



## The Evolution of Patient-Centered Care Models in Healthcare Administration: Review

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### Abstract

**Background:** The increasing demand for healthcare services, combined with budgetary constraints, has necessitated the evolution of patient-centered care models within healthcare administration. Traditional lean management approaches often prioritize efficiency but may neglect the emotional and social needs of patients.

**Methods:** This review synthesizes existing literature on the integration of medical humanities into lean healthcare management. A comprehensive analysis was conducted across multiple studies examining the operational efficiencies and patient experiences within healthcare settings. The focus was on identifying how humanistic principles can be incorporated to enhance patient-centeredness in lean models.

**Results:** The findings reveal that while lean management improves operational efficiency, it often leads to a mechanistic approach that can undermine the quality of patient care. By integrating medical humanities, healthcare organizations can foster better doctor-patient relationships, enhance communication, and address the holistic needs of patients. The research highlights three critical areas for further exploration: developing a humanistic-lean healthcare model, cultivating trust and communication, and reconciling efficiency with compassionate care.

**Conclusion:** The integration of medical humanities into lean healthcare management can significantly enhance the personalization and comprehensiveness of care, thereby improving patient satisfaction and outcomes. This model not only addresses operational efficiency but also prioritizes the emotional and psychological aspects of patient care, ultimately contributing to a more sustainable healthcare system.

**Keywords:** Patient-Centered Care, Lean Management, Medical Humanities, Healthcare Administration, Humanistic Approach.

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## 1. Introduction

Healthcare organizations are under considerable pressure to enhance their services due to an aging population and rising healthcare demand, despite the ongoing budgetary restrictions affecting healthcare systems, which are either worsening or remaining stagnant [1]. Currently, these systems must be economical, accessible, secure, comprehensive, efficient, and cost-effective. Thus, there is an immediate need for novel techniques that may reconcile cost-efficiency with superior patient care. This necessitates the investigation of novel and more effective care delivery methodologies [2, 3].

Numerous businesses have adopted the Toyota Production System, often known as Lean healthcare management, as a technique to enhance performance. This method emphasizes enhancing efficiency in current operations without substantial reorganizations or considerable expenditures [4, 5]. Nevertheless, lean healthcare may overlook patients' emotional experiences and requirements, perhaps resulting in an overreliance on technology, which adversely affects patient experiences and humanistic treatment, particularly in poor nations. This disconnection may generate a disparity between clinical efficiency and the genuine concerns of patients. Therefore, it is essential to investigate how Lean management may amalgamate with medical humanities to create a more holistic, patient-centered service model that emphasizes complete treatment rather than simple efficiency [6].

Investigations into lean healthcare management have thoroughly examined its capacity to enhance hospital operations, minimize waste, and elevate performance. Fundamental research has clarified the concepts of lean and their use in healthcare. Holden asserts that although lean management may improve efficiency via optimal resource use, its focus on procedural uniformity may clash with personalized health care [7, 8]. Waring and Bishop adopt a more critical stance, positing that while lean methodologies might streamline processes and save expenses, they may compromise humanistic care. Toussaint and Berry assert that an overemphasis on efficiency may render healthcare methodologies mechanical, neglecting the emotional and psychological dimensions of patient care. Radnor et al. and Waring and Bishop assert that lean management may render the patient experience "hard-edged and mechanistic" [9].

The medical humanities are essential in humanizing healthcare by highlighting compassion, empathy, and a comprehensive approach to patient care. Significant research has emphasized the need of incorporating humanism into therapeutic practice. Shapiro suggests that the integration of medical humanities might enhance doctor-patient interactions and foster physician empathy [10]. Bleakley asserts that incorporating these ideas into education fosters the development of healthcare workers who are more attuned to the emotional and social needs of patients [11]. Charon, in her examination of narrative medicine, emphasizes the emotional dimensions of patient care and the need of comprehending dramatic tensions in decision-making [12].

The current research has established a robust basis for advancing humanistic care, primarily focusing on clinical practice and education. There is less theoretical or practical study on its integration into healthcare management frameworks, such as the lean healthcare model. Limited relevant research is available. Mishra addresses operational efficiency although neglects to provide explicit solutions for incorporating humanistic care [13]. An additional topic deserving of further investigation is the lack of practical methods to integrate patient-centric viewpoints into lean models. Andersen conjectures about patient-centered treatment but provides no implementable answers. Moreover, there has been little investigation into the impact of humanistic practices, such as shared decision-making, on healthcare team satisfaction and motivation [14]. Most studies concentrate only on operational enhancements, neglecting the potential effects of a more humanistic approach on employee morale. Radnor underscores the imperative of harmonizing operational efficiency with patient-centered care; however, limited strategies exist to effectively reconcile these two vital components within lean healthcare systems [15, 16].

The practical framework of lean healthcare management is flawed, as many studies in this domain prioritize efficiency at the expense of addressing patients' emotional needs. Future study should focus on three critical areas: Primarily, emphasis should be placed on developing a "humanistic-lean healthcare" model grounded in a human-potential-led framework that incorporates humanistic ideals to create people-centered lean management. Secondly, measures for cultivating trust and enhancing communication must be established; although the literature emphasizes the significance of relationships, particular solutions for lean processes remain little examined. Third, research should explore methods to reconcile efficiency with humanism, aiming for solutions that attain high performance in lean systems while preserving emotional dimensions and a comprehensive patient-care approach. Ultimately, the promotion of humanistic care might improve the motivation and work happiness of medical teams in lean hospitals, necessitating additional study on how these elements influence total team satisfaction. This study investigates the integration of medical humanities with lean healthcare administration to address the aforementioned issues.

## **2. Transforming lean healthcare management to prioritize patient-centeredness**

Lean management is characterized as a cohesive socio-technical system designed to eliminate waste by concurrently minimizing variability across suppliers, consumers, and internal processes. Following its implementation in healthcare, various aspects were highlighted, including the development of a culture of continuous improvement, employee empowerment, and waste reduction, all aimed at augmenting patient service value [17]. Lean healthcare management integrates ideas and techniques from other disciplines, emphasizing fundamental concepts such as waste reduction, optimizing the flow of patients, healthcare professionals, and supplies, and guaranteeing that each process provides value to patients [18].

Lean healthcare management currently incorporates ideas from health economics for managing medical expenditures and use information technology to improve service efficiency. It embodies contemporary, refined hospital management methodologies, seeking to revolutionize medical facilities to improve both efficiency and quality [19]. This transition is evident in the establishment of standardized service systems and processes, the fostering of collaboration among medical personnel, the encouragement of ongoing input for improvement, and the implementation of uniform standards. These approaches enhance healthcare procedures, increase efficiency, eliminate waste—including pharmaceuticals, time, and resources—and decrease patient wait times. As all personnel contribute to these enhancements, healthcare services become more efficient and accessible, markedly elevating service quality. Nevertheless, the core humanistic ideals of medicine assert that patient-centeredness must be prioritized in the implementation of lean healthcare [20].

Embracing a patient-centric paradigm has emerged as a fundamental tenet in lean healthcare management, prioritizing patient requirements and the provision of expected healthcare services. This method requires integrating the "customer-centric" and "full participation" principles from total quality management theory to enhance the humanized elements of healthcare services [16]. By centering patients and integrating humanistic values into its framework, lean healthcare management not only adheres to the ideals of prioritizing patient rights and compassionate treatment but also improves management efficiency.

Patient-centered lean healthcare management successfully addresses the prioritization of technology above humanistic values in modern healthcare services. Integrating humanistic care within the systematic and organized procedures of lean healthcare management aligns more closely with the fundamental concepts of healthcare. It leverages the advantages of good doctor-patient interactions, enhancing treatment adherence and patient satisfaction. This is achieved by meeting patients' emotional and experiential requirements, fostering trust, and thereby improving the overall efficacy of healthcare services [21]. Thus, devising a streamlined healthcare management plan that harmonizes efficiency with humanistic principles, centered on a patient-centric philosophy, is essential for the sustained development of healthcare organizations.

## **3. The significance of incorporating medical humanities into lean healthcare administration**

The medical humanities emphasize the public dimension of healthcare, concentrating on the unique requirements of each patient to foster harmonious doctor-patient interactions and develop tailored treatment regimens, particularly for at-risk groups. This domain focuses on the healthcare requirements of the socioeconomically disadvantaged, seeking to reduce inequities in healthcare access attributable to economic influences. The medical humanities advocate for a humanistic perspective on medicine, seeing patients as whole beings rather than just objects of biological intervention. It underscores the significance of fair access to healthcare resources. Incorporating medical humanities into lean healthcare management embodies a patient-centered methodology, aligning with contemporary healthcare's value-driven standards and augmenting the compassion and sustainability of lean techniques.

Lean healthcare management focuses on developing innovative, standardized, and efficient patient care procedures to improve operational efficiency and guarantee timely service delivery. This method requires rigorous compliance with defined protocols by both medical personnel and patients to enhance resource distribution and reduce waiting periods. The essence of lean healthcare is to enhance medical services by eliminating waste and boosting process efficiency [22]. This dependence on conventional procedures limits flexibility, making it difficult to adapt to individual demands after the systems are established.

Conversely, medical humanities examine healthcare from an alternative perspective, emphasizing that medical services must prioritize patients' holistic well-being, including physical health, mental condition, and social connections. Medical humanities foster adaptable and inclusive medical practices that accommodate the unique requirements of each patient. This method fosters communication and comprehension between medical personnel and patients, allowing healthcare teams to provide more thorough and holistic care that transcends the treatment of physiological ailments to include psychological support and cultural sensitivity [23].

Consequently, the integration of medical humanities into lean healthcare administration may enhance the customization and comprehensiveness of medical services. The advantages of this integration include a more flexible service process design that can be tailored to patients' individual needs and situations, along with a more comprehensive approach to patient care that considers psychological, social, and cultural factors. Integrating the efficiency of lean healthcare with the comprehensive care approach of medical humanities enables medical services to more effectively address patients' individual needs while ensuring high efficiency, ultimately enhancing their overall well-being and achieving superior and more satisfying healthcare experiences.

#### **4. Fostering confidence in doctor-patient interactions via medical humanities**

Lean healthcare management emphasizes efficiency, standardized procedures, and cost containment, aiming to enhance medical services via the development of cohesive diagnosis and treatment protocols while minimizing redundant labor and resource wastage. This paradigm sometimes confines interactions between medical personnel and patients to rigid adherence to established protocols and treatment regimens, oftentimes overlooking the importance of patients' emotional and personalized requirements [24].

Conversely, medical humanities emphasize humanization, compassion, and ethical accountability, highlighting the significance of communication and emotional support between physicians and patients. It asserts that physicians must thoroughly comprehend the distinct needs and experiences of each patient, valuing every life as unique and invaluable, so exemplifying great humanistic care and respect in medical practice. The practice of medical humanities enhances comprehension and trust between physicians and patients, fostering a robust doctor-patient relationship grounded on empathy and care [25, 26].

Consequently, the integration of medical humanities into lean healthcare administration aims to foster a profound trust between physicians and patients. Integrating the efficacy of lean management with the empathy and humanistic approach of medical humanities enables medical services to maintain high efficiency and cost-effectiveness while also addressing patients' psychological and emotional requirements more effectively. This profound comprehension and empathy may enhance trust between physicians and

patients, offering patients a more secure, comprehended, and esteemed therapy milieu. In this context, patients are more likely to adhere to treatment regimens, therefore improving treatment results. In conclusion, the incorporation of medical humanities enhances the core of lean healthcare and establishes a robust foundation for elevating the quality of medical services grounded on trust.

## **5. Improving work happiness among healthcare teams using medical humanities**

Lean healthcare management emphasizes the optimization of effectiveness and efficiency, improving the quality and speed of medical services by minimizing waste and refining processes. This strategy has achieved significant success in enhancing the efficiency and cost management of medical services; but an overemphasis on these factors may lead to heightened work pressure on medical personnel. Prolonged engagement in a high-pressure atmosphere may deteriorate the doctor-patient connection and diminish the intrinsic motivation and developmental vigor of the medical team, hence posing difficulties to the long-term stability of the system [27].

The incorporation of medical humanities into hospital administration and operations has become vital for improving healthcare quality and patient happiness. This strategy goes beyond simple technology and facility enhancements, emphasizing the enhancement of the doctor-patient connection, the service environment, and the caliber of medical personnel. The humanistic approach in lean medical management and its application may be shown via several facets.

## **6. Thorough evaluation of patients and individualized therapy**

This technique fundamentally involves the creation of a patient needs assessment process. From a medical humanities standpoint, hospitals have to establish a systematic assessment framework to examine the physiological, psychological, and social requirements of patients at all phases of care, including outpatient and inpatient therapies. This allows physicians to acquire a more profound comprehension of patients' health issues and treatment needs, resulting in the formulation of more tailored and effective treatment strategies.

Effective communication between physicians and patients is essential in the field of medical humanities. Prioritizing and adeptly implementing humanistic care in communication is essential for fostering a trust-based connection between healthcare practitioners and patients. Doctors must possess not just professional medical competence but also good communication skills and empathy. Participating in substantive dialogues with patients, attentively considering their issues, and comprehending their authentic feelings are essential. Facilitating patients' articulation of their concerns and anticipations, swiftly addressing their inquiries, and providing necessary emotional support are essential components of this engagement. Enhanced communication enables doctors to attain a clearer comprehension of patients' true conditions, mitigate their anxieties, formulate comprehensible treatment plans, foster active patient engagement, and ultimately enhance adherence to treatments and their efficacy [30]. Consequently, healthcare practitioners must possess a combination of clinical proficiency and humanistic competencies, including empathy and excellent communication abilities.

The conclusion will be elaborated to emphasize the practical ramifications for healthcare organizations. Our results provide practical recommendations for hospitals and healthcare management aiming to incorporate humanistic ideals into their lean healthcare operations [39]. Strategies including enhancing doctor-patient communication, personalizing patient care, and cultivating humanistic values in healthcare personnel provide a framework for attaining a more equitable, patient-centered approach within resource limitations.

## **7. Conclusions**

The patient-centered lean healthcare model, grounded in medical humanities, significantly enhances the quality and efficiency of healthcare services while effectively reconciling the potential conflict between efficiency and compassionate care by merging humanistic care with the lean principles of contemporary healthcare management. This paradigm prioritizes individualized patient needs evaluation, improves

doctor-patient contact, and augments the organization and thoroughness of healthcare services by integrating scientific management and information technology. This approach may provide a foundation for healthcare reform in emerging nations, like China, especially in the public hospital system, where resource constraints and rising healthcare needs pose significant obstacles. This management paradigm enhances hospital operational efficiency and patient happiness by integrating humanistic care with efficiency optimization, hence minimizing resource waste and patient wait times. Notwithstanding disparities in resource distribution, patient requirements, and cultural environments across different nations, this model provides significant ideas for international healthcare organizations, especially in reform initiatives designed to enhance the humanity and efficiency of healthcare services.

## References

1. Mishra V, Samuel C, Sharma SK. Lean, agile and leagile healthcare management – a case of chronic care. *Int J Healthc Manag.* 2018;11(1):1–12.
2. Stapleton FB, Hendricks J, Hagan P, DelBeccaro M. Modifying the Toyota Production System for Continuous Performance Improvement in an Academic Children's Hospital. *BMC Health Serv Res.* 2009;9:116.
3. Kastberg G, Siverbo S. Lean and process-orienting health care – linking and disentangling activities. *Qualitative Res Acc Manage.* 2017;14(4):390–406.
4. Karsten M. Patient safety: commitment versus compliance. *Nurse Lead.* 2011;9(4):47–9.
5. Poksinska B. The current state of lean implementation in health care: literature review. *Qual Saf Health Care.* 2010;19(4):319–29.
6. Holden RJ. Lean thinking in Emergency departments: a critical review. *Ann Emerg Med.* 2011;57(3):265–78.
7. Waring JJ, Bishop S. Lean healthcare: Rhetoric, ritual and resistance. *Soc Sci Med.* 2010;71(7):1332–40.
8. Toussaint JS, Berry LL. The Promise of lean in Health Care. *Mayo Clin Proc.* 2013;88(1):74–82.
9. Radnor ZJ, Holweg M, Waring J. Lean in healthcare: the unfilled promise? *Soc Sci Med.* 2012;74(3):364–71.
10. Shapiro J, Coulehan J, Wear D, Montello M. Medical Humanities and their discontents: definitions, critiques, and implications. *Acad Med.* 2009;84(2):192–8.
11. Bleakley A. Patient-Centred Medicine in Transition: The Medical Humanities and How the Medical Humanities Can Shape Better Doctors. Routledge; 2014.
12. Charon R. Narrative Medicine: honoring the stories of illness. Oxford University Press; 2006.
13. Mishra P, Patel K, Tracey S. Lean management and healthcare: operational efficiency and challenges of humanistic integration. *Soc Sci Med.* 2018;206:56–63.
14. Andersen H, Røvik KA, Ingebrigtsen T. Lean thinking in hospitals: is there a cure for the absence of patient-centered care? *Health Policy.* 2014;117(1):95–104.
15. Radnor ZJ, Holweg M, Waring J. Lean in healthcare: the unfilled promise? *Soc Sci Med.* 2012;74(3):364–71.
16. Rachna S, Peter T, Ward. (2007). Defining and developing measures of lean production. 25(4), 785–805.
17. Lawal AK, Rotter T, Kinsman L, Sari N, Harrison L, Jeffery C, Kutz M, Khan MF, Flynn R. Lean management in health care: definition, concepts, methodology and effects reported (systematic review protocol). *Syst Rev.* 2014;3:103.
18. Andersen H, Røvik KA, Ingebrigtsen T. Lean thinking in hospitals: is there a cure for the absence of evidence? A systematic review of reviews. *BMJ Open.* 2014;4(1):e003873.
19. Rojalin Patri M, Suresh. Factors influencing lean implementation in healthcare organizations: an ISM approach. *Int J Healthc Manag.* 2017;11(1):25–37.
20. Teich ST, Faddoul FF. Lean management-the journey from toyota to healthcare. *Rambam Maimonides Med J.* 2013;4(2):e0007.
21. Vargas Pelaez AF, Ramirez SI, Valdes Sanchez C, Piedra Abusharar S, Romeu JC, Carmichael C, Bascoy S, Baron R, Pichardo-Lowden A, Albarracin N, Jones CC, Silveyra P. Implementing a medical student interpreter training program as a strategy to developing humanism. *BMC Med Educ.* 2018;18(1):141.
22. Wong R, Levi AW, Harigopal M, Schofield K, Chhieng DC. The positive impact of simultaneous implementation of the BD FocalPoint GS Imaging System and lean principles on the operation of gynecologic cytology. *Arch Pathol Lab Med.* 2012;136(2):183–9.

23. Simon RW, Canacari EG. A practical guide to applying lean tools and management principles to health care improvement projects. *AORN J.* 2012;95(1):85–100. quiz 101-3.
24. Hussain M, Malik M. Prioritizing lean management practices in public and private hospitals. *J Health Organ Manag.* 2016;30(3):457–74.
25. Mi M, Wu L, Zhang Y, Wu W. Integration of arts and humanities in medicine to develop well-rounded physicians: the roles of health sciences librarians. *J Med Libr Assoc.* 2022;110(2):247–52.
26. Lash S. Lean hospitals: improving Quality, Patient Safety, and employee Satisfaction[J]. *AORN J.* 2009;2(89):427–8.
27. Schonberger RJ. Reconstituting lean in healthcare: from waste elimination toward 'queue-less' patient-focused care[J]. *Bus Horiz.* 2018;61(1):13–22.
28. hua L, Dongmei M, Xinyu Y, Xinyue Z, Shutong W, Dongxuan W, Hao P, Ying W. Research on outpatient capacity planning combining lean thinking and integer linear programming. *BMC Med Inf Decis Mak.* 2023;23:32.
29. Zhang Y. Application Research of Humanistic Care and situational integration in nursing of Schizophrenia in Recovery Period. *Contrast Media Mol Imaging.* 2022;2022:4705107.
30. Zhao J, Xiantao O, Li Q, Liu H, Wang F, Li Q, Xu Z, Ji S, Yue S. Role of narrative medicine-based education in cultivating empathy in residents. *BMC Med Educ.* 2023;23(1):124.
31. Jia HH, Liu L, Huo GX, Wang RQ, Zhou YQ, Yang LY. A qualitative study of the cognitive behavioral intention of patients with diabetes in rural China who have experienced delayed diagnosis and treatment. *BMC Public Health.* 2020;20(1):478.
32. Li M, Zhu WJ, Luo Q, Chen H, Duan Y, Xie HZ. Psychological experience of Humanistic Care among Medical Staff in Stroke wards: a qualitative research study conducted in China. *Front Psychiatry.* 2022;13:791993.
33. Kerr EA, Hayward RA. Patient-centered performance management: enhancing value for patients and health care systems. *JAMA.* 2013;310(2):137–8.
34. Radnor ZJ, Holweg M, Waring J. Lean in healthcare: the unfilled promise? *Soc Sci Med.* 2012;74(3):364–71.
35. DelliFraine JL, Langabeer JR 2, Nembhard IM. Assessing the evidence of Six Sigma and Lean in the health care industry. *Qual Manag Health Care.* 2010;19(3):211–25.
36. Holden RJ. Lean thinking in emergency departments: a critical review. *Ann Emerg Med.* 2011;57(3):265–78.
37. Cohen JBMD, Myckatyn MS, Brandt TMMD, Keith MD. The Importance of Patient Satisfaction: A Blessing, a Curse, or Simply Irrelevant? *Plast Reconstr Surg.* 2017;139(1):257–61.
38. Sabitova A, Sajun SZ, Nicholson S, Mosler F, Priebe S. Job morale of physicians in low-income and middle-income countries: a systematic literature review of qualitative studies. *BMJ Open.* 2019;9(12):e028657.
39. Nazario RJ. Medical humanities as tools for the teaching of patient-centered care. *J Hosp Med.* 2009;4(8):533–6.

#### تطور نماذج الرعاية المتمحورة حول المريض في إدارة الرعاية الصحية: مراجعة

##### الملخص

**الخلفية:** إن الطلب المتزايد على خدمات الرعاية الصحية، جنبًا إلى جنب مع القيود الميزانية، قد necessitate تطور نماذج الرعاية المتمحورة حول المريض ضمن إدارة الرعاية الصحية. غالبًا ما تعطي أساليب الإدارة الرشيقة (Lean Management) التقليدية الأولوية للكفاءة، ولكن قد تغفل الاحتياجات العاطفية والاجتماعية للمرضى.

**الطرق:** تقوم هذه المراجعة بتجميع الأدبيات الموجودة حول دمج العلوم الطبية الإنسانية في إدارة الرعاية الصحية الرشيقة. تم إجراء تحليل شامل عبر عدة دراسات تفحص الكفاءات التشغيلية وتجارب المرضى ضمن بيئات الرعاية الصحية. وقد تم التركيز على تحديد كيفية دمج المبادئ الإنسانية لتعزيز مبدأ المريض المتمركز في النماذج الرشيقة.

**النتائج:** تكشف النتائج أنه في حين أن الإدارة الرشيقة تحسن الكفاءة التشغيلية، فإنها غالبًا ما تؤدي إلى نهج ميكانيكي يمكن أن يقوض جودة رعاية المرضى. من خلال دمج العلوم الطبية الإنسانية، يمكن لمنظمات الرعاية الصحية تعزيز علاقات أفضل بين الأطباء والمرضى، وتعزيز التواصل، ومعالجة الاحتياجات الشاملة للمرضى. تسلط الأبحاث الضوء على ثلاثة مجالات حاسمة لمزيد من الاستكشاف: تطوير نموذج رعاية صحية إنساني-رشيد، و زراعة الثقة والتواصل، والتوفيق بين الكفاءة والرعاية الرحيمة.

**الخاتمة:** يمكن أن يؤدي دمج العلوم الطبية الإنسانية في إدارة الرعاية الصحية الرشيدة إلى تحسين كبير في تخصيص وشمولية الرعاية، مما يؤدي إلى تحسين رضا المرضى والنتائج. لا addresses هذا النموذج الكفاءة التشغيلية فقط، بل يعطي الأولوية أيضاً للجوانب العاطفية والنفسية لرعاية المرضى، مما يساهم في النهاية في نظام رعاية صحية أكثر استدامة.

**الكلمات المفتاحية:** الرعاية المتمحورة حول المريض، الإدارة الرشيدة، العلوم الطبية الإنسانية، إدارة الرعاية الصحية، النهج الإنساني.