



RESEARCH ARTICLE

EVALUATING PATIENT-CENTERED CARE IN THE JORDANIAN HEALTHCARE SECTOR

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ABSTRACT

Recently, patient-centered care has evolved as one of the main health care practices that are associated with quality of the healthcare services. This study aims at evaluating the status of patient-centered care in Jordan where the primary data was collected using a questionnaire consists of the eight principles of patient-centered care distributed on medical specialists in the public hospitals in Jordan. the results have shown that patient-centered care is still in its initial stages in Jordan where more training and planning should be dedicated to enhance it.

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INTRODUCTION

There is increasing in recognition that patient-centered care is connected with the care quality. Significant works, which paved the method for the new patient-centered care emergence, are 'Through the Patient's eyes' reduced via Margaret Gerteis et al., in addition to articles via Mead and Bower as well as by Hobbs (Martz, 1994; Hobbs, 2009; Mead and Bower, 2000). The 'Through the Patient's eyes' book presented the objects gathered to the Picker/Commonwealth Program to the Patient centered care which was established at 1987 (Martz, 1994). Three significant themes were deal with first: association among patients' interactions with healthcare systems, providers and institutions in addition to their biased experience of wellbeing and illness. Second, the theme is the extent to that the systems effort to meet the needs of patient. Third, incorporation of the patients' point of views on the quality of healthcare by the health care planners, providers and managers (Jayadevappa and Chhatre, 2011). Mead and Bower within their article reviewed the empirical and conceptual literature, analyzed 5 dimensions of doctor and patient relationship within the context of the patient centered care also developed a form of the different patient-doctor relationship aspects (Bower, 2000). Lately, Hobbs identified different dimensions of the patient-centered care model the nursing point of view as found within the new literature (Hobbs, 2009).

She finished that the communication between patient and nurse was central to the effective patient-centered care application. Within extension to these activities, this paper will be based on collecting the necessary data from healthcare specialists in order to shed the light on patient-centered care in the Jordanian healthcare sector.

**Patient-centered care:** The Institute of Medicine (2001) identifies patient-centered care like one of 6 major fields of the quality of healthcare moreover defines it like "care that is respectful of and responsive to individual patient preferences, needs, and values," making sure that patient principles guide every clinical choices. The Plane tree model, the internationally recognized manager within patient centered care, has verified great strides during moving ahead the concept. The Plane tree form of care is a patient-centered, holistic advance to healthcare which promotes spiritual, mental, physical, emotional and social healing, partly by empowering families and patients through the information exchange (Cliff, 2012). Most of the patient-centeredness studies are carried out within settings relating visits (Mead, Bower and Hann, 2002). 16 of the 57 references during a modern review (Epstein, Fiscella, Lesser and Stange, 2010) contain the words interaction or communication within their titles. Encouraged by a apparent term poor understanding, the authors affirmed that patient-centeredness is "determined by the quality of interactions between patients and clinicians" also pointed to that they associate patient-centeredness by communication skills, that "are a fundamental component of the approach to care that is characterized by continuous healing relationships, shared understanding, emotional support,

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trust, patient enablement and activation, and informed choices.”. Levinson, Lesser and Epstein (2010) within their physician training discussion, they make it obvious that every physician (not just primary care physicians [PCPs]) require like training. Visit-based revisions of interaction and/or communication between professionals and patients provide a large amount of the evidence to the patient-centeredness utility. The literature is stuffed with evidence which communication patterns, together nonverbal and verbal, make a variation, as measured via if patients are extra knowledgeable, extra willing to hold to recommendations, or extra “satisfied” among their care. There is no disbelief that the communication patterns make a variation, but the amount to which good quality communication in entity visits is an enough strategy to give the person focus as well as “continuous healing” which high-quality primary care needs is unknown. It perhaps that other talents, for example the knowledge accumulation about people’s vulnerability and resilience to intimidation for their health, are serious as patients transfer from a health problem to other ones (Starfield, 2011).

Patient-centered care is as well known like patient-focused care or patient-centered approach (Hobbs, 2009; Saha, Beach and Cooper, 2008). The patient-centered care concept includes several subcategories for instance patient-centered interview, patient-centered communication, patient-centered diagnosis, patient-centered access and patient-centered outcome (Saha et al., 2008). The patient-centered care implementation also has led to an enhanced patient satisfaction; reduce in the stay average length, and effective and efficient treatments, leading to lesser are costs (Charmel and Frampton, 2008; Meterko, Wright, Lin, Lowy and Cleary, 2010; Nápoles, Gregorich, Santoyo-Olsson, O'brien and Stewart, 2009). From the point of view of a provider, by super patient-centered care, organizations are able to form a brand name which keeps its older draws and consumers in new ones (Charmel and Frampton, 2008). Therefore, patient-centered care formis being more and more recognized as significant for the release of super care (Jayadevappa and Chhatre, 2011).

**Values and benefits of patient-centered:** Focusing on care value, Patient-Centered Care practices are capable to classify areas that require to be enhanced within the health system, for example systematic errors, poor communication or lack of care coordination. Improving components which are not performance well will generate reduce waste and better outcomes. With the interest focused on the system components developments can be complete that will generate financial in addition to better health results. The results are what will supply value for the care established (Charmel and Frampton, 2008). Researchers are planning out pathways which will help improved target that Patient-Centered Care behaviors give to improved health outcomes. Within the current models, patients can state they preferred how their physicians had large listening skills so far their disease series may be becoming worse (Jayadevappa and Chhatre, 2011). The truth that a physician converses well, keeps the patient engaged in care, shows compassion, and is dependable is valuable since those characteristics are able to be necessary to adherence to self-care and treatment. (Jayadevappa and Chhatre, 2011; Charmel and Frampton, 2008). On the other hand, if the patient’s health does not get better, since his physician communicated fine, creates uncertainty. Taking an extra look at relations between clinicians and patients will help lead researchers to increase tools to ensure patients’ greatest interests are careful (Stewart,

1995; Breen, Wan, Zhang, Marathe, Seblega and Paek, 2009). Patient-Centered Care is seeming to relate to morals and ethics, the correct thing to carry out for families and patients. Though, in health care, ideas are not in use if plans do not include a return on asset. The health care culture is moving toward value additional to care conventional, that is leading to the problem, if Patient-Centered Care practices adding up value to the health care. Further Patient-Centered Care carries out are publishing results yearly of doing well health outcomes (Oates, Weston and Jordan, 2000; Epstein and Street 2011; Kaplan, Greenfield, Gandek, Rogers and Ware, 1996; Williams, Freedman and Deci, 1998). Patient-Centered Care practices also are creating methods which will incentivize infirmaries to join, because of performance standards in addition to Value-Based Purchasing set via the CMS (Oates, Weston and Jordan, 2000). Figure (1) below demonstrates the Patient-Centered care model (Lowery, 2013).

**Measuring patient-care:** The Institute of Medicine (IOM) suggested that to attain super health care, developments were needed to the patient-centered care delivery. Patient centered care is receptive to patients’ needs and values furthermore patient preferences direct decision-making. The (IOM) endorsed 6 patient-centered care dimensions that stated that care have to be: 1) deferential to patients’ preferences, values, in addition to expressed needs; 2) integrated and coordinated; 3) provide education, information and communication; 4) make sure physical comfort; 5) afford emotional support – alleviating anxiety and fear; and finally 6) involve friends and family (Baker, 2001). The 6 patient-centered care dimensions endorsed via the IOM were recognized via the Picker Institute (Peschel and Peschel, 1994). Throughout the 6 patient-centeredness dimensions expansion, Pesche land Pesche lillustrated on empirical theory, research, and provider and patient surveys to exploit validity (Peschel and Peschel, 1994). The Picker Institute (Australian Commission on Safety and Quality in Health Care, 2011) in addition to the International Association of Patients’ Organizations (IAPO) (International Alliance of Patients’ Organizations, 2006) have projected another frameworks of the patient-centered care. Though, the principles within the Picker Institute’s as well as IAPO’s patient-centered care models are like and largely be related to the dimensions of IOM-endorsed patient-centeredness. Patient-reported actions developed to evaluate the patient-centered care quality include experiences of care measures and pleasure with care measures (Crow, Gage, Hampson, Hart, Kimber, Storey and Thomas, 2002; Cleary and Edgman-Levitan, 1997). Patient-reported measures are necessary to quality development efforts since they give the patient’s perspective concerning health care areas which are of super and features of care anywhere improvements are desired (Tzelepis, Rose, Sanson-Fisher, Clinton-McHarg, Carey and Paul, 2014). The measures of Patient-reported are debatably the best method to assess creates that concern with patient-centeredness since patient-centered care is receptive for the patient moreover is guided via patient favorites (Baker, 2001). Patient-reported measures also are able to gather information which can just be obtained of patients themselves for instance if the patient received sufficient pain release (Fink, 2000).

## MATERIALS AND METHODS

This study aims at determining the status of patient-centered care in the Jordanian healthcare sector. In order to collect the primary data, a questionnaire was developed based on the

Picker's Eight Principles of Patient Centered Care. The sample of this study consisted of (95) healthcare specialists of pediatrics, emergency doctors, physicians and nephrologists randomly selected from the public hospitals in Jordan. Table (1) below shows the percentages of each specialty of the study sample.

## RESULTS AND DISCUSSION

Table (2) below shows the responses of the study sample on the paragraphs of each of the eight fields of the questionnaire. It can be noticed from the above table that the majority of the principles of patient-centered care came in a medium degree.

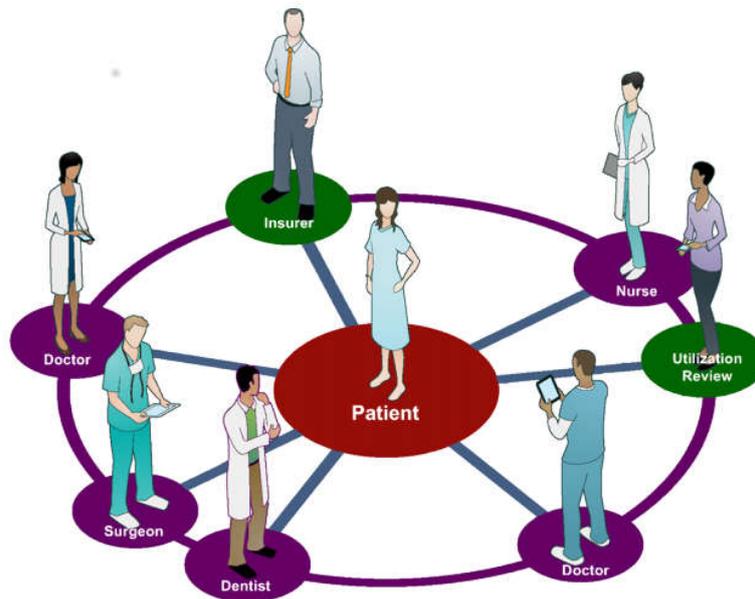


Figure 1. Patient-Centered care model (Lowery, 2013)

Table 1. The percentages of each specialty of the study sample

Specialty	Number	Percentage
Pediatrics	27	30 %
Emergency Doctors	31	34 %
Physicians	12	13%
Nephrologists	21	23%

Table 1. The means and standard deviations for the study sample responses

Paragraphs	Mean	Standard Deviation	Degree
Respect for patients' values, preferences and expressed needs			
Involve patients in decision-making	3.27	0.92	Medium
Treat patients with dignity.	3.35	0.93	Medium
Respect and sensitivity to his/her cultural values and autonomy	3.34	0.90	Medium
Coordination and integration of care			
Coordination of clinical care	3.44	0.95	Medium
Coordination of ancillary and support services	3.09	1.00	Medium
Coordination of front-line patient care	3.30	1.06	Medium
Information and education			
Information on clinical status, progress and prognosis	3.21	1.04	Medium
Information on processes of care	3.41	0.88	Medium
Information to facilitate autonomy, self-care and health promotion	3.38	1.05	Medium
Physical comfort			
Pain management	3.23	0.90	Medium
Assistance with activities and daily living needs	3.35	0.98	Medium
Hospital surroundings and environment	3.78	0.92	High
Emotional support and alleviation of fear and anxiety			
Anxiety over physical status, treatment and prognosis	3.53	1.02	Medium
Anxiety over the impact of the illness on themselves and family	3.43	0.92	Medium
Anxiety over the financial impact of illness	3.28	1.00	Medium
Involvement of family and friends			
Providing accommodations for family and friends	3.34	0.95	Medium
Involving family and close friends in decision making	3.57	1.03	Medium
Supporting family members as caregivers	3.68	0.98	High
Continuity and transition			
Understandable, detailed information regarding medications, physical limitations, dietary needs, etc.	3.48	0.97	Medium
Coordinate and plan ongoing treatment and services after discharge	3.51	1.01	Medium
Provide information regarding access to clinical, social, physical and financial support on a continuing basis.	3.58	1.01	Medium
Access to care			
Access to the location of hospitals, clinics and physician offices	3.72	1.01	High
Availability of transportation	3.57	0.95	Medium
Ease of scheduling appointments	3.53	1.02	Medium

However, the paragraphs that state; "Access to the location of hospitals, clinics and physician offices", "Supporting family members as caregivers", "Hospital surroundings and environment" came in a high degree. In the Jordanian healthcare sector, patient-centered care is still in its initial steps where most of the respondents reported that the level of practicing patient-centered care is medium. This can be attributed to different reasons including the dominated culture that still role this sector where "job-done" is what matter the most. Also, the fact that all the respondents were selected from public hospitals can be the reason behind such results where the care in this type of hospitals is less compared with private hospitals where patients "customers" are holding a larger value for the staff and administration. The role of leadership and managerial direction cannot be underestimated since such centered care requires planning and follow-up.

## Conclusion

Demonstration projects should be conducted to serve as the platform for developing patient-centered care approaches, documenting their usefulness and feasibility, building consensus as well as convincing decision-makers of the utility of broader change. Additional demonstrations are necessary to improve approaches and the evidence base. It will be vital to document the impact of patient-centered care, in terms of cost offset, quality of care and health outcomes. An important requirement will be the advance of tools and indicators that can be used to measure progress towards patient-centered care. Pre-service curricula reform, in-service training, and ongoing technical assistance are necessary to prepare the health workforce to assume new roles and ways of working. This will improve quality of care and increase satisfaction amongst health workers and patients. Community development is necessary to reinforce their capacity to participate in the implementation and planning of health services.

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