility that considers patients’ preferences for information and their participation in decision making
 4. The therapeutic alliance that takes into account the development of common goals and the enhancement of a bond shared between patient and provider
 5. Doctor/nurse as person aspect that addresses the awareness of personal qualities and subjective experiences of the provider within his or her practice setting.

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