

Patient-Centered Care: A Panacea to Quality Health Care Delivery

AUTHOR(S): OSENI, Rukayat Ejide (RN, BNSc.),
OHAERI, Beatrice (RN, Ph.D), OJO, Iyanuoluwa O. (RN, Ph.D),
And BABARIMISA, Oluwatoyin (RN, M.Sc.)

Abstract

Patients' satisfaction with quality of care is viewed as the extent to which the patients' desired expectations, objectives and preferences are achieved via their interaction with health care workers, nurses inclusive. Patient-Centred-Care represents a paradigm shift in how patients, providers, and other participants think about the processes of treatment and healing. The aim of patient-centered health care is to enable patients to be active participants in their care. The patient-centered care is hinged on a holistic approach to health care that considers the whole person instead of in a narrow perspective where the emphasis lies on the illness or the symptoms. Patient centred approach via partnership between patient and the health care workforce is therefore recommended for quality health care delivery in our hospitals.

Keywords: Patient-Centred care, Panacea, Quality Health, Care delivery,

IJARBAS

Accepted 20 April 2022
Published 30 April 2022
DOI:10.5281/zenodo.6858049

About Author

Author(s): OSENI, Rukayat Ejide (RN, BNSc.)
Department of Nursing,
University of Ibadan, Ibadan, Nigeria

OHAERI, Beatrice (RN, Ph.D)
Department of Nursing,
University of Ibadan, Ibadan, Nigeria

OJO, Iyanuoluwa O. (RN, Ph.D)
Department of Nursing,
University of Ibadan, Ibadan, Nigeria

Co -Author(s): BABARIMISA, Oluwatoyin (RN, M.Sc.)
Department of Nursing,
University of Ibadan, Ibadan, Nigeria



Introduction

Patients' satisfaction with quality of care is viewed as the extent to which the patients' desired expectations, objectives and preferences are achieved via their interaction with health care workers, nurses inclusive. The vital competitive merit of nursing care services is to make quality care available to patients (Erah, 2017). The need for increased quality of care services has been recognized via health-related information and technological advancement, alterations in expectations and views about nursing care, a rise in individuals' involvement in matters related to their health and increased cost and competitiveness in the health sector (Reck, 2013). Assessing patients on how to they view care and treatment they are receiving is an essential process towards improvement of the quality of care which helps to ensure that the health services are meeting patients' needs.

Nursing care has been recognized as a significant variable that opened opportunity for determining patients' satisfaction. The nurse builds a natural and constructive connectedness with the patient for the goal of achieving quality nursing care, which is to satisfy the patient's demands and to assist the patient to achieve the greatest possible degree of self-efficacy. To achieve this, the nurse needs to be responsive, empathetic, render emotional support, and be able to observe and comprehend the patient's both verbal and nonverbal expressions. Psychological and emotional nurses' presence is paying attention to the patients and their needs, knowing when therapeutic touch is needed can determine the level of patients' satisfaction.

Nursing care plays a main role in health care service delivery. Patients need a greater level of care as a result of several possible complications, rising vulnerability, potential cardio-pulmonary compromise and requirement of general concerns. Management of these complications demands understanding of preoperative conditions, intra-operative management and early identification of any signs and treatment of postoperative complications. Delayed and unsuitable care can lead to poor outcomes and avoidable deaths. Modern nursing care is gradually recognizing the necessity of patient centered care in nursing care service delivery. When patients are satisfied, they are convenient to manage and more rewarding to care for, as they use less nurses' time and are more adherent with their medications and follow-up care (Karaca & Durna, 2019).

Concept of Patient Centered Care

Patient centered care, also known as client centered care, is a "patient-centric" approach to medicine, healthcare, and the associated practices and technology. It represents a paradigm shift in how patients, providers, and other participants think about the processes of treatment and healing. It is defined by the Institute of Medicine as the act of "giving care that is respectful of, and responsive to, individual patient favorites, demands and values, and making sure that patient values guide all clinical decisions," patient-centered care comprises transparency, compassion, and empowerment. The increase in patient-centered care makes way for a healthcare system intended to optimize the agency and ease of the most important and helpless people in the equation: patients, their families, and their communities. Patient-centered care is a wide-ranging new concept of healthcare that resists simple summation. But there are a few consistent major opinions that guide this new style of care (Neoteryx, 2018)

Patient-centered care majors on the patient and the individual's particular health care demands. The aim of patient-centered health care is to enable patients to be active participants in their care. This necessitates that physicians, radiologic technologists and other health care providers develop good interaction skills and address patient needs effectively. Patient-centered care also demands that the health care provider become a patient advocate and strive to provide effective and safe care (Jayadevappa, 2017).

The institute of medicine (IOM) recommended the clinicians associates with patients (and the patient family and friends when appropriate) to convey information, shared decision making, improve patient awareness and inform self-management, skills and preventive behaviors. Patient desires help from competent and knowledgeable health professionals to meet their physical and emotional needs. This approach needs a true partnership between individuals and their health care providers, one where the individual needs and aspirations drive both health care decisions and how outcomes are accessed (Jayadevappa, 2017).

In 2013, the Israeli Ministry of Health issued a circular on “Improving the patient’s experience in the health care system”, where it was discovered that “care that targets a patient is known as one of the major elements of high quality care”; such care was well-defined as “care delivery that esteems the patient and responds to his preferences, needs and values”. It includes various dimensions such as emotional support, respectful attitude, physical support, information sharing and communication, continuity and coordination of care, patient and family participation in the process of care and access to care (General Director Circular, 2013).

The approach by the Institute of Medicine demands a true partnership between patients and their healthcare providers, one where the individual’s demands and aspirations motivates both healthcare decisions and how outcomes are accessed. Under a patient-centered model, health care teams work to know and treat the patient using individualized, comprehensive care plans in which mental health and social needs obtain equal attention to traditional medical treatment. As the overview from NEJM Catalyst states, patient- or family-centered care plans prompt health systems to reconsider their approach to healthcare delivery, bringing new thoughtfulness to active teamwork and shared decision-making with patients. (Delaney, 2018)

While the primary objective of any patient-centered care plan is to advance individual health outcomes, healthcare providers also stand to gain via improved patient satisfaction scores, higher staff output and morale, decrease in the overall cost of care, and more. This makes patient- or family-centered care an approach worth exploring in almost any healthcare delivery setting. (Delaney, 2018)

Using a wide range of focus groups, recently discharged patients, family members, physicians and non-physician hospital staff, combined with a review of pertinent literature, researchers from Harvard Medical School, on behalf of Picker Institute and The Commonwealth Fund, defined seven primary dimensions of patient-centered care. These principles were later expanded to include an eighth – access to care. The researchers discovered that there are certain practices helpful for a positive patient experience and their findings form Picker’s Eight Principles of Patient Centered Care which are; respect for patient's values, preferences and expressed needs; coordination and integration of care; information and education;

physical comfort; emotional aid and alleviation of anxiety; family involvement; continuity and transition; and access to care (O'Neil, 2017).

There are four vantage points that make up the foundation of person-centered care

- The health care should be dependent on the unique person's demands and his or her right to health
- The health institution should hinge on the abilities of the person and encourage activity
- The health care should be clear
- Health professionals should always attend to patients with dignity, compassion and respect.

The patient-centered care is hinged on a holistic approach to health care that considers the whole person into account instead of a narrow perspective where the emphasis lies on the illness or the symptoms. The patient-centered approach also entails the person's abilities, or resources, wishes, health and well-being as well as social and cultural factors (Dutton, 2018)

Also, The Health Foundation in Karaca and Durna (2019) suggested four principles upon which patient centred care should be placed:

1. According people dignity, compassion and respect
2. Offering coordinated care, aid or treatment.
3. Offering personalized care, support or treatment.
4. Supporting people to identify and develop their own strengths and abilities to enable them independent and fulfilling life.

There are two care central themes to the patient-centered care work; the partnership and the documentation.

- **The partnership:** The health care workforce may consist of several different professionals with diverse expertise from different health care units. The patient is a natural part of the team. Within the team, the patient and relatives have discussions with health professionals targeting to reach a mutual understanding on how to achieve a safe and accurate care for the unique patient (Owumi, 2017).
- **The documentation:** The personal health or care plan is drawn to capture the patient's narrative. A common comprehension of strategies, aims and evaluation of the outcomes should be established. The documentation should vividly state the responsibilities of each member of the team, including the patient's own role and obligations. To fully live up to the person-centered care concept, patients should have full and convenient access to all information and documentation about them. For security reasons, accessibility and cost effectiveness, all documentation should be digital and include all medical records. The person's own notes, reports of health status and the overall health plan should also be carefully documented. The collected documentation is the basis of health care (Owumi, 2017).

In summary, the term 'patient centered care' is referred to diverse principles and activities, and there is no single agreed definition of the concept. This is because patient centered care is still an emerging and evolving area. What is important to one person in their health care may be unimportant, or even undesirable, to another. It may also alter over time, as the individual's needs change (Joshi, Purani & Kartha, 2013).

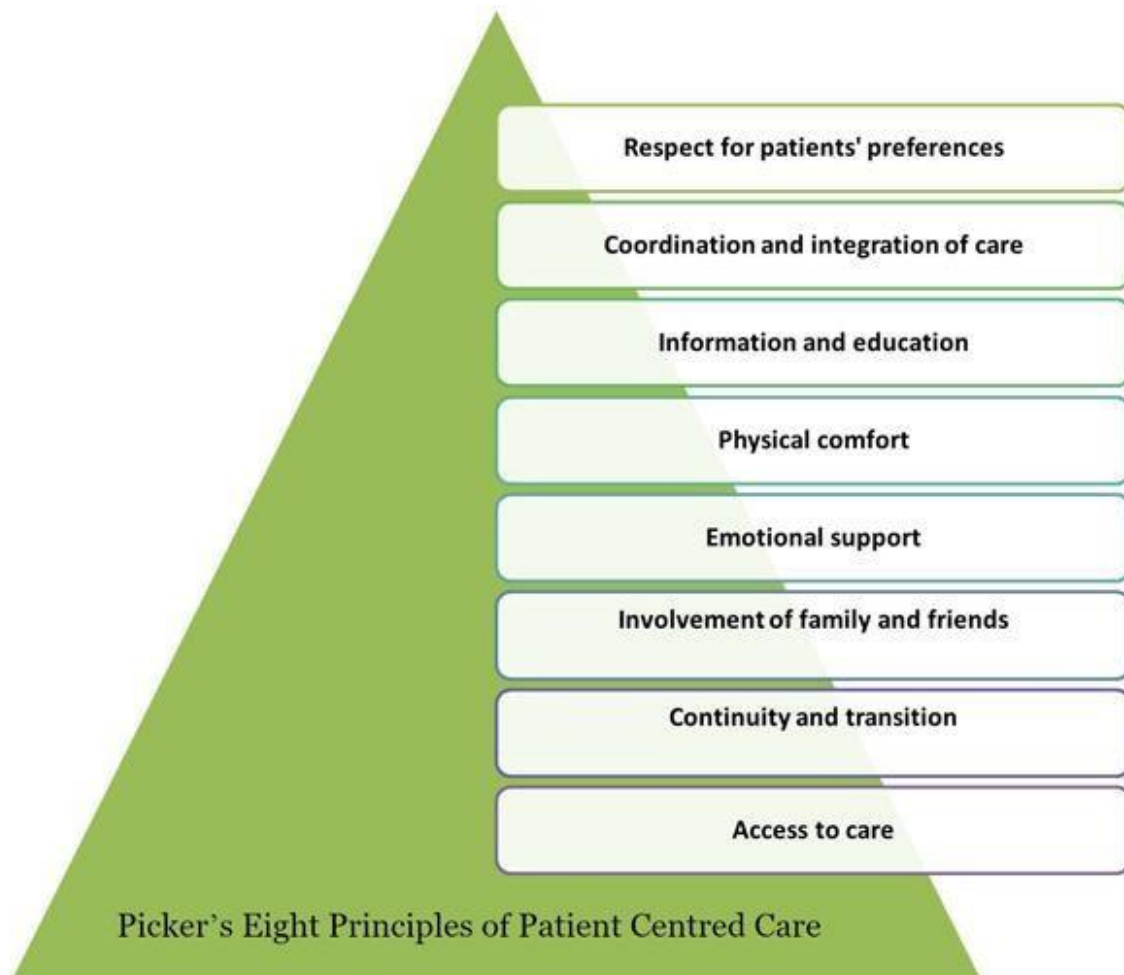
The primary aim and benefit of patient-centered care is to advance individual health outcomes, not just population health outcomes, although population outcomes may also improve. Not only do patients gain, but providers and health care systems benefit as well, through; improved satisfaction scores among patients and their families, enhanced status of providers among health care consumers, better morale and output among clinicians and ancillary staff, increased resource allocation and decreased expenses and increased financial margins throughout the continuum of care (Welkin, 2021)

Principles of Patient Centered Care

The IOM (Institute of Medicine) defines patient-centered care as: "Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions. Overview of Picker's Eight Principles of Patient Centered Care Using a wide range of focus groups — recently discharged patients, family members, physicians and non- physician hospital staff— combined with a review of pertinent literature, researchers from Harvard Medical School, on behalf of Picker Institute and The Commonwealth Fund, defined seven primary dimensions of patient-centered care. These principles were later expanded to include an eighth – access to care. The researchers discovered that there are certain practices conducive to a positive patient experience and their findings form Picker's

1. Respect for patients' values, favorites and expressed demands involve patients in decision making, identifying they are individuals with their own unique values and preferences. Treat patients with dignity, respect and sensitivity to his/her cultural values and autonomy (O'Neil, 2017).
2. Bringing together and integration of care during focus groups, patients expressed feeling helpless and powerless in the face of illness. Proper coordination of care can alleviate those feelings. Patients identified three areas in which care coordination can reduce feelings of vulnerability (O'Neil, 2017)
3. Information and education: In interviews, patients verbalized their worries that they were not being completely informed about their condition or prognosis. To counter this anxiety, hospitals can focus on three kinds of communication (O'Neil, 2017).
4. Physical comfort: The level of physical comfort patients express has a significant influence on their experience. Three areas were reported as particularly important to patients. (O'Neil, 2017).
5. Emotional aid and alleviation of fear and anxiety: Fear and anxiety linked with illness can be as debilitating as the physical effects caregivers should pay particular attention to (O'Neil, 2017).

6. Involvement of family and friends: This principle addresses the role of family and friends in the patient experience.
7. Continuity and transition: Patients expressed worry about their ability to care for themselves after discharge.
8. Access to care: Patients need to know they can obtain care when it is needed. Focusing mainly on ambulatory care to non-ambulatory care.



Nurses' Related Factors Influencing Patient Centered Care

Nurses are the frontline caregivers who give care to patient in the hospital. Nurses play a vital role in interacting with patients who seek health care services. Nurse communication is an important role in all medical fields while caring for patients in health care centre. Professional nursing practice necessitates the capability to effectively and suitably communicate with patients. The quality of interpersonal communication is linked to health outcomes, including quality of life and patient's satisfaction (Owumi, 2016).

Patient satisfaction with quality of nursing care is a necessary indicator of quality of care made available in hospitals. Messina and Zipp (2016) extended the study in patient care experience and perceptions of patient, in their study it provides relationship to improve interpersonal continuity of care which is often known as a goal of primary care. A study carried out reported a good level of satisfaction among helpless patients on physical and psychological care but were dissatisfied with the spiritual aspect of the care (Ogunfowakun, 2017), he suggested the need for improvement in nurses' spiritual care.

Nurse communication refers to patient's perception regarding nurse interaction which should be therapeutic interaction and validation factors that are part of nurse's service in outpatient department. Effective communication that gives compassion and personalized care as well as information and assistance to patients and their caregivers can be one of the major elements in patients' satisfaction with nursing care (Erah, 2017).

The patient can consider the capability and nurse experience, suggestion of how to take care of oneself, diagnosis clarification and care during their visit. Communication is central and vital to all healthcare functions. Communication is a way of transmitting information and making the receiver comprehend the information. Communication is the formation or exchange of thoughts, views, emotions, and understanding between nurses and patients. It is important to establishing and maintaining connectedness in the workplace. Although nurses use most of their time communicating (e.g., sending or receiving information), one cannot assume that meaningful communication ensues in all exchanges (Lyngkhai & Brindha, 2015). In addition, communication is a strong reliant on culture, the social status, and reciprocal relationships of the patients. The exchange of information with the aim of understanding is the major characteristic of communication (Dutton, 2018).

Therapeutic relationships and nurses' presence are continuous processes of communication; consequently, communication can be regarded as a prerequisite for relations (Owumi, 2017). Verbal and nonverbal expressions comprise communication, with verbal expressions in the form of language being viewed as basic. In interactional situations, all kinds of behaviour are communicative and messages are relayed between nurse and patients (Owumi, 2017). According to Karaca and Durna (2019), communication can occur via facial expression, eye contact, body posture and touching, as well as through speech.

Patient-centred communication is respectful and quick to respond to a health care user's needs, beliefs, values and preferences. Patient-centred communication is vital to ethical and high-quality health care. It is often convenient to see the connectedness between effective communication and high-quality health care. Patient satisfaction increases when communication is coherent, understandable and respectful (Erah, 2017). On the other hand, lapses or gaps in communication between health care professionals and patients, or among health care professionals can cause medical errors and unexpected patients' outcomes and or litigation against the health care giver.

The nurse-patient relationship is majorly mediated by verbal and non-verbal communication. Like communication links are unique situations and are mutually built whereby the professional nurse-patient relationship is responsive and inter subjective (Owumi, 2016). It is this interpersonal relationship that ensures the difference between nursing and caring. The essential aspect of nursing relationships is hinged on the skills of the nurse like non-judgmental listening and the ability to transfer warmth and understanding. The essence of



communication and interaction for nursing has been an often stated point by nurses and nursing scientists since Florence Nightingale era, in the 19th century and continuing until today.

The main intention of communication and interaction between patients and nurses is to impact the patient's health status or state of well-being. Dutton (2018) emphasized that there was a link between nurse-patient communication and patient satisfaction with nursing care and the sex variable was found to be significantly correlated with patients' satisfaction level in his study.

In addition, effective communication is a major element of nursing care that is essential to the provision of quality patient care. Social interaction mediated via effective communication is a major factor affecting quality of life. For those residing in long-term care (LTC) and complex continuing care (CCC) facilities, chances for socialization happen primarily during interaction or communication with staff. The effectiveness of a communication is enhancing nurse-patient interactions so that there can be improved nurse relationships with patients, and patients' satisfaction (Reck, 2013).

There are seven dimensions of relational communication: comprised of calm, comfortable, caring, interested, sincere, accepting, and respectful (Dutton, 2018). Although not all seven communication dimensions were workable within the contexts of patient's perspectives of communication with nurses, patients did report more satisfaction with nurse patient interactions when nurses were composed, immediate, receptive, and shared values. Between nurse-patient interactions in the health care setting, many often encounter some barriers in this situation. Messina and Zipp (2016) classify the barriers into two categories which are environmental and personal. Environmental barriers include competition for attention and time between nurse and patients.

Multiple and simultaneous burdens can cause messages to be wrongly decoded. The patient hears the message, but does not comprehend it. Due to lack of paid attention to the message, the patient is not really "listening." Listening is a process that integrates physical, emotional, and intellectual inputs into the quest for meaning and understanding. On the other hand, personal barriers arise due to an individual's frame of mind or beliefs and values. One may also consciously or unconsciously do selective perception or be influenced by fear or jealousy. Personal barrier is lack of empathy, or insensitivity to the emotional states of nurses and patients (Erah, 2017).

There was agreement on the importance of communication as one of the most important determinants of patient satisfaction. Reck (2013) stated that patient satisfaction rating was highly dependent on a core communication and follow up care in outpatient department. The core qualities appear to be the most essential, namely communication, access, interpersonal skills, care coordination and follow up care. The quality of medical care processes, quality of healthcare facilities and quality of other staff followed in order to significance.

In reaching conclusion, communication is viewed as a valuable indicator of quality of health care service from patient's perspective. Nurse communication constitutes the patient and part of the quality health care service, likewise it predominantly influence patient satisfaction with health care service. Therapeutic use of communication by the nurse means demonstrating interpersonal behaviours that help patients in achieving healthy emotional

and behavioural outcomes, empathetic, and respectful of the patient; and validation factors means listening carefully and verifying that intended from nurse's service in outpatient department.

Patients' Related Factors Influencing Patient Centered Care

Patients increasingly want to learn more about their health conditions and they want to partake in the planning, organization and decision-making of services related to their health. Patient participation, although moderate, was seen as evident during nursing care in hospital settings. Paternalism in the decision-making process was seen to be the dominant trend, whereas interpersonal interaction between the parties was identified as a prerequisite for planning nursing care (Kolovos, Kaitelidou, Lemonidou, Sachlas, & Sourtzi, 2015). Hospitalization was said to also influence the experience of nursing care scale independently, while the type of ward, sex, income, and education independently affected the satisfaction with nursing care scale. Patient who underwent surgical procedures, male patients, the 40-59 year old age group those who had low levels of education or income, and patients who were hospitalized for longer periods were most satisfied. Patients age, sex, income, ward type were important factors that affected their satisfaction with nursing care (Morris & Weiss, 2015).

Some authors reported in their study that age, religion, income, source of health information, stage of disease at diagnosis, duration of Internet usage, serves as a good factor to patients' satisfaction. Karaca and Durna (2019) demonstrated in their study that patients who were older (aged 80 years), female and from aged care wards perceived that physical aspects of nursing care were more essential than the patients who were younger (aged 65–80 years), male and from medical wards. Older patients and those from aged care wards were more satisfied with physical care. Reck (2013) in his study on Gender-related factor in patient satisfaction with quality of nursing care concluded that the patients' experiences with the continuity of care did not show significant gender difference ($p = 0.117$). No significant differences were found between the genders in mean age in any of the three groups.

Barriers to Patient Centered Care

Patient-centered care is defined as the professional's attitude during healthcare that is closely harmonious with a responsive to patient's wants, needs, and preferences. Although patients differ in their preferences and interaction styles, the patient-centered style have Patient adaptation to illness has been found to be associated with patient engagement to treatment. Despite differences among patients, studies revealed that the majority of patients and families wish to be more active and involved in treatment decisions and procedures.

This involvement, the amount of information, and the development of competencies that usually came along with it may indeed help patients to succeed in dealing with disease and treatment's challenges. Some of the barriers are discussed below;

1. Patient literacy: Health literacy respects the patient's ability to read, understand, and act upon health information and have been linked with the skills for making proper health decisions (Lyngkhai & Brindha, 2015). Receiving clear information and education increases patient understanding of the disease implications. On the other hand, information about treatment procedures enhances patient's auto-efficacy and self-confidence.

2. Patient willingness and motivation: Studies show that, in general, patients wish to have some extent of participation on their care. Nevertheless, despite the evident benefits, not all patients feel driven to participate in their care, to adhere to medical recommendations, or to change lifestyles or health behaviors that are key stones for their treatment (Coventry, 2014)
3. Patient resources: Social support is the degree to which interpersonal relationships link with certain functions of support, affective, emotional, informative, and positive social interaction. Social support is a multifaceted experience that involves willing associations, formal and informal associations with others. Social support can cushion the negative impact of life events on health and positively influence psychosocial adjustment and self-management of chronic illness. A large amount of studies found links between social support and clinical and self-management/self-care behaviors, health-related quality of life, and patient adherence to treatment. Patient's network for social support includes family and friends, social environment, and all health providers (Bardach, 2016)

Theoretical Framework (Margaret Newman's Theory)

According to Newman's theory, health is an expanding awakening which provides a perspective of nursing that identifies and honours clients' histories, unique characteristics and experiences, desires and aims, and life journeys (Newman, 1986). It is the view of the author that individuals have the capability to rise above their perceived barriers and evolve in ways that not only improve their circumstances, but also afford them a greater understanding of their existence (Newman, 1986).



Figure ii: Process of caring partnership based on Newman's theory of health as expanding consciousness

In figure ii, the person in the diagram represents the patients in this study while the environment is the health facility (hospital setting) and health in the diagram represents the care received by the patients.

According to the author, the role of a nurse is to develop connections with patients that motivate them to authentically explore their life patterns so that they may experience the quality of life that they desire. The author also recommends that it is important for the nurse to be present and attend to the patterns that occur in patients' lives so as to create a safe environment for patients to adapt to and cope with life's redirections (Newman, 2008). She suggested that the practice of "caring partnership" to nurses who provide care to patients, especially those going through a difficult time, such as a change or end of life period which is common among terminally ill patients. Nurses who anchor their practice on the concepts proposed by Newman (1986) would back up the idea that their responsibility is to facilitate the revelation of meaningful patterns that unfold in patients' lives. Hence, patients' satisfaction with nursing care will be better appreciated by nurses if can embed the recommendations of Margaret Newman's Theory. So, when nurses put patients in a relaxed atmosphere, their level of satisfaction get improved.

Conclusion

The patient's conditions are usually affected by many factors which determine the patient's satisfaction with care. The expansion of the patient's level of understanding (expanding consciousness) will reduce the effects of the factors predicting level of satisfaction with nursing care. Patients' satisfaction is an indicator of how well the patient is being treated. It does not necessarily refer to the quality of care but to how satisfied a patient is with the care they received. It is one of the main indicators of patient experience about health care services and quality of care provided. Treating the patient individually with evidenced based practice/guidelines give optimal patient centred care and quality care.

Recommendation

1. It is recommended that nurses should view and treat each patient individually
2. Nurses should be present in all facets with each patient so as to render 'presence' to them according to their condition
3. Nurses should communicate with the patient in unambiguous clear terms so they can understand easily and be able to participate in their care if willing.
4. Nurses should be adequately trained in patient-centred caring skills

References

- Bardach S.H., Tarasenko Y.N. & Schoenberg N. E. (2011).The role of social support in multiple morbidity: self-management among rural residents. *Journal of Health Care for the Poor and Underserved*, 22(3), 759-771.
- Coventry P.A, Fisher L., Kenning C., Bee P. & Bower P. (2014). Capacity, responsibility, and motivation: a critical qualitative evaluation of patient and practitioner views about barriers to self-management in people with multimorbidity. *BMC Health Services Research*, 14(1), 536-548
- Delaney L.J. (2018). Patient-centered care as an approach to improving health care in Australia. *Collegian*. 25, 119-123.

- Dutton, D. (2018). Explaining the low use of health services by the poor; cost, attitude and delivery system. *American Sociological Review*, 43(3), 140-156
- Erah, P. (2017). Care of Hospitalized patients in Nigeria: the need or review and overhaul. *International Journal of Health Research*, 2(2), 105-106
- General Director Circular. (2013). Improving patient experience in healthcare system. Circular No. 06/13. Ministry of Health, Jerusalem [In Hebrew]
- Jayadevappa R. (2017). Patient-Centered Outcomes Research and Patient-Centered Care for Older Adults: A Perspective *Gerontol Geriatr Med*, 3:2333721417700759.
- Joshi, K. S., Purani, S., & Kartha, G. (2013). Patient satisfaction about healthcare services: A cross sectional study of patients who visit the outpatient department of a civil hospital at Surendranagar, Gujarat. *Int J Med Sci Public Health*, 2, 659-663
- Karaca, A., & Durna, Z. (2019). Patient satisfaction with the quality of nursing care. *Nursing open*, 6 (2), 237.
- Kolovos, P., Kaitelidou, D., Lemonidou, C., Sachlas, A., & Sourtzi, P. (2015). Patient Participation in Decision Making during nursing care in Greece: A comparative study. *Nursing Forum*, 5(3), 147-157.
- Lotfi, M., Zamanzadeh, V., Valizadeh, L., & Khajehgoodari, M. (2019). Assessment of nurse-patient communication and patient satisfaction from nursing care. *ursing Open*, 1. <https://doi.org/10.1002/nop2.316>
- Lyngkhai, R., & Brindha, G. (2015). A study on patient satisfaction of outpatient department. *Indian J Sci Tech*, 8, 32-38
- McCormack B. & McCance T. (2011). *Person-centred nursing: theory and practice*. John Wiley & Sons: West Sussex.
- Messina, S., & Zipp, G. (2016). The relationship between patient satisfaction and inpatient admission across Teaching hospital and non-Teaching hospital. *Journal of Health Care Management*
- Morris, C., & Weiss, M. (2015). How patient perceive minor illness and factors influencing seeing a doctor, *Primary health care Research and development*, 72, 157-164.
- Neoteryx (2018). What is patient centered care? The 8 principles that you should know <https://www.neoteryx.com/microsampling-blog/8-principles-of-patient-centered-care>.
- Newman, M. A. (1986). *Health as Expanding Consciousness*. St. Louis, MO: C. V. Mosby
- Newman, M. A. (2008). *Transforming presence: The difference that nursing makes*. Philadelphia: F. A. Davis
- O'Neill N. (2017). The Eight Principles of Patient-Centered Care. FAQs. <https://www.oneviewhealthcare.com/blog/the-eight-principles-of-patient-centered-care/>.
- Ogunfowakun, O. (2017). Time, Expectation and Satisfaction: Patients' experience at National Hospital Abuja. *Nigeria African Journal Prim Health Care family med*, 4(1), 398.
- Owumi, B. (2016). *Physician-patient Relationship in an alternative Health Care system among the Okpe people in Delta State*. PhD thesis, University of Ibadan, Department of sociology
- Owumi, B. (2017). The Political economic of maternal and child health in africa in Current and Perspectives in sociology. In U. Isuigo-Abanihe, A. Isamah, & J. Adesina (Eds.). Ibadan: Malthouse Press Limited.
- Reck, D. L. (2013). Can and should nurses be aware of patients' expectations for their nursing care? *Nursing Administration Quarterly*, 37(2), 109-115.

The Health Foundation (2016). Person-centred care: what everyone should know about person-centred care.
<https://www.health.org.uk/sites/default/files/PersonCentredCareMadeSimple.pdf>.
 Welkin, O. (2021). Patient-Centered Care: A Definitive Guide.
<https://welkinhealth.com/benefits-ofpatient-centered-care/>.

Cite this article:

Author(s), OSENI, Rukayat Ejide (RN, BNSc.), OHAERI, Beatrice (RN, Ph.D), OJO, Iyanuoluwa O. (RN, Ph.D), And BABARIMISA, Oluwatoyin (RN, M.Sc.), (2022). "Patient-Centered Care: A Panacea to Quality Health Care Delivery". **Name of the Journal:** International Journal of Academic Research in Business, Arts and Science, (IJARBAS.COM), P, 1- 14, DOI: <http://doi.org/10.5281/zenodo.6858049> , Issue: 4, Vol.: 4, Article: 1, Month: April, Year: 2022. Retrieved from <https://www.ijarbas.com/all-issues/>

Published by



AND

ThoughtWares Consulting & Multi Services International (TWCMSI)

