

Nursing Practice and People-Centered Care with Patients Safety in Health Care Environment

Majedul Hoque

Department of Pharmacy, Jahangirnagar University, Dhaka-1342, Bangladesh

Review Article

*Corresponding Author:

Majedul Hoque

Citation:

Majedul Hoque., (2023); Nursing Practice and People-Centered Care with Patients Safety in Health Care Environment. *iraetc med. bull*; 1(3) 52-56.



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Abstract:

The idea of people-centered care is developing with more study, and it is still crucial to the health environment. Professional nurses use this notion poorly, despite evidence of major benefits being claimed. Primary healthcare settings have not seen the demonstration and adoption of this concept. Patient safety is a major public health concern. Patient safety is a global health concern that affects citizens of both industrialized and developing nations. Given the importance of patient safety in relation to the efficiency of care and patient outcomes, it is imperative to have a range of nursing practices, including management, teaching, and clinics. The importance of nurses in providing PCC (people-centered care) and monitoring patients' knowledge and comprehension is rising. In settings involving basic healthcare, nurses are crucial in comprehending a patient's culture about effective and high-quality medical care. The article concluded that further efforts are required to enhance patient safety and PCC. This entails reducing the quantity of errors, falls, hospital infections, and surgical complications in addition to enhancing other safety aspects to make all hospitals safer.

Key Words: Nursing; PCC; Improvement; Cultural diversity; Safety.

|| © IRAETC Publisher || **Publication History** - Received: 07.11.2023 || Accepted: 15.12.2023 || Published: 19.12.2023||

1. INTRODUCTION:

People-Centered Care (PCC) was initially proposed in 1987 by the Children's Care Association in acknowledgment of the role that patients play in their own personal health, therefore it is not a novel concept in the healthcare industry [1, 2]. Even when it is integrated and applied by certain nursing units, there is still a lot of opposition to its wider use [3]. PCC has gained popularity in both developed and developing countries because it raises the level of inclusion in health care literacy [4]. The development of PCC was exclusively focused on improving the planning, evaluation, and provision of health care services. It is founded on the ideas of mutual benefit for all participants and collaborators in healthcare [5]. Patients and healthcare professionals can benefit from PCC in a number of ways, including cooperation, respect, data sharing, cooperation, and involvement [6, 7]. Furthermore, the implementation of PCC leads to improved patient engagement and empowerment, a reduction in the intensity of symptoms, better patient utilization of healthcare facilities and resources, and lower medical expenses because of decentralized care [8]. The following criteria incorporated by PCC are:

- ❖ Caring and putting value on the patient
- ❖ Handling and treating patients according to their individual needs
- ❖ Taking care of patients holistically (i.e. mentally, socially, physically and spiritually)

To maximize the benefits of patient participation, it is necessary to understand how to increase a patient's willingness to actively participate in the healthcare team, develop practical guidelines for such an engagement that take into account patients' and their relatives' knowledge and skills of the care process, define the role, and provide supervision and guidance by nurses. In order to prevent errors and undesirable results, patient safety is correlated with the working environment of nurses and the adoption of patient safety guidelines [9, 10]. Patient safety, which involves minimizing and eliminating medical errors that frequently have detrimental effects on health, is an emerging healthcare concern in healthcare organizations. With the increased use of new technologies and therapies, health care has become both more complex and efficient. As a result, it is necessary to adopt international patient safety goals in order to enhance patient safety, mimic international competition, and boost the competitive advantages of healthcare organizations at both the national and international levels [11, 12]. Hospital administrators should follow established procedures when it comes to

patient safety, especially head nurses. It's also important to determine whether head nurses have correctly interpreted the patient safety goal statements. In addition, head nurses need to be competent in creating, conveying, and implementing these patient safety objectives to all other nurses and healthcare professionals who work under their direction. To effectively execute patient safety goals in the unit, head nurses require a tool or approach to lead the process [13]. Taking responsibility for one's actions and behaviors through guidance and criticism is a fundamental aspect of professional activity. By care standards, nurses should be permitted to intervene, according to healthcare executives. Fostering a culture of patient safety, putting educational programs into place, and giving prompt feedback and reminders are some ways to do this [14 – 16].

The working environment of nurses and the observance of patient safety protocols are related to patient safety because they help prevent errors and undesirable consequences. Executives in healthcare ought to think that nurses will be able to step in and enforce care standards. This can be achieved by putting in place educational initiatives, encouraging a culture of patient safety, and giving prompt feedback and reminders. Adopting validated technologies and established operating procedures also helped nurses to follow patient safety guidelines. The primary advantages of guidelines that help in the execution of safe care are their format, usability, and accessibility to their contents. They also take into account staffing, time management, a communication chain, practice accuracy, equipment supply, and logistics.

2. Importance of people centered care:

Modern PCC concepts emerge from the limitations of the biomedical model, also known as the traditional or clinical model perspective [17]. By placing the patient at the center, PCC recognizes the patient's mental, psychological, and social needs holistically [18]. PCC is the collaboration of family caregivers, patients, and healthcare professionals to ensure that patients' needs, wants, and preferences are honored in order to support patients in managing their own care. The activities and structures that make up this model's hierarchy are designed to foster a patient-centered atmosphere. This concept places a strong emphasis on meeting each patient's unique primary healthcare needs. This concept is implemented by organizing caregivers and other stakeholders according to the needs of the patients (Figure – 1).

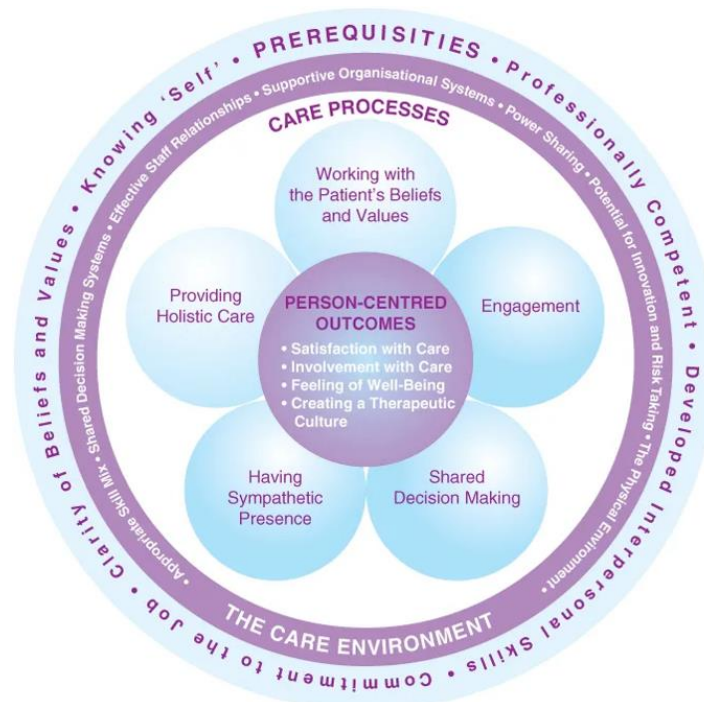


Figure 1: Person-centered nursing: theory and practice [19]

The process model's hierarchy approach takes a patient's perspective and works with it. It covers and explains a wide variety of tasks, including providing physical comfort, integrating care coordination and coordination with patient education and communication about treatment and care, and taking into account the beliefs, values, and requirements expressed by patients. In addition to these procedures, the process model (Table – 1) takes into account patient health care continuity measures as they move through various phases of rehabilitation, family caregiver involvement in patient management and decision-making transfer, and emotional support. This allowed the healthcare provider to assume complete control over decision-making, paying little attention to the values, requirements, or preferences of the patients. Paternalism put the illness and its treatment ahead of the patients' family customs and values.

Table 1: PCC process model

Dimensions	Process
Respect for persons values, preferences and expressed needs	Recognizing the patient as an individual, including them in the decision-making process regarding their treatment, paying attention to their needs, and keeping patient information private by keeping confidentiality.
Coordination and integration of care	Working with a multidisciplinary team, organizing and integrating clinical treatment, and incorporating patients and their families in organizational planning, decision-making, and quality improvement procedures.
Information, communication and education	Giving clear and accurate information regarding interventions, care, and treatment; carefully listening to the patient and family; and, when needed, using therapeutic touching and conversation.
Physical comfort	Fostering a welcoming and helpful hospital environment; offering prompt, individualized, and skilled symptom management; and offering fundamental medical care that upholds and promotes regular bodily functioning.
Involvement of family and friends	Giving the patient enough information about their condition, appreciating and valuing their friends' and family's assistance with their care, and creating a welcoming environment.
Transition and continuity of care	Clearly educating patients about warning signs and hazards, how to take prescription drugs and take preventative action, and how to refer them to the right level of the health system.

3. PCC system's effects on healthcare environments:

The medical profession has changed from a paternalistic approach where doctors, nurses, and other healthcare professionals knew what was best for their patients to an inclusive approach where the patient is the center of attention. Under the paternalistic care system, doctors gave instructions and prescribed treatments without consulting patients or family members [20]. It granted them authority over patients, who were meant to be the center of their existence as the experts on whom health care was centered. Today's healthcare providers and institutions are aware of the significance of PCC in the provision of healthcare. PCC is a shift in mindset toward ideas of health care that are based on individual preferences and values that are the cornerstones of a health care relationship. In 1993, the Picker Institute introduced PCC to the general medical community. This institute conducted a study that brought to light the importance of communicating with patients, providing support, psycho-physiological comfort, and ensuring coordinated treatment that includes their friends and family [20, 21].

4. Cultural diversity & influence:

Cultural variety necessitates sensitivity and understanding, which should be reflected in the stages of program and educational design, development, and implementation. Workplace education initiatives assist with both typical and unusual scenarios that can arise in a professional context and offer tools for potential future events. It is the responsibility of nurses to prevent barriers from arising, such as misinterpretation resulting from communication hurdles and stereotyping by those who may be perceived as different. Clarification, and attentive listening are some of the abilities that can help get over and prevent some of these obstacles.

5. Quality improvement in healthcare:

Quality improvement specialists examine patient and other medical data and examine the care delivery systems. According to Sowell, they then use that data to pinpoint areas in need of improvement and draw attention to those that are already excelling. This work attempts to lower healthcare costs, achieve efficiency in the provision of medical treatment, and improve patient outcomes. Most examples of quality improvement in healthcare are guided by a framework developed by the Institute of Medicine (IOM), including-

- ❖ Safe: Preserving patients' well-being throughout their medical care.

- ❖ Effective: Providing medical services to patients who could benefit from them and avoiding the use of services that are unlikely to result in better patient outcomes.
- ❖ Timely: Cutting down on delays and wait periods for medical visits.
- ❖ Efficient: Preventing wastage of medical supplies, equipment, labor, and time.
- ❖ Equitable: Ensuring that patient variables like as gender, race, region, or socioeconomic status do not affect the quality of care received.
- ❖ Patient-centered: Care involves valuing each patient individually and making sure they are included in choices about their treatment.

6. Concluding remarks:

It is crucial to remember that not many researches have been done to assess PCC in nursing practice in developing nations in the majority of public and commercial healthcare facilities. Conclusions regarding improving adherence to patient safety standards are difficult to come at because of differences in the facility available in healthcare settings. By learning more about patient safety, collaborating to complete tasks, minimizing workloads, providing appropriate equipment and electronic systems for communication and information sharing, giving regular feedback in the workplace, and standardizing the care processes, nurses can better adhere to the principles of patient safety. Thus, more investigation and assessment need for this important field of health care delivery.

Competing Interest: Not declared by author

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