

Implications of patient centred health care



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American healthcare has many positive aspects, especially in terms of medicine, when compared to countries around the world. However, it continues to lack in efficiency and consistency in the concept of what exactly true healthcare is. The importance of patient experiences, expectations and satisfactions within healthcare environments and the impact it has on the quality of care has continually been documented and recognized yet still the current American system fails to properly address these issues. A patients' experience in the complex healthcare system can cause high levels of stress and anxiety within a patient which ultimately factors into decreased healing and lower recovery rates. As a country there should be a focus on implementing psychosocial and environmental aspects within the healthcare system with a goal of mitigating overall anxiety and stress to ensure efficient, high quality health outcomes.

Florence Nightingale was a true pioneer in the medical field and spearheaded this increasingly relevant concept of patient-centered care as well as the importance of a healing environment. In her writings in, *Notes on Nursing: What it is and what it is not*, Nightingale stressed the connection between the self, humanity, the environment, nature and the important role these aspects play in the means of learning, understanding and connecting healthcare and healing (Watson, 1998). Through this book Florence Nightingale revolutionized the idea of healthcare and set the groundwork for modern nursing. While healthcare has made immense strides in the name of modern medicine, it has regressed in terms of true care. Even though this topic of patient-centric care can be recognized as far back as 1869 (with the writings and teachings of Florence Nightingale) it is still a relatively new

topic/idea and there is not as much solid experimental data, rather a strong force of medical professionals who are trying to bring this issue to light. The methods and guidance written and taught by Nightingale are timeless and her patient focused research is one that remains relevant. At the core, Nightingale's patient-centered approach to healthcare can be utilized to reform our current approach to healthcare.

Increasing focus on individualized health care will create a more efficient and higher quality health care system. Mitigating the stress and anxiety that comes with the healing process and alleviating stresses that come with navigating the complex health industry will provide a higher level of patient care. Although the American healthcare system has made immense strides in curing diseases through a focus on medicine, it continues to ignore all other aspects that are involved in the healing process causing further advancement in our healthcare system to halt. A systemic transition should be made towards people-centric healthcare, where both clinical outcomes and individual patient needs are taken into consideration when developing and delivering healthcare.

According to the constitution of the World Health Organization, health is defined as a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity (Huisman et al, 2012). When determining the ways of preventing and curing different ailments, one must consider not only the benefits of medical science but also the wide variety of influences that impact patient outcome. Patient-centered care can be described as a type of care that not only focuses on the medical needs of an individual, but also their psychological, social and environmental needs.

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NEJM Catalyst (2017), describes patient-centered care as one where a patient's specific health needs and desired health outcomes are the driving force behind all health care decisions and quality measurements. The goal is focused on the health outcomes of individuals by improving and customizing care to each patient so that each is viewed and treated as an individual, rather than treating the population as whole. Each medical case should be treated individually.

Statistically, American healthcare continues to fall behind the rest of the world in many areas. When compared to other first world countries the United States spends double on healthcare and yet continues to rank low when comparing life expectancy and infant mortality rates, the most important measures of health (Papanicolas et al, 2018). In this study, researchers examined data from 2013 to 2016 to compare the United States with 10 other first world countries including the Canada, the United Kingdom, Japan, Sweden, Germany, Australia, France, Denmark, the Netherlands, and Switzerland.

Life expectancy is lowest out of the countries researched in the United States at 78.8 years old. The other countries surveyed ranged from 80.7 to 83.9 years. Infant mortality rates also sit at the top of the list with 5.8 fatalities out of every 1,000 births. Other surveyed countries averages 3.6 per every 1,000 births.

Spending on healthcare in the United States is also much higher than any other country in the world. In 2016, the U. S. spent 17.8 percent of its gross domestic product on healthcare. The next highest spending is Switzerland at

12.4 percent. Australia on the other hand spends 9.6 percent on healthcare. One would assume that with the highest amount spent on healthcare that we would have the healthiest population in the world, but this is not the case.

Currently, there is not a lot of focus centered on patient quality of life. Instead, a lot of focus is placed on the results of medications or specific procedures. Unfortunately, there are not a lot of great metrics that allow us to study the medical benefit of patient centered care. "It is quite challenging to disentangle the share of international differences in spending driven by differences in the quantity of care used and differences in the prices paid for that care, given how difficult it is to measure quality and intensity of care," said Katherine Baicker, dean of the Harris School of Public Policy at the University of Chicago.

Historically, there has not been a lot of focus placed on patient-centered care. Instead, patients are sometimes treated as if they are a symptom rather than an individual. Researchers at Thomas Jefferson University created a test to determine the empathy of a physician. At first, they conducted the test by having the physicians themselves answer questions based on how they perceived their empathy. They concluded that there was no correlation to improvements in patient care. They then decided to change the test to the *Jefferson Scale of Patient's Perceptions of Physician Empathy* and began asking the patients themselves questions regarding their perceptions on the empathy of their physicians. Once they switched to asking the patients they were able to observe an increase in patient care and outcome (Kane et al, 2007). This concept of switching from only caring about

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what is wrong with the patient to focusing also on what matters to the patient is a crucial part to transitioning to patient-centered care. The patient-physician relationship significantly influences health outcomes and this scale is a great tool to measure whether physicians are meeting the requirements to best deliver efficient care.

What are some general stressors and complaints of patients who are currently enduring long-term hospital stays?

Many patients struggle with a multitude of stressors and have complaints when experiencing with a long-term hospital stay. “ It is clearly demonstrated that the patients’ primary desire was a psychosocial environment where they were seen as a unique person; the patients wanted opportunities for good encounters with staff, fellow patients, and family members supported by a good physical environment; and the patients valued highly a place to withdraw and rest” said Maria Browall, PhD.

Many positive effects have been observed when patients are given rooms exposed to natural light and views of nature. A compilation of studies done by Huisman, et al (2012), shows evidence that patients who had a view of nature from their rooms, had shorter hospital stays, took less potent pain medications and had higher positive feedback as reported by their nurses than those patients that did not have natural light (p. 75). Creating environments that incorporate these aspects could have an immediate effect on patient outcome. This could also reduce the average cost per patient regarding pharmaceutical use and length of stay.

Positive distractions are another way to improve patient experience. This includes incorporating environmental stimuli with an intent to hold interest and focus on promoting positive feelings and reducing stress (Lankston et al, 2010). This has less to do with environmental conditions and focuses on implementing visual stimulation that acts as a positive diversion. Currently, hospitals lack these positive distractions causing patients to increasingly focus on their pain, fears and worries which ultimately causes excessive levels of stress.

These high levels of stress directly correlate to reduced patient healing, longer hospital stays, lower levels of pain tolerance and the need of pharmaceuticals. A 2006 report by the Department of Health states that the arts have a clear contribution to the delivery of health and should be recognized as being an integral part in providing healthcare and designing healthcare environments. " I am a firm believer in the power that art has to inspire and help alleviate suffering and that it can play a key role in lessening the burden that illness brings" says Hamish McDonald, artist and cancer patient at Beatson Hospital in Glasgow.

Another factor that contributes to patient discomfort are the environmental noises that accompany hospital stays. This includes the sounds that come from hospital machines, staff and other patients in multi-bed rooms. The sounds alone are not the issue, but rather that it's the most frequently reported sleep disturbing factor (Dubose, 2016). Sleep is crucial to the healing process due to the secretion of growth hormones that are responsible for repairing the body. Sleep deprivation can have a serious impact on the patient. According to Dubose, the brain continues to retrieve

stimuli scanning for potential threats even while a person is unconscious as a survival technique. Hospitals should strive to reduce environmental stimuli so that patients are able to get the sleep they need.

One on-going patient complaint is a feeling of lacking control regarding treatment and personal space. The importance of being involved in ones planning and treatment is one of the main characteristics of patient-centered care. According to a study done by Browel et al, participants valued the opportunity of being involved and responsible for decisions regarding their care as well as the option to choose whether they wanted to socialize or withdrawal by themselves.

Luckily, there is more that we can do to create a healing environment within hospitals. The impact that psychological and physical environments have on the healing process has become increasingly relevant within healthcare studies. Susan Lorenz, who has her Master of Science and Nursing (MSN), conducted a 22-year, empirical review on the existing research surrounding the synthesis of environment and the well-being of patients. Lorenz (2007) describes an optimal healing environment, as one where patients can receive social, psychological, spiritual, physical, and behavioral care that is focused on healing and attainment of wholeness (p. 263). Throughout her review a few factors continually stand out that have been proven to improve patient outcomes. These include, psychologically supportive environments, most importantly a sense of control for the patient, and the use of positive distractions with a focus on reducing the negative ones using the physical environment.

One major reason patient centered care and healing environments have yet to be implemented in our healthcare system is due to the concerns surrounding cost. A large amount of initial capital would be needed to incorporate new rooms, buildings, procedures, and integrative health practices into an already fiscally proficient system. However, the current healthcare system seems to financially benefit more from keeping people sick rather than making them better. An argument against issues concerning initial cost of implementation is to consider the integration of patient centered care and healing environments as a smart investment. Over time, with these various factors addressed, the health care industry would save money through increasing staff efficiency and reducing hospital stays for patients.

There is a magnitude of research that point to the benefits of implicating patient centered health care into our current healthcare system. The main goal is to ensure efficiency and quality of care and increase positive patient outcomes through putting a maximum effort into treating each patient as a unique individual and to focus on mitigating stress and anxiety throughout the healing process.

References

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