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Barriers to Implementing Patient-Centered Care in Nursing Practice: Review

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Abstract

Background: Patient-centered care (PCC) is essential for enhancing healthcare outcomes by addressing the unique needs and preferences of patients. However, barriers to implementing PCC in nursing practice persist, affecting communication and overall care quality.

Methods: This literature review synthesizes findings from empirical studies on nurse-patient interactions across various healthcare settings. Databases including CINAHL, PubMed, and Medline were searched for relevant articles published in English, focusing on barriers and facilitators of patient-centered communication. Key themes were identified and organized to propose a conceptual model, the Patient-Centered Care and Communication Continuum (PC4) Model.

Results: Four main categories of barriers were identified: institutional and healthcare system-related, communication-related, environmental, and personal and behavioral barriers. Common challenges include staffing shortages, time constraints, inadequate training in communication skills, and cultural differences between nurses and patients. The review highlighted that effective communication is integral to successful PCC, with studies showing that improved nurse-patient communication fosters patient involvement and satisfaction.

Conclusion: Addressing the identified barriers is crucial for enhancing patient-centered care in nursing practice. The PC4 Model serves as a framework for understanding and improving nurse-patient interactions. By prioritizing effective communication and fostering a supportive healthcare environment, nurses can better meet the needs of patients and their families, ultimately leading to improved health outcomes.

Keywords: Patient-centered care, nursing practice, communication barriers, healthcare outcomes, empirical studies.

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1. Introduction

Delivering healthcare services that honor and address the needs of patients, and their caregivers is crucial for fostering favorable care outcomes and perceptions of care quality, therefore embodying patient-centered care. Care is "a feeling of concern for, or an interest in, a person or object that requires attention and maintenance." [1] The Institute of Medicine (IOM) said that delivering patient-centered care entails honoring and addressing each patient's unique care requirements, preferences, and values in all clinical decisions. In nursing care, patient-centered or person-centered care must recognize patients' experiences, narratives, and expertise, delivering care that prioritizes and honors their values, preferences, and needs by actively including the patient in the care process [2, 3]. Healthcare providers and professionals must actively include patients and their families in the treatment process in significant ways. The IOM, in its 2003 report on Health Professions Education, acknowledged the significance of patient-centered care and said that delivering such care is the primary core skill that health professionals' education should prioritize [4]. This focus highlighted the need to provide healthcare services aligned with patients' needs and desires.

Studies indicate that efficient communication between patients and healthcare professionals is crucial for patient care and recovery [5-8]. Madula et al. [6], in their investigation of maternity care in Malawi, observed that patients expressed satisfaction when nurses and midwives communicated well and treated them with warmth, empathy, and respect. Nonetheless, some patients reported that inadequate communication by nurses and midwives, including verbal abuse, disdain, or refusal to address inquiries, influenced their evaluations of the services provided [6]. Joolaee et al. [9] examined patients' perceptions of caregiving relationships at an Iranian hospital, finding that effective communication between nurses and patients was deemed "more significant than physical care" by the patients.

Boykins [10] asserts that good communication is a reciprocal conversation between patients and healthcare practitioners. In such discourse, both sides communicate and listen without interruption; they seek clarification via questions, articulate their viewpoints, share information, and fully comprehend each other's meanings. Henly [11] emphasized that efficient communication is essential in therapeutic relationships. He noted that health and sickness influence the quality of life, making health communication essential and that the "intimate and occasionally overwhelming nature of health issues can complicate communication with nurses and other healthcare providers" [11]. Moreover, Henly [11] said that patient-centered communication is essential for achieving optimum health outcomes, embodying the enduring nursing principle that treatment must be tailored and responsive to patient health issues. Considering the ubiquity of in-person and technology-facilitated communications in healthcare environments, it is essential to investigate and elucidate the who, what, where, when, why, and how of interactions involving people, families, and communities receiving care and health services [11].

The significance of efficient communication in nurse-patient clinical encounters is paramount, as research indicates that communication procedures are crucial for more accurate patient reporting and disclosure. Respectful communication between nurses and patients may diminish ambiguity, foster more patient involvement in decision-making, promote adherence to medication and treatment regimens, and elevate social support, safety, and patient satisfaction in care [12, 13]. Consequently, proficient nurse-patient clinical communication is vital for improving patient-centered care and favorable treatment outcomes.

Patient-centered communication, sometimes referred to as person-centered or client-centered communication, is characterized as a process that solicits and promotes active participation and negotiation by patients and their families in decision-making on their care requirements, as referenced in [7]. Effective patient-centered communication is essential for fostering patient-centered care and necessitates the involvement of patients and their caregivers in the care process. According to McLean [14], patient-centered care may be improved by patient-centered communication that respects patients' dignity and rights. Open communication and cooperation, including the sharing of information and treatment plans among care professionals, patients, and their families, render care providing patient centered [14].

Considering the interdependent relationship between patient-centered care and communication, it is important to identify the obstacles and facilitators of both and to provide effective strategies for their enhancement, since patient-centered communication is crucial for attaining patient-centered care. This research aims to identify the obstacles and enablers of patient-centered care and communication and to propose a Patient-Centered Care and Communication Continuum (PC4) Model to elucidate how patient-centered care may be improved in nurse-patient clinical encounters. Grant and Booth contended that critical reviews are often used to present, analyze, and synthesize research findings from many sources, resulting in a hypothesis or model that interprets current data to improve evidence-based practice [15]. This critical literature review examines the challenges and facilitators of patient-centered care and offers methods to strengthen it via effective clinical communication.

2. Methods

Literature searches were performed from 2000-2023 with keywords including obstacles and facilitators of nurse-patient contact, patient-centered care, patient-centered communication, and nurse-patient communication. The databases examined were CINAHL, PubMed, Medline, and Google Scholar. This critical review encompasses empirical studies on nurse-patient interactions across various care environments, published in English and available as open access. All relevant publications were examined, and their principal results related to our review questions were recognized and categorized into themes and subthemes addressed in this work. Additional published papers were examined, and in conjunction with those pertinent to the review topic, a model was established to improve patient-centered care via effective communication.

3. Obstacles to Patient-Centered Care and Communication

Nurses are a crucial segment of care providers whose actions may profoundly influence care outcomes, both positively and negatively. Nurses provide significant time to patients and their caretakers. Consequently, constructive nurse-patient and caregiver connections are therapeutic and represent an essential element of treatment [9, 13]. Nurses often act as interpreters or advocates for patients, while fulfilling their basic care responsibilities. While effective nurse-patient connections enhance communication and engagement, research indicates that several circumstances hinder these interactions, adversely affecting care outcomes and quality [6, 16, 17]. Consequently, these obstacles hinder nurses and other healthcare personnel from delivering care that satisfies the requirements of patients and caregivers. We classify the obstacles to patient-centered care and communication into four categories: institutional and healthcare system-related, communication-related, environment-related, and personal and behavioral barriers. Despite being addressed under distinct subheadings, these impediments are intricately interconnected in clinical practice.

4. Barriers Related to Institutional and Healthcare Systems

Numerous obstacles to delivering patient-centered care and communication during nurse-patient encounters originate from healthcare institutional procedures or the healthcare system itself. Certain elements are associated with healthcare policy or management styles and methods.

A shortage of nursing personnel, elevated workloads, burnout, and time constraints represent a multifaceted institutional and healthcare system-level obstacle to efficient care delivery [18, 19]. Loghmani et al. [20] discovered that staffing limitations hindered nurses from spending sufficient time with patients and their caregivers in an Iranian critical care unit. Constraints in nursing personnel, together with an elevated workload, resulted in diminished relationships among nurses, patients, and caregivers. Anoosheh et al. [16] also identified that a substantial nursing workload was the primary constraint on therapeutic communication in nurse-patient interactions in Iran.

Norouzinia et al. [21] identified major hurdles to efficient nurse-patient interactions in research conducted at two hospitals connected with Alborz University of Medical Sciences, including a scarcity of nurses, excessive workloads, and inadequate time for patient engagement. Comparable characteristics are recognized as impediments to nurse-patient communication and interactions in further research [13, 16,

18]. Amoah et al. [16] indicated that a paucity of nursing personnel and excessive workload impeded patient-centered care and therapeutic contact between Ghanaian nurses and patients.

Nurses, patients, and their caregivers have observed that time constraints impact nurse-patient interactions, communication, and the quality of treatment. Furthermore, Yoo et al. [22] indicated that restricted visiting hours impeded communication between caregivers and nurses at a tertiary hospital in Seoul, Korea. The caregivers, constrained by time, have little understanding of the critical care unit and harbored mistrust towards the nurses.

The nursing staff scarcity is a substantial obstacle to patient-centered care and communication, which healthcare institutions and management must acknowledge; yet, some researchers in the field have criticized nurses' complaints over time constraints. McCabe [7] contended that the quality of nurse-patient interactions is paramount, rather than the quantity of time allocated to patients and their caregivers. McCabe said that prolonged interactions with patients do not always lead to favorable nurse-patient relationships. He contended that the implementation of patient-centered care does not need extra time; thus, nurses' impressions of being too occupied cannot justify inadequate therapeutic communication during clinical contacts. Nurses are urged to cultivate self-awareness, engage in self-reflection, and commit to providing necessary patient care.

A further institutional impediment to patient-centered care and communication is the healthcare system's focus on task-oriented care. Healthcare professionals prioritize the execution of care procedures above addressing the needs and preferences of patients and caregivers. This impediment to patient-centered treatment and communication is recognized in several research [7, 14, 20, 22-25]. McLean [14] examined dementia care in nursing homes throughout the United States. She discovered that patient-centered care and communication at one nursing home were significantly compromised when nurses, doctors, and care managers prioritized task completion and adherence to institutional protocols above addressing patients' care requirements. In the second care home (Snow II), patient-centered care was improved as nurses, doctors, and care home management prioritized addressing patients' needs and values above just performing care routines and chores.

Yoo and colleagues [22] also noted that nurse-patient communication was compromised when ICU nurses prioritized urgent activities related to patients' health, such as stabilizing vital signs, above addressing patients' individual needs. This study indicates that when nurses prioritize tasks, patients and caregivers are seen as mere bodies and objects upon which medical and care interventions are executed to restore health. Research indicates that when nurses prioritize task-oriented care, it becomes challenging to provide holistic care or effectively interact and educate patients, even during less hectic periods [20].

Nursing managers and their management styles influence patient-centered care and communication. Research has shown that the management styles used by nurse managers may either promote or hinder patient-centered care [14, 22]. The orientation of nursing staff by nurse managers towards task-centered care practices influences nurse-patient interactions and communication. Furthermore, when nurse managers neglect to address their staff's mental health requirements and personal difficulties, it adversely affects nurses' ability to respond to patients' care needs. Nurses have reported that nurse-patient communication is compromised when nurse supervisors are unsupportive or insensitive to their requirements [20].

In a study examining the perspectives of nursing and midwifery managers on barriers to compassion and therapeutic care across 17 countries, Papadopoulos et al. [24] found that the characteristics and experiences of nurses and midwifery managers could either facilitate or hinder compassionate and therapeutic interactions in nursing care. Adverse character dispositions, such as egotism, hubris, narcissism, incivility, deficiency in leadership abilities, ambition for authority, and a sense of superiority among nursing and midwifery supervisors, impeded the cultivation of compassion. The research indicated that managers who focus on rules, duties, and outcomes neglect relationship-building and see their employees as laborers rather than collaborators [24]. Nurse managers and care administrators must

oversee nurse-patient interactions and communication to address nurses' concerns and provide assistance, particularly in resource-limited environments with frequent patient turnover.

5. Barriers Related to Communication

Effective communication is crucial for delivering patient-centered care. Research indicates that inadequate communication between healthcare practitioners and patients, as well as their caregivers, negatively impacts care outcomes and perceptions of care quality [7, 16, 26-28]. A persistent obstacle in nurse-patient communication is misinterpretation, often resulting in misconceptions among nurses, patients, and their families [20]. Additional communication-related obstacles include linguistic disparities between patients and healthcare personnel [6, 16, 27], inadequate communication skills, and patients' incapacity to articulate owing to their medical condition, particularly in ICU, dementia, or end-of-life care scenarios [13, 22]. In their maternity care research, Madula et al. [6] observed that language obstacles substantially hindered efficient communication between nurses/midwives and pregnant mothers. A participant in their research noted that although many nurses were courteous and spoke efficiently, other nurses struggled to speak with patients in the Chitumbuka language, which hindered their capacity to connect proficiently with patients [6].

Moreover, Norouzinia et al. [21] contended that effective communication is unattainable when there is a linguistic disparity between nurses and patients. Furthermore, the interpretations of certain non-verbal communication behaviors (e.g., head nodding, eye contact, touch) might vary between cultures, thereby hindering relationships between patients and nurses. In healthcare settings where nurses and patients share a common language, disparities in vocabulary, speech rate, age, background, familiarity with medical technology, education, physical ability, and experience can engender a significant cultural and communicative divide between them. In ICU and comparable care environments, nurses have challenges in properly communicating with patients due to the impediments posed by mechanical ventilators, which hinder patients' ability to speak [22].

Healthcare facilities must prioritize the engagement of translators and interpreters to promote nurse-patient interactions in the presence of language obstacles. Nurses in ICU and comparable environments should acquire and use other communication methods to engage with patients.

6. Environmental Barriers

The care setting's atmosphere may influence nurse-patient communication, and the subsequent care provided. Consequently, “positive healthcare experiences commence with an inviting atmosphere” [29]. Masters said that although effective medication and skilled hands are crucial for the care and healing of the ill and injured, we must not overlook the little details: a warm smile, an ice chip, a warm blanket, and a cold washcloth. A pillow turned over and an elevation in bed.” [29]. Environmental barriers are impediments within the healthcare context that obstruct nurse-patient engagement and communication, which may include excessive noise, unmaintained wards and beds, and challenges in identifying areas, and accessing care services. Disruptive environments, insufficient privacy, and inadequate ventilation, heating, cooling, and lighting in some hospital facilities might impede nurse-patient communication. These factors may inhibit patients from authentically articulating their healthcare requirements to nurses, thereby compromising patient disclosure and diminishing the accuracy of nursing diagnoses [13, 18, 21]. Amoah et al. [16] showed that an unfavorable care environment, characterized by excessive noise and inadequate ward conditions, adversely impacted patients' psychological well-being, hindering nurse-patient interactions and communication. Furthermore, when care services lack proper coordination, new patients and their caregivers have difficulties in navigating the care system (e.g., identifying locations for medical testing and consultations), which may hinder patient-centered care and communication.

Mitigating environmental obstacles necessitates maintaining a clean and orderly care space, minimizing noise, and coordinating care services to facilitate accessibility for patients and caregivers. According to Picker’s Eight Principles of Patient-Centered Care, coordinating and integrating care services, ensuring accessibility, and enhancing physical comfort are essential for fostering patient-centered care.

7. Personal and Behavioral Barriers

The kind of nurse-patient connections formed between nurses, patients, and their caregivers will influence their communication. The differing demographic traits, cultural and linguistic origins, beliefs, and worldviews toward health and sickness among nurses, patients, and caregivers might influence nurse-patient communication and care results. Divergences in the cultural backgrounds and belief systems of nurses and patients have been recognized as impediments to effective therapeutic communication and treatment [12, 13, 21]. Research indicates that patients' attitudes and cultural origins influenced their contact with nurses in Ghana [16]. These researchers discovered that some patients declined blood transfusions, and Muslim patients rejected the assistance of female nurses due to their religious convictions [16]. Moreover, when nurses, patients, or their caregivers harbor misconceptions stemming from prior experiences, dissatisfaction with the care rendered, or undue interference from patients' relatives and caregivers, nurse-patient communication and patient-centered care are adversely impacted [16, 21].

Nurse-patient communication was similarly compromised when patients or caregivers disregarded nurses' recommendations or mistreated them due to misunderstandings [20]. Additionally, patients' negative attitudes or disrespectful behaviors towards nurses can hinder the provision of person-centered care [30, 31]. The aforementioned research demonstrated how the behaviors of patients and caregivers might influence nurses' capacity to communicate and offer patient-centered care.

Nurses' behaviors may significantly influence communication and care outcomes in the nurse-patient relationship. When nurses exhibit contempt, engage in verbal abuse (e.g., screaming or reprimanding), and discriminate against patients according to their socioeconomic position, it adversely impacts nurse-patient interactions, care results, and patient disclosure [6, 32]. Al-Kalaldeh et al. [18] assert that nurse-patient communication is impeded when nurses hesitate to acknowledge patients' emotions and manifestations of concern. When nurses disregard patients' rights to express their opinions and engage in care planning, such neglect may result in tension, discomfort, and less confidence in nurses, ultimately leading to reduced satisfaction with treatment.

Moreover, when nurses neglect to heed the concerns of patients and caregivers, compel patients to comply with their directives, or inadequately provide essential information, the quality of nurse-patient communication and patient-centered care practices deteriorates. For instance, in the research by Ddumba-Nyanzia et al. [17] about communication between HIV treatment providers and patients, a patient stated: "I realized that no matter how much I spoke to the counselor, she was not attentive." She was just considering her perspective and disregarding all others, which caused me much distress. This quotation illustrates how the attitudes of care providers might limit care results. High workload, time constraints, inadequate compensation, and manpower shortages may cause some nurses to experience despair, emotional detachment, and indifference towards their profession, potentially resulting in diminished self-esteem or negative self-image, adversely affecting nurse-patient relationships [13, 18].

Considering the importance of good communication in care, it is essential to surmount the aforementioned personal and behavioral obstacles to patient-centered care and communication. Nurses, patients, and caregivers must contemplate the impact of their actions on the care process. Consequently, surmounting these obstacles starts with the adoption of the enablers of patient-centered care and communication.

8. Consequences of the PC4 Model for Nursing Practice

Considering the significance of good communication in nurse-patient interactions and care outcomes, nurses and other healthcare professionals must cultivate therapeutic connections with patients, their families, and caregivers to enhance person-centered care and communication. Accomplishing that commences with understanding and contemplating the obstacles to therapeutic communication and strategies to mitigate them. The PC4 Model emphasizes the importance of patient-centered care pathways and the need for efficient communication between nurses and other healthcare professionals. Healthcare workers, especially nurses, must recognize how their communication orientation—whether focused on task completion and adherence to care protocols or on addressing the needs of patients and their

caregivers—can influence patient-centered care. Healthcare practitioners must consider the treatment setting, patients' circumstances, their non-verbal communication and behavior, and their affiliation with historically marginalized groups or cultures.

Masters [29] has provided healthcare practitioners with guidelines for their communication and interaction with patients and caregivers. Consequently, rather than inquiring of patients, “What is the issue?”Care providers might consider asking, "What is significant to you?"This question empowers the patient to articulate and participate in their care requirements.” Healthcare personnel should consult with patients in the waiting area to inform those whose waiting time has exceeded the norm, contingent upon the care setting. They should also endeavor to recall their chats with patients to enhance later contacts. Nurse managers may strengthen this continuity by reevaluating the allocation of care professionals to patients. The same nurse may be allocated to the same patients throughout their hospital stay to enhance patients' sense of worth and recognition [29, 33-36].

Proficiency in cultural competency, sensitivity, humility, and interpersonal communication skills will facilitate the achievement and implementation of the PC4 Model. Cuellar [37] posits that humility involves comprehending and empathizing with all individuals. Cultural competency is defined as a dynamic process of developing the capability to provide effective, safe, and high-quality treatment to patients by taking into account their diverse cultural dimensions [38]. The notion of cultural competence encompasses "cultural openness, awareness, desire, knowledge, and sensitivity" in the context of care [39]. It requires that healthcare practitioners respect and customize treatment to correspond with the beliefs, needs, practices, and expectations of patients and caregivers, grounded in ethical principles and comprehension. Active listening and demonstrating compassion are vital therapeutic relationship-building abilities, and ongoing education and mentoring are necessary for healthcare workers to cultivate these competencies.

9. Conclusions

Effective communication is a crucial element in nurse-patient interactions and a fundamental aspect of nursing care. When communication in the nurse-patient dyad is concentrated on the patient, it becomes therapeutic. It fosters trust and mutual respect in the caregiving process, hence enhancing methods that cater to the needs, concerns, and preferences of patients and caregivers. We have delineated the obstacles and enablers of patient-centered care and communication and introduced a person-centered care and communication continuum (PC4 Model) to illustrate the intersection of patient-centered communication with patient-centered care.

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العوائق أمام تنفيذ الرعاية المتمحورة حول المريض في الممارسة التمريضية: مراجعة

الملخص

الخلفية: تعتبر الرعاية المتمحورة حول المريض (PCC) ضرورية لتحسين نتائج الرعاية الصحية من خلال تلبية الاحتياجات والتفضيلات الفريدة للمرضى. ومع ذلك، تستمر العوائق التي تحول دون تنفيذ PCC في الممارسة التمريضية، مما يؤثر على جودة التواصل والرعاية بشكل عام.

الطرق: تقوم هذه المراجعة للأدبيات بتلخيص نتائج الدراسات التجريبية حول التفاعلات بين الممرضين والمرضى في مختلف بيئات الرعاية الصحية. تم البحث في قواعد البيانات مثل CINAHL و PubMedو Medlineعن المقالات ذات الصلة المنشورة باللغة الإنجليزية، مع التركيز على العوائق والمحفزات المتعلقة بالتواصل المتمحور حول المريض. تم تحديد المواضيع الرئيسية وتنظيمها لاقتراح نموذج مفاهيمي، وهو نموذج الاستمرارية للرعاية المتمحورة حول المريض والتواصل.(PC4)

النتائج: تم تحديد أربع فئات رئيسية من العوائق: عوائق متعلقة بالنظام الصحي والمؤسسات، عوائق تتعلق بالتواصل، عوائق بيئية، وعوائق شخصية وسلوكية. تشمل التحديات الشائعة نقص الموظفين، وضيق الوقت، ونقص التدريب على مهارات التواصل، والفروق الثقافية بين الممرضين والمرضى. وأبرزت المراجعة أن التواصل الفعّال يعتبر جزءًا أساسيًا من نجاحPCC ، حيث أظهرت الدراسات أن تحسين التواصل بين الممرضين والمرضى يعزز مشاركة المرضى ورضاهم.

الاستنتاج: يعد التعامل مع العوائق المحددة أمرًا ضروريًا لتحسين الرعاية المتمحورة حول المريض في الممارسة التمريضية. يوفر نموذج PC4 إطارًا لفهم وتحسين التفاعلات بين الممرضين والمرضى. من خلال إعطاء الأولوية للتواصل الفعّال وتعزيز بيئة رعاية صحية داعمة، يمكن للممرضين تلبية احتياجات المرضى وعائلاتهم بشكل أفضل، مما يؤدي في النهاية إلى تحسين نتائج الصحة.

الكلمات المفتاحية: الرعاية المتمحورة حول المريض، الممارسة التمريضية، عوائق التواصل، نتائج الرعاية الصحية، الدراسات التجريبية.