



Original Article

Nurses' and Patients' Perspective toward Patient-Centered Care in Selected Hospitals of Yazd

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ABSTRACT

Background: Over the past two decades, patient-centered care has become one of the important dimensions of health care delivery, given that patients are expected to receive appropriate care from the service center. This study aimed to evaluate the various dimensions of patient-centered care from the viewpoint of nurses and patients in order to improve the patient-centered care of health services.

Methods: This cross-sectional study was conducted on two hospitals in city of Yazd, Iran. A total of 100 nurses and 100 patients were selected by simple random sampling method. Data was collected using a validated questionnaire and analyzed using one-way ANOVA test.

Results: The mean score of patient-centered care was 2.34 (standard deviation (SD) = 0.58) from nurses' point of view and 2.23(SD = 0.07) from patients' point of view. The dimensions of patient's dignity, patient's values and social support for the patient had the highest score and quick attention to the patients had the lowest score from nurses' perspectives. Respecting dignity and quality of health service provider had the lowest score from the patients' viewpoint. The quality of health service received significantly lower score from the patients than the nurses (P-value = 0.03).

Conclusion: The quality of the physical environment, observance of the patient's dignity and quick considered as the priority of action to improve the patient-centered care. It is recommended that the authorities should give priority to these dimensions in order to increase satisfaction and loyalty of patients.

Keywords: Nurse, Patient, Patient-centered care, Quality of Health Care

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Introduction

Health, as defined by the World Health Organization (WHO), is a state of complete physical, psychological and social well-being, and not just a lack of illness and discomfort (1). In order to achieve health, we need a

coherent health care system. The health care system is the organization of people, institutions and resources for the provision of health care services to meet the health needs of the target population (2). The governments and health policymakers could achieve a reduction in the burden on

economic constraints with active participation of the patient in health care process (3, 4).

Patient involvement defined as the contribution of patients, their families and their representatives at different levels of care through working actively with healthcare providers to improve health services provided by the health system. In early 1997, the WHO described the issue of patient involvement in health care (5). Since then, various ways have been focused on strengthening the health of patients and their impact on medical and therapeutic decisions (6, 7). One of the most important needs of patients is acquiring a suitable and comprehensive attitude about their illness and quality of care that they should receive (8). Nowadays, many physicians, medical organizations and health care providers emphasize patient-centered medical care. In order to provide this kind of care, it is imperative that health care providers have a better understanding of patient's individual needs, attitudes and values. The American Center for Disease Control describes the patient-centered care as caring with respect in response to the patient's preferences and needs that are in line with the patient's values (9). The concepts of patient-centered and patient empowerment that began with this movement, created opportunities for increasing patient autonomy and participation in therapeutic decisions making (10). As the patient-centered care change the focus of health care from illness to the patient, this issue has become progressively important in improving the quality of provided services (11). The American Institute of Medicine considers the patient-centered care as a dimension of the quality of health care and patient's perception as a unique well-being (12, 13). In fact, patient-centered care is a management that is responsive to both patient's needs and preferences (14). Harvard School of Medicine identified seven dimensions of respect for patient's care including respect for patients' values and preferences, providing information and education, attention to physical comfort, emotional support, family and friends' participation in care, coordinating care, ensuring continuity of care among providers and the environment (15). Recent studies have shown that patient-centered care has the benefits of expanding the quality and safety of health care, reducing costs, and increasing the degree of satisfaction of medical services providers and patients (16, 17). Patient-centered care can also increase hospital efficacy by reducing diagnostic tests and unnecessary referrals and decreasing the length of hospital stay (17, 18). Considering that improving the patient-centered situation increases people's satisfaction and loyalty in using health services, in this study, we aimed to evaluate different patient-centered dimensions in hospitals from the viewpoint of nurses and patients, Provide useful information for policy makers of the health system.

Methods

This descriptive cross-sectional study was carried out on nurses and patients admitted in two hospitals of Yazd University of Medical Sciences, in city of Yazd located at the center of Iran. Nurses with at least 1 year of experience in the hospital and patients with a minimum of 72 hours stay at hospital were admitted to the study. Based on the primary results of a pilot study,

A total of 100 patient and 100 nurses were calculated based on the primary results of a pilot study with a standard deviation of 0.1 for overall viewpoint in patients and nurses, considering 95% confidence interval and an estimated error of 2% within true population.

Among seven hospitals under the observation of Yazd University of Medical Sciences, two hospitals including Rahnemoun and Sadoughi were randomly selected. At each hospital, nurses and inpatients were selected using simple random sampling method. Outpatients were excluded from the study.

Data were collected using a validated questionnaire which was assessed in previous study by Arabs et al (19). The reliability of the questionnaire was reassessed by Cronbach's alpha 0.87. The questionnaire examined seven components. Dignity and respect for the patient (respecting the patient and protecting his privacy during examination, 8 questions), keeping patient's confidentiality (talking to the patient and the therapist in the absence of others, and protecting the patient's medical information, 2 questions), patients' values and preferences (involving patients' decision in their care, 6 questions), communication with the patient (providing necessary information for patients, 14 questions), quick attention to the patient (taking actions in the minimum time and short waiting times in the laboratory test, 6 questions), the quality of the service delivery environment (having adequate physical facilities such as adequate space, furniture and amenities, clean water and air in the section and waiting rooms, 9 questions), and social support from the patient (get in touch with the family members and friends of the patient with him during the period of admission, preparation of food and other essentials, as well as participation of the patient in social events and religious rituals, 3 questions). The items of the questionnaire were ranked on a 5 options Likert scale in the range of agree, totally agree, no idea, disagree, and totally disagree. The overall score of the points were calculated for each dimension. Data were described using mean and standard deviation or frequency and percent according to the type of the variable. The normality assumption of quantitative variables were assessed using Kolmogorov-Simonov test. The scores were compared using t-test and ANOVA. A P-value less than 0.05 was considered as significant. All analyses were performed in SPSS software version 16.

Results

In this study, 100 patients with a mean age of 36.75 (SD = 18.09) and 100 nurses with a mean age of 34.01 (SD = 7.84) were assessed. Among the nurses, 68% were female. The majority of nurses had a bachelor degree of education and 60% had a work experience from 1 to 5 years. Among patients, 60% were male and most of them had a diploma or higher education. The average patient-centred scores for nurses and patients are presented in tables 1 and 2, respectively. There was no statistically significant difference between nurses' gender, education level, age group and work experience regarding to patient-centered score (Table 1). Similarly for the patients, there was no statistically significant difference among patient's demographic characteristics regarding to patient-centered scores (Table 2).

Table 1. Comparison of Patient-Centered Scores of Nurses Based on Demographic Variables

Variables	Number	Mean (SD)	P-value
Gender			0.3
Male	32	2.33 (0.12)	
Female	68	2.81 (0.32)	
Education			0.4
Bachelor	90	2.23 (0.25)	
Master and higher	32	2.25 (0.30)	
Age			0.7
25-29	8	2.37 (0.31)	
30-34	28	2.26 (0.31)	
35-39	46	2.47 (0.3)	
40-44	12	2.30 (0.30)	
> 45	6	2.37 (0.30)	
Work experience			0.6
1-5	60	2.41 (0.23)	
6-10	26	2.37 (0.31)	
11-16	8	2.35 (0.25)	
17-25	6	2.25 (0.30)	

Table 3 represents the mean scores of patient-centered dimensions in nurses and patients. The mean score of patient-centered care was 2.34 (SD=0.58) from nurses' perspective and 2.23 (SD=0.07) from patients' perspective. From the nurses' viewpoint, the dimensions of the patient's choice of power, social support and protection of the patient's secrets had the highest score, and quick attention to the patient had the lowest score. From patients' point of view, the dimensions of patient's secrecy and the power of choice had the highest, and the respect of dignity was the lowest one. There was no significant difference between the two groups of nurses and patients in terms of different aspects of patient illness except for the quality of the medical service. The mean score of quality of service delivery in patients was 1.96 (SD = 0.77) which was significantly less than nurses (2.21, SD = 0.81, P-value = 0.03).

Discussion

The concept of responsiveness or non-medical aspects of services is an important issue that plays an important role in achieving the goal of patient satisfaction. In this study, this factor is considered as the patient-centered care. This concept should always be considered in parallel with the

therapeutic methods in order to provide better health services. Undoubtedly, patient-centered care in the health field will have very prominent results for providers and recipients of health care services. The most obvious and tangible results of patients-centered care are increased patient satisfaction, participation and cooperation in decision-making on their treatment and medical therapy, elevated autonomy, expanded sense of security and increased mental health for patients, better quality and safety of Health care and reducing cost for service providers (19). In the present study, the mean scores of patients were 2.23 from patients' viewpoints and 2.34 from nurses' perspectives. In fact, patients judged more realistically for the patient-centered status in both selected hospitals than nurses. The information asymmetry between nurses and patients require necessary information to educate patients about their rights. In the study of Ebrahimpour et al., which only focused on patients' opinion in Mashhad, the mean score of responses was 2.66, which was higher than the average of our study (6). In the study of Arab and colleagues in Tehran, the mean score of patient-centered care from the nurses' and patients' perspective were 2.79 and 2.87, respectively. (19).

Table 2. Comparison of Patient-Centered Scores of Nurses Based on Demographic Variables

Variables	Number	Mean (SD)	P-value
Sex			0.8
Male	60	2.56 (0.16)	
Female	40	2.14 (0.5)	
Education			0.4
Lower than diploma	26	2.28 (0.3)	
Diploma	53	2.39 (0.25)	
Bachelor	18	2.42 (0.28)	
Master and higher	3	2.23 (0.27)	
Age			0.5
25-29	8	2.39 (0.42)	
30-34	12	2.29 (0.35)	
35-39	43	2.34 (0.39)	
40-44	20	2.2 (0.25)	
> 45	17	2.25 (0.30)	

Table 3. Comparison of the Mean Scores of Patient-Centered Dimensions in Nurses and Patients

Patient-centered dimensions	Nurses	Patients	P-value
	Mean (SD)	Mean (SD)	
Observing dignity and respect	2.9 (0.74)	1.89 (0.74)	0.269
patients Confidentiality	2.20 (0.91)	2.14 (1.06)	0.670
Patients values and preferences	2.97 (0.84)	2.72 (1.02)	0.070
Communicate with patients	2.16 (0.61)	2.09 (0.8)	0.472
Quick attention to patient	2.08 (0.71)	2.01 (0.86)	0.525
The quality of health service provider	2.21 (0.81)	1.96 (0.77)	0.033
Social support for patients	2.77 (0.97)	2.82 (1.28)	0.757
Total	2.34 (0.58)	2.23 (0.07)	0.242

The score of both groups in the study of Arab and colleagues was higher than the average score of the present study. In the study by Arab et al, the highest score in terms of nurses and patients had been given to observing the patient's dignity and respect that was similar to this study. They also found a high score for protecting the patients' confidentiality but patients' values and preferences had the lowest score in views of bout nurses and patients. In this study, there was a statistically significant difference in the quality of the service delivery environment from the viewpoint of patients and nurses. This finding is in agree with Hajinejad and his colleagues in Tehran, which found a significant difference between the viewpoint of patients and nurses observed regarding caring behaviors of nursing staff (20). They concluded that despite of nurses' opinion for providing good care, patients' viewpoints was that nurses have not been able to meet their expectations and needs. The similarity of this study with Arian et al. research was that both nurses and nursing directors had common views on the main obstacles associated with patients and nurses. But there were disagreements about the main barriers of management (21). Similar to previous study by Javadi et al (22), there was no significant difference of patients-centered score among sexes, education level and age groups of nurses and patients.

Conclusion

In this study, the quality of the physical environment, observance the patient's dignity and respect and quick attention were found as priorities for improving patient-centered care. It is recommended that the authorities of both hospitals must give special attention to these dimensions in order to increase satisfaction and loyalty of patients.

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Ethical consideration

This article is based on the master's thesis on Community education in health system. The study protocol has been approved in Institutional Review Board of Yazd University of Medical Sciences with the approved code of 12392-04-01-95.

Conflicts of interests

Authors declared no conflict of interest.

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