



Assessment of nursing students and nurses' orientation towards patient-centeredness

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SUMMARY

Background: Being patient centered is a core value for nursing. Patient centered-care has been related to patient and health provider satisfaction, better health outcomes, higher quality of care and more efficient health care delivery.

Objectives: The purpose was to assess the orientation adopted by nurses and students in patient care, using The Patient–Practitioner Orientation Scale, as well as to compare the results between resident nurses and students from different academic years.

Settings: Public School of Nursing and a Central Hospital, in Lisbon (Portugal).

Participants: Students in the first, second and fourth year of nursing school and nurses participated in the study.

Methods: For data collection, we used The Patient–Practitioner Orientation Scale (European Portuguese version), an instrument designed to measure individual preferences toward the dimension of caring a sharing in health professional–patient relationship. Students and nurses also filled out two additional questions about their perception of competence in technical and communication skills. Additional demographic information was also collected, including gender, age, academic year and length of professional experience.

Results: A total of 525 students (84.7% female) and 108 nurses (77.8% female) participated in this study. In general, caring sub-scores, measuring the preference of about attending to patient emotional aspects, were higher than sharing sub-scores, measuring beliefs about giving information and perceiving patient as a member of the health team. Students were significantly more patient-centered throughout their nursing education ($p < 0.001$). Comparing to students in the second and fourth academic years ($p < 0.001$) nurses' scores were significantly lower both in total PPOS and in *caring* and *sharing* subscales.

Conclusions: These results reinforce the idea that patient centeredness may be developed in academic context. The scores obtained highlight the importance of studies that aim to identify factors that may explain the decrease of patient centeredness in professional practice.

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Introduction

Nurse–patient relationship is a dynamic and dialectic process that drifts from attitudes from both participants. Patient-centered orientation is recognized as a determinant of these relationships and as relevant for better standards of health care quality. Despite the extensive interest in nurses' role orientation toward patient-centeredness, only few studies have focused on the importance of assessing nursing

students and nurses' attitudes as far as nurse–patient relationship is concerned. The present paper reports the results of a study that aimed to evaluate nurses and nursing students' orientation toward the nurse–patient relationship by using *The Patient–Practitioner Orientation Scale* (PPOS). The results offer an opportunity to explore the dynamic process in nursing education that may promote or inhibit students and nurses' orientation towards patient-centeredness.

Literature

The concept of patient-centered care was presented by Balint in the 1960s in opposition to the main medical perspective, which defends a disease/biological approach in patient care. Since then, hospital wards have been implementing a “patient-centered care” (Olsson et al., 2009). In general, the term patient-centered care

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refers to care that is congruent with, and responsive to patients' wants, needs and preferences (Laine and Davidoff, 1996).

Delivering care to the “person” has always been a core in nursing practice and one of The Fourth Principles of Nursing Practice (principle D) reads “Nurses and nursing staff provide and promote care that puts people at the center, involves patients, service users, their families and their cares in decisions, and helps them make informed choice about their treatment” (Manley et al., 2011, p.25). Recently, McCormack and McCance (2006, 2010) presented the Person-Centered Nursing (PCN) Framework and the Person-Centered Practice (PCP) Framework that change the focus from patient-centered to person-centered care. Even though “patient” and “person” centered care share most of the same principles and requests, in this new approach, “person” refers not only to patients but also to families and to all those who are colleagues and members of the multidisciplinary team (McCormack and McCance, 2010). Person-centered care is then defined as the care underpinned by humanistic values as well as holistic care, and is operationalized through attitudes and practices that included empathy, availability to engage, provision of physical needs, working with patient's beliefs and values, and sharing decision-making (McCormack et al., 2011). These humanistic values are also applied to all persons engaged in the caring process including care providers and others that are significant to the patient (McCormack et al., 2011). The Person-Centered Practice Framework has four constructs: (1) prerequisites focus on the attributes of the care; (2) the care environment, focus on the context in which care is delivered; (3) person-centered processes, focus on delivering care through a range of activities; and (4) outcomes, that are the results of effective person-centered practice (McCormack and McCance, 2006). Delivering a person-centered care requires establishing a relationship built on mutual trust and sharing collective knowledge (Nolan et al., 2004). This relationship is also intimately linked to the conceptualization of a “caring relationship” (Koloroutis, 2004) and “human caring” (Watson, 1999).

Watson's (1999) theory of human caring identified four imperatives for “caring”: a) to honor the dignity and value of each person; (b) to recognize the individual's unique response to illness, (c) to protect the individual's autonomy, and (d) to help the individuals reach their maximum capacity. These imperatives require nurses' attitudes to be consistent with the concept of caring. Reinforcing some of these constructs, the conceptual framework for caring (McCormack and McCance, 2006) covers a wide range of activities which includes providing for patient's physical and psychological needs; getting to know the patient; showing respect and being attentive and trustful.

Sharing decision-making is another key element in PCN model and it is an important part of the person-centered process. According to McCormack (2003), sharing decisions involves a process of negotiation that is only possible when patients and their families are fully informed. Nurse's attitudes toward patient engagement are closely related to nurse–patient partnership and to a communication process which encourages patients to ask questions, to express concerns, and to ask for decision-making information so that they can understand what will happen before it actually does happen.

A wide range of studies concludes that patient-centeredness effectively contributes to both patients and nurses' well-being. For instance, in older nursing home residents, “person-centered care” proves to enhance positive changes in mood, behavior and their relationships with caregivers (Edvardsson et al., 2011). Patient-centered nursing interventions provide a sense of trust and optimism in patients, allowing them to build a more honest relationship with nurses and reinforce feelings of hope towards treatment efficacy (Radwin et al., 2009). Also, when nurses evaluate more often patients' wishes and needs and apply patient-care principles into communication, quality of life is improved (Radar et al., 1996), and patients feel more satisfied with healthcare experience (Wanzer et al., 2004). Person-centered has been referred to by nurses as the first core value for a healthy clinical professional environment and for the excellence of care (Kramer et al., 2009). In a

systematic review developed by Vand den Pol-Grevelink et al. (2012), job satisfaction and personal accomplishment were found as benefits related to the practice of these values.

However, it is clear that delivering a person-centered care is a challenge and that even when nurses recognize patient-centered approach as a useful and essential feature in clinical practice, they report difficulties in maintaining these behaviors during care, due to personal and professional barriers (McCabe, 2004; West et al., 2005; Tuohy, 2003).

Some studies showed that nurses do not always communicate well with patients and that their approach is frequently instrumental, focused on routines and procedures rather than on individualised patient assessment and care (Crotty, 1985; McCabe, 2004). For example, Bolster and Manias (2010) identify discrepancies between nurses' perceptions of their actions and their real behavior towards patients, observing that nurses overestimated their effective use of a patient-centered approach during medication activities. These difficulties seem to exacerbate when care is provided to certain patient groups, namely: patients with intellectual disabilities (McConkey et al., 1999), critically ill patients (Alasad and Ahmad, 2005), patients with severe communication impairment (Hemsley et al., 2001) and older patients (Tuohy, 2003). A possible explanation is that academic education provided in nursing schools is failing to prepare students and/or professionals for the challenges regarding the concrete application of a patient-centered approach (McCarthy et al., 2008; Chant et al., 2002).

In literature, there is also evidence of discrepancies in what regards patient-centered care among nursing students. On this concern, some studies showed that students frequently focus only on accomplishing procedures and tasks correctly, undervaluing patients' needs and worries (Suikkala and Leino-Kilpi, 2005; Skaalvik et al., 2010). This fact may be due to the lack of students' confidence when they have to decide about the right actions to implement in specific situations during healthcare (Tuohy, 2003). One can also reinforce the idea that nursing education is less focused on patient centered-care values and provides insufficient preparation and training on person-centered competencies.

The purpose of the present study was to evaluate nurses and students' orientation toward interaction with patients. Students' curricula in early and later years of nursing undergraduate education differ mainly in communication skills training and clinical experiences with patients and families provided. Clinical practice could also bring changes in nurses' perspective towards patients and families care. Considering this possibility, this investigation aimed also to identify the main differences between students in specific moments of academic course and nurses with effective clinical practice.

Methods

Study Sample and Data Collection

According to the objectives, this cross-sectional study is part of a quantitative research paradigm, having survey data performed by questionnaire. For data collection, in May 2010, we sent letters to the largest Nursing Public School in Portugal and to a Central Hospital in Lisbon, explaining the purpose of the investigation and asking for nursing students' and nurses' collaboration.

All nursing students from first, second and fourth year were invited to participate in this study. We chose these specific moments in academic course because, in years one and two of undergraduate nursing degree, patient-centered approach is broadly taught, especially in psychology disciplines, but students have residual contact with patients and their families. In the last year, during clerkship, students are exposed to a variety of nursing tasks in different institutions (e.g., hospitals, primary healthcare centers, and emergency care). Students were contacted by one of their school professors. During the first two weeks of June 2010, one of us was present in the classroom to inform the students, obtain their consent and invite them to field the PPOS and socio-demographic questionnaires.

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