



## Patient- and family-centered care interventions for improving the quality of health care: A review of systematic reviews



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### ABSTRACT

**Background:** Patient- and family-centered care interventions are increasingly being implemented in various settings for improving the quality of health care. However, the huge amounts of information coming from both primary studies and reviews on patient- and family-centered care interventions have made it difficult to identify and use the available evidence effectively.

**Objectives:** This review aimed to synthesize and evaluate the evidence from published systematic reviews on the effects of patient- and family-centered care interventions. It also aimed to assess the quality of the systematic reviews in order to formulate recommendations for improving the quality of future systematic reviews.

**Design:** Review of systematic reviews.

**Data sources:** Six databases were searched for relevant published reviews that assessed patient- and family-centered care interventions and were reported on in English in peer-reviewed journals up to September 18, 2017. The reference lists of all selected publications were also used to identify additional eligible studies.

**Review methods:** Reviewers independently selected reviews, extracted data, and assessed the methodological quality of the included reviews using A Measurement Tool to Assess Systematic Reviews (AMSTAR) checklist. These results were presented and discussed among researchers to resolve disagreements and reach a consensus. A narrative approach was adopted to pool the constituent elements of interventions. The review protocol was registered with PROSPERO (registration number CRD42017080427).

**Results:** Twenty-eight reviews published between 2011 and 2017 met the inclusion criteria. The interventions targeted the patients, their family members, and the health-care. The interventions involved the following core outcomes: Regarding patients, they were improving knowledge about their health, increasing skills to manage self-care behaviors, enhancing satisfaction, increasing quality of life, and reducing admissions, readmissions, and length of the hospital stay. Regarding family members, they were reducing the intensity of stress, anxiety, depression, and increasing the satisfaction and relationship with health-care providers. Regarding health-care providers, the interventions could improve job satisfaction and confidence, quality of care, and reduce stress and burnout. The overall methodological quality of the 28 reviews was moderate, with a mean AMSTAR score of 6.79 (SD 1.45).

**Conclusion:** This review has provided evidence for the effects of patient- and family-centered care interventions applied to diverse patients, family members, and health-care providers. The evidence indicates that patient- and family-centered care could be a critical approach for improving the quality of health care. Additionally, the quality of future reviews needs to be improved in order to produce reliable evidence in the current era of evidence-based practice.

### What is already known about the topic?

- Patient- and family-centered care is widely known to enhance health-care quality. However, there is no consensus among stakeholders regarding its definition and constituent elements.
- Researchers used different approaches to implement patient- and family-centered care interventions for diverse subjects. Nonetheless, there has been no comprehensive synthesis of the effects of patient- and family-centered care interventions or a quality assessment of the published evidence.

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## What this paper adds

- This review synthesized the existing systematic reviews of patient- and family-centered care interventions.
- This review demonstrated the effects of patient- and family-centered care interventions on the outcomes for patients, family members, and health-care providers.
- This review has revealed issues that future studies should focus on.

## 1. Introduction

The concept of patient-centered medicine was first presented in the medical literature in the mid-1950s (Balint, 1955), and in 1988 the Picker Institute introduced the notion of care related to both patients and families, commonly referred to as patient- and family-centered care (Conway et al., 2006). The relationships and collaborations among patients, their families, and health-care providers have been constructed and explained based on new perspectives, with a strong focus on the needs of patients (Conway et al., 2006). In 2001, the US-based National Academy of Medicine – Health and Medicine Division asserted that patient- and family-centered care was a holistic paradigm that constituted one of six central goals for improving health care in an innovation called “A New Health System for the 21st Century” (Institute of Medicine, 2001). Patient- and family-centered care involves shifting away from the patient passively being the goal of interventions and disease-oriented medicine to the patient constituting an active part of the care process and patient-oriented medicine (Leplege et al., 2007; Lusk and Fater, 2013). In other words, patient- and family-centered care requires mutual power-sharing relationships that are collaborative and include the “whole-person” orientation (Institute of Medicine, 2001). Various terms have been used interchangeably when referring to this concept, such as person-centered care, patient-centered care, resident-centered care, client-centered care, and family-centered care (Morgan and Yoder, 2012).

The patient- and family-centered care model is being increasingly accepted and has been widely advocated across various health-care settings and patient populations, from pediatric (Ahmann, 1994; Bruns and Klein, 2005; Carmen et al., 2008) and maternal child (Capitulo and Silverberg, 2001; Martin-Arafeh et al., 1999; Roudebush et al., 2006) settings to health-care facilities for adults and the elderly (Kim and Park, 2017; Nelson and Polst, 2008). Patient- and family-centered care interventions are not a new phenomenon, but they have recently attracted renewed attention (Bradley and Kivlahan, 2014; Rathert et al., 2012). These interventions have emerged as an effective method for improving the quality of health care for patients (Deek et al., 2015; Kim and Park, 2017) and bringing satisfaction both to the families of patients (McCalman et al., 2017) and to health-care providers (Barbosa et al., 2015). However, scholars who have an interest in the effects of patient- and family-centered care are being inundated by various definitions, scopes, populations, and interventions of patient- and family-centered care with the huge amount of data being produced by primary studies. The existing models lack consistency in their patient- and family-centered care dimensions and consensus in their conceptualization (Scholl et al., 2014; Zill et al., 2015), and so the definitions and aspects of patient- and family-centered care interventions have also varied markedly between studies (Li and Porock, 2014). This might be one of the main reasons for the current situation of diverse but vague evidence. Frequently mentioned core aspects are: patient involvement in care, patient information, clinician-patient communications, and patient empowerment (Scholl et al., 2014; Zill et al., 2015).

Systematic reviews were created to partly solve the problem of information overload by pooling and collating all of the available evidence from numerous primary studies about patient- and family-centered care. However, patient- and family-centered care interventions are very diverse, being related to many different issues such as self-care education (Casimir et al., 2014), shared decision-making (Amati et al.,

2011), demand- and emotion-oriented care (Van Den Pol-Grevelink et al., 2011), support systems (Coulter et al., 2015), and the involvement of family members (Ciufu et al., 2011; Rathert et al., 2012). Similarly, these systematic reviews have also indicated many positive outcomes related to the patient, such as satisfaction, health status, health behaviors (Dwamena et al., 2012), knowledge (Casimir et al., 2014), stress and anxiety (Ciufu et al., 2011), nutrition status, and emotional behavior (McCalman et al., 2017); related to the patient's family such as family needs (Ciufu et al., 2011) and family function (Kuhlthau et al., 2011); and related to health-care providers such as stress, burnout, and job satisfaction (Barbosa et al., 2015). Moreover, the quality and findings of systematic reviews may vary due to numerous factors related to methodological and bias issues, such as differences in the target studies selected by systematic reviews or in the information retrieved from the original studies (Yu and Tse, 2013). These flaws can cause the findings of a systematic review to be misleading when they are used to guide decision-making (Millett, 2011). Hence, this situation has made it difficult for practitioners to find reliable evidence and keep up to date with the growing volume of systematic reviews that have been published in diverse formats and sources. A comprehensive synthesis and evaluation is therefore essential to provide useful information and reliable evidence to decision-makers providing a review of systematic reviews is an efficient solution to addressing these problems.

This review of systematic reviews appraised published systematic reviews and gathered the best available evidence summarizing the current evidence and knowledge on the effects of interventions from multiple sources (Becker and Oxman, 2008). Our review aimed to collect, evaluate, and synthesize evidence from numerous published systematic reviews on the influence of patient- and family-centered care interventions on patients, their families, and health-care providers, in order to provide reliable evidence that would allow researchers, policymakers, and practitioners to make informed decisions. Quality flaws in systematic reviews were also identified, which can be used to formulate recommendations for improving the quality of future reviews.

## 2. Methods

### 2.1. Design

A systematic review was conducted in accordance with the PRISMA (Preferred Reporting Items for systematic Reviews and Meta-analyses) guidelines (Moher et al., 2009), and the review protocol was registered with PROSPERO (registration number CRD42017080427).

### 2.2. Inclusion criteria

The inclusion criteria for published systematic reviews in this review were based on the PICO (Participant, Intervention, Comparison, Outcome) format of study design questions, as follows:

P. Participants were included irrespective of sex, age, setting, and health condition.

I. Interventions were related to aspects of patient- and family-centered care (patient-centered care, family-centered care, or both), and defined as “the holistic approach to delivering care that is respectful and individualized, allowing negotiation of care, and offering choice through a therapeutic relationship where persons are empowered to be involved in health decisions at whatever level is desired by that individual who is receiving the care” (Morgan and Yoder, 2012). This included education and counseling programs, information sharing and joint decision-making, and psychosocial interventions for patients. It could also involve the family members of patients, or education/training programs for health-care providers.

C. Comparisons of patient- and family-centered care were performed relative to their usual care or different interventions.

O. Assessment outcomes were related to patient- and family-

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