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Discussion

Differentiation between two healthcare concepts: Person-centered and patient-centered care



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1. Background

Engel's biopsychosocial model, which was constructed in 1977, was considered a momentous breakthrough from the traditional biomedical model of medicine that regards the person as a disease-carrier requiring diagnosis and treatment [1] towards recognition of the whole person and furnish customized care. This model argues that health should not be considered solely on biological factors but on a combination of biological, psychological, and social factors [2]. This idea of considering individuals as a whole and respecting their rights to self-determination has led to a shift in the care model from disease-centered care to patient-centered or person-centered care. The latter two care models are both abbreviated as PCC. Ensuring that people are involved in and central to the healthcare process is now recognized as a key component in developing high-quality care. Studies have revealed that both concepts of care can help improve people's health condition and lower health service burdens. Thus, countries and healthcare organizations have been paying close attention to the patients' concerns. The National Health Service in England has made person-centered care as one of its seven core

principles [3]. A series of healthcare initiatives have been implemented in Canada within the last decade, and these initiatives focus on establishing the person at the center of the health system reform and improving the quality of care. Some of these initiatives were the *Local Health System Integration Act* in 2006, *Alberta Health Act Consultation Report—Putting People First* in 2010, *Health Care Transformation in Canada* by the Canadian Medical Association (CMA) in 2010, and *Principles to Guide Health Care Transformation in Canada* by CMA and Canadian Nurses Association (CAN) in 2011. The WHO had also released a document, *People-Centered Health Care: A Policy Framework*, in 2007 to guide governments on health reform and re-establishment of the focus on health and well-being of people and their communities [4]. Person- and patient-centered concepts of care are highly recommended at present.

Multiple terms have been utilized by healthcare institutes and in the literature to refer to individual care, such as patient, consumer, client, person, and individual. Several terms are also used to describe the attributes of care delivery, such as -oriented, -directed, -focused, or -centered care [5]. Person- and patient-centered concepts of care are interchangeably and extensively used without clear definitions and

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clarification, which results in ambiguity. The two words, *person* and *patient*, even if they are only alternative terms, may convey different connotations. Thus, both terms will give rise to distinct meanings of care within a healthcare context and will consequently affect concept clarification and the development of a clear theory that supports research conclusions [6]. Hence, this paper attempts to differentiate these two frequently used healthcare terms, namely, *person-* and *patient-centered care*, to provide references for future researchers, practitioners, and authors.

2. Literature review

2.1. Person-centered care

Person-centered care has not been consistently defined yet. Kitwood defined this case as “a standing or status that is bestowed upon one human by others, in the context of relationship and social being. This care implies recognition, respect, and trust” [7]. “Person-centered care is a holistic approach to deliver a respectful and individualized care, allowing negotiation of care and offering choice through a therapeutic relationship in which persons are empowered to be involved in health decisions. This care consists of four characteristics, namely, holistic, individualized, respectful, and empowering” [8]. This term is also defined as “healthcare providers selecting and delivering interventions or treatments that are respectful of and responsive to the characteristics, needs, preferences, and values of the person or individual” [9]. McCormack et al. defined person-centered care as “an approach to practice established through the formation and fostering of therapeutic relationships between all care providers, patients and other individuals significant to them in their lives. This type of care is reinforced by values of respect for persons, individual right to self-determination, mutual respect, and understanding. Person-centered care is enabled by cultures of empowerment that foster continuous approaches to practice development” [10]. Furthermore, McCormack considered the results from the review of literature and definition provided by Kitwood and found four core concepts of person-centered nursing, namely, being in relation, in social world, in place, and being with self. These various definitions, though not consistent with each other, share similarities and overlaps. For instance, respecting individuals' rights on decision-making considers multiple factors (preferences, values, characteristics, needs, etc.), not purely the physical condition, when providing care. Some of these definitions, such as whether the relationship constructed between healthcare providers and a person is only a therapeutic relationship, remain controversial and need to be reconsidered.

Person-centered care is highly favored and frequently used in the literature and during international conferences. Moreover, this concept of care has also been highlighted in medical students' education and increasingly being advocated and incorporated into the training of healthcare providers [11]. Person-centered care has become an essential component of quality healthcare delivery and utilized in the understanding of patients' perceptions [12] and nurses' experiences [13]. This

concept of care involves specific medical fields [14] and explores the care of intellectually disabled persons [15]. Furthermore, the terms are constantly used in nursing care for the elderly, especially those with dementia [16].

2.2. Patient-centered care

Patient-centered care also has no globally accepted definition, and this limitation has evidently hampered patient-centered practice and care delivery [17]. This concept of care has been defined as “treating the patient as a unique individual” [18] or “a standard of practice that demonstrates respect for the patient as a person” [19]. Patient-centered care considers the patient's standpoint and circumstances during the decision-making process and extends beyond simply setting goals with the patient [20]. This care could also be referred to as a style of doctor–patient encounter characterized by responsiveness to patient needs and preferences using the patient's informed wishes to guide activity, interaction, and information-giving and share decision-making [21]. Patient-centered care “is an approach of viewing health and illness that affects a person's general well-being and an attempt to empower the patient by expanding his or her role in the patient's health care. Enhancing the patient's awareness and providing reassurance, support, comfort, acceptance, legitimacy, and confidence are the basic functions of patient-centered care” [22]. The Institute of Medicine (IOM), in its landmark 2001 report, *Crossing the Quality Chasm*, named patient-centered care as one of the six fundamental goals of the US health care system [23]. Moreover, the IOM has established a relatively unanimous definition on patient-centered care as “health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients' wants, needs, and preferences. Moreover, patients have the education and support they need to make decisions and participate in their own care” [24]. These definitions emphasize the involvement of patients in the medical decision-making process. However, some definitions seem ambiguous on patient's preferences, that is, whether patient's preferences are just one consideration or the ultimate decisive factor in care provision. The last definition as proposed by IOM is apparently more informed compared with the therapeutic relationship discussed in the definition of person-centered care. IMO wants to establish the partnership relationship between healthcare providers and patients. This definition is much more acceptable and can help facilitate mutual trust and understanding, avert, or alleviate the conflict between two sides and finally make satisfying medical decision together. Thus, therapeutic partnership relationship, which combines the patients' healthcare with harmonious relationship, is apparently more comprehensive if integrated in the definition of patient-centered care.

Numerous studies have reported on patient-centeredness. Several studies have focused on the core element or attribute analysis [25–29]. Gerteis et al. (1993) proposed seven dimensions of patient-centered approach. Stewart et al. (2000) incorporated six interactive components of patient-centered concepts. Little et al. (2001) raised five main domains of patient-centered care, Mead and Bower (2000, 2002) developed

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