

Medical Inpatients' Perceptions of Patient-centred Care and its Effect on Quality Nursing Care and Patient Satisfaction: A Qualitative Study in Northern Ghana

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ABSTRACT

Background: Efforts by many researchers for a universal definition of the concept of patient-centred care (PCC) appears elusive and makes its implementation problematic. The missing link to PCC implementation in nursing care is the need for nurses to understand patients' perspective, apply PCC principles and good relational and communication skills to develop individualised patient care plans. **Methods:** A qualitative study that explored perceptions of patient-centred care and its effects on nursing care quality and patient satisfaction among medical inpatients at discharge. **Results:** Three themes emerged from the study including the meaning of PCC, PCC practices, and the effect of PCC on nursing care with nine subthemes identified. The meaning of PCC was varied with four subthemes such as nurses performing core nursing care with professionalism, good interpersonal and communication skills, involving patients and relatives in the care process, and respecting patients' cultural values and spiritual beliefs. The inpatients desired that nurses pray with them and provide a place for patients to pray in the wards. PCC practices included practices the inpatients observed or received. Positive perception of PCC positively affected the perception of quality of nursing care, patient satisfaction, and health status. Poor nurse attitude and inadequate interpersonal and communication skills negatively affected the perception of PCC. **Conclusion:** The inpatients had a clear understanding of PCC and nurses need to incorporate patients' perceptions and involve patients and relatives in nursing care. Holistic nursing care including attending to spiritual needs, good interpersonal and communication skills are essential for effective implementation of PCC.

Keywords: Patient-centred care, patient-centred nursing care, quality nursing care, patient, satisfaction, health status

INTRODUCTION

Patient-centred care (PCC) involves respecting patients' values, preferences, and beliefs during nursing care (1,2). PCC consists of exchanging information, fostering good interpersonal nurse-patient relationships, and assisting patients in decision-making to empower them to carry out self-management at home (3). Additionally, PCC is the ability of nurses to respond to patients' emotions and manage the uncertainty that may occur during nursing care (4,5). An essential component of PCC is patients' involvement in their health care. Despite efforts to get a universally accepted definition (6), the PCC model is still an elusive concept with different interpretations and operationalisation by stakeholders, including nurses and patients at the ward level (6,7).

Evidence indicates that PCC positively affects quality nursing care (8), patient satisfaction, and patients' health status (9). Implementation of PCC is a core determinant of quality, leading to efficiency in health care delivery (10), and better patient's perceptions of quality health care (2). The practice of PCC has a positive association with patient satisfaction (6,9,11,12). Factors of PCC promoting patient satisfaction include holistic nursing care, good patient-nurse relationship, shared decision-making (13), effective nurse-patient communication and nurse-nurse collaboration (14). PCC promotes better health outcomes, including improved health status (8,9,10,15). Despite the beneficial effects of PCC, it is still not vigorously implemented (4).

In African countries, PCC conceptualization and implementation are limited, especially in sub-Saharan countries, including Ghana (16). PCC intervention needs to be context-driven, locally developed, and negotiated based on the patient's values and preferences (17). The missing link to PCC implementation in nursing care is the need for nurses to understand patients' perspective and apply PCC principles (18) to develop tailor-made patient care plans (19). Therefore, this study explored inpatients' perceptions of PCC and its effect on quality nursing care, patient satisfaction, and health status aimed at developing a context-based Ghanaian PCC model.

METHODS AND DESIGN

A qualitative study was designed that explored medical inpatients' perceptions of PCC and the effect of PCC on nursing care. Data collected were transcribed verbatim, coded, and analysed using thematic analysis which "is a method for identifying, analysing and reporting patterns (themes) within data" (20). The six-step thematic analysis framework proposed by Braun and Clarke (20) was adopted for analysis.

The researchers purposively sampled Northern Ghana and randomly sampled tertiary hospitals cluster and further randomly sampled three hospitals as part of a more extensive mix method study. Tamale Teaching Hospital (TTH), Upper West Regional Hospital (UWRH), and Upper East Regional Hospital (UERH) were selected. The target population was 260 based on daily discharge rates of medical inpatients over four weeks period from the three hospitals. The inclusion criteria were medical inpatients who had been admitted for at least three days before discharge so that they can provide the information needed.

The study recruited ten inpatients (participants) from both male and female medical wards from each of the three hospitals for individual in-depth interviews. The interviews progressed

from one ward at a time and by the ninth (9th) interviewee from the first ward, the researchers identified repetitions as signs of data saturation. However, we added one participant to confirm data saturation (21). A sample of sixty inpatients from the three hospitals were interviewed using a semi-structured interview guide to collect demographic data, and open-ended questions explored the research areas. The researchers informed each participant about the research purpose to achieve informed consent. The interviews were in English, or participants preferred main local language (Dagaare, Grune, or Dagbani). The researchers conducted the interviews between October 2019 and January 2020, within the hospital setting, and tape recorded with permission.

The researchers improved methodological trustworthiness by ensuring credibility of the data, transferability, dependability, and confirmability (20). The researchers had prolonged engagement in the selected hospitals by spent three months on data collection with each interview lasting between forty-five minutes to one hour to achieve credibility. Peer debriefing and member checking (22) were used to improved credibility. All potential and inherent biases were identified and documented to ensure data collected clearly represented the inpatient's views. Each interview was conducted, transcribed, and coded before the subsequent one. The principal researcher discussed the data collected from the field with the supervisor to improve interpretation and used the feedback to improve subsequent data collection. An audit trail containing audiotapes, interview transcripts, and documents on emerging themes and subthemes was maintained. Transferability was enhanced by describing the research setting, methodology, and participants' characteristics. The same interview guide and analysis methods were used for consistency, and dependability. The principal researcher crosschecked with the interviewee in the field to confirm data collected.

The study had ethical clearance from the University of Kwazulu-Natal's Biomedical Research Ethics Committee (BREC, Ref No. BFC 364/18) and the Institutional Review Board (THERC/16/06/18/04) of Tamale Teaching Hospital. Permission letters were obtained from all the participating hospitals. We explained the right to refuse to participate with no penalty, not to answer any question(s), and to withdraw from the study. The patient's consent was sought, and written informed consent was signed or thumb printed. Confidentiality was through anonymity, only codes were assigned for identification. The principal researcher kept all completed interview schedules under lock and key and saved soft copies of the work were protected with a password.

FINDINGS OF THE STUDY

Background characteristics of the inpatients

The inpatients age range was between 18-93years with an average of 44.8years and classified into four groups including 18-25years (11), 26-44years (20), 45-65years (24), and above 65years (5). The inpatients marital status included married (41), unmarried (10), widows (8), and divorcee (1). The inpatients educational status included master's degree (2), secondary (11), junior high/primary (13), and no formal education (34), The length of stay (LOS) in the hospitals ranged from 3-27days with an average of 9.2days. The inpatients had varied diagnoses from Malaria to Retro-viral infection characteristic of the general medical ward setting. The top five diseases were Hypertension (14), Gastric ulcers (9), Malaria (7), Pneumonia (6), and kidney diseases (5).

Themes and Subthemes

We analysed the data using Braun and Clarke (20) six-step thematic analysis framework involving (a) Familiarizing with the data and identifying items of potential interest, (b) Generating codes, (c) Generating initial themes, (d) Reviewing potential themes, (e) Defining and naming themes, and (f) Producing the report. From the thematic analysis, three major themes were generated with nine subthemes. These themes and subthemes are in Table 1.

Table 1: Themes and subthemes generated from the study

Themes	Subthemes
1. Inpatients' perceptions on the meaning of PCC	• Performing core nursing roles as expected with professionalism • Good Interpersonal and communication Skills • Involving patients and their significant others • Respecting patient's cultural and spiritual beliefs and values
2. Inpatients' perceptions of PCC practices in the ward	• PCC practices inpatients observed in the ward • PCC practices inpatients received in the ward
3. Inpatients' Perceptions on the effects of PCC	• Quality nursing care • Satisfaction • Improved health status

Theme 1. The Inpatients' Perception of the Meaning of Patient-Centred Care

The inpatients had varied perceptions of the meaning of PCC summarized and presented under the four subthemes in this section.

Subtheme 1. Nurses performing core nursing roles with professionalism

The Inpatients think that PCC is about nurses performing their core duties, as reflected in the following statements:

Patient-centred care means nurses should be concerned about their core duties, including drug administration, and helping patients feed. The nurse should be responsive enough or able to come at the right time to help patients in critical condition and to respond ahead of time. TMP 2

Another inpatient said:

"For me, patient-centred care means that nurses regularly come to administer my medication to me. Whatever patients want, nurses should serve them. Nurses should regularly take patients' temperature and blood pressure." WMP 5

Other inpatients indicated that PCC means nurses should perform their nursing duties with professionalism, as demonstrated in the following:

Nurses should always come on time to give medications, check blood pressure, and do all their work with a caring attitude. If nurses care about patients and attend to our needs on time, they are professionals practicing patient-centred care. TFP9

Professional nurses should be welcoming, receive patients well, and provide care the way patients expect without delay with smiles (patient laughs). Therefore, patient-centred care means nurses providing timely care to patients. EMP4

Subtheme 2: Good interpersonal relationship and communication skills

The inpatients indicated that PCC means good interpersonal relationships and communication between nurses and patients as follows:

Patient-centred care means nurses should receive the patient's relatives and the patient nicely into the ward. Nurses should be respectful, caring, and approachable. They (nurses) keep me informed about my sickness and ask for permission before they carry out nursing procedures on me. WFP3

Another inpatient expressed similar views in the following quotation:

"Nurses should respect us, and we as patients will also respect them together; all of us will be happy. They (nurses) should educate us about our sickness and what patients and relatives can do". TFP4

An elderly female inpatient echoed similar when she said:

"Patient-centred care is about kindness, being polite, and treating each other with patience. We are human, and we make mistakes, so both nurses and patients should have a good relationship, and both nurses and us (patients) need to communicate well" EFP 8

Subtheme 3: Involving patients and relations in care

The Inpatients perceived PCC as the involvement of patients and relatives in the nursing care, as shown below:

"Nurses should advise my relatives and me on my care. Nurses should involve my relatives and me on medications, diet, and education on my disease condition so they can help me at home to continue with care." TFP8

Subtheme 4: respecting patients' cultural and spiritual beliefs and values

Inpatients see PCC as respecting and including their cultural and religious beliefs and practices in nursing care.

One inpatient aptly captured as follows:

Patient-centred care means nurses should include patients' cultural and religious beliefs and practices as part of their nursing care. Nurses should respect my cultural norms, values, and practices. They (nurses) should pray with us so I can feel complete with nursing care. EMP3

Nurses should seek permission before they carry out certain functions that are cultural taboos and talk with patients to accept treatment. As Muslims, daily prayers are a duty, and if a place can be allocated for prayers in the ward, that will help. WMP9.

Theme 2. Inpatients' Perception of PCC Practices in the Wards

The perceptions of the inpatients on PCC practices had two subthemes, including PCC practices observed and PCC practices received.

Subtheme 5: PCC practices the inpatients observed in the wards

The inpatients had varied views on the practice of PCC in the ward. They observed that PCC was practiced by nurses when performing core duties. One inpatient stated:

The observation I made on patient-centred care practice is that the nurses always come early to greet patients, clean the ward, serve medications on time, and check their temperature, weight, and breathing. TMP6

Another inpatient added:

Nurses practice patient-centred care by orientating patients to the ward environment and asking patients to know their concerns and needs. The nurses at the male ward are accommodating and welcoming. WFP5

However, other inpatients observed that there was no patient-centred care. The following statement summed up these views:

There is no patient-centred care in the ward. Nurses come to give instructions to patients as to what they (nurses) want the patients to do without necessarily listening or involving the patients or relatives in care. The only involvement of my brother in care was buying drugs, and other patient relatives also bought drugs. WMP1

Subtheme 6: PCC practices the inpatients received in the wards

The patients' perceived PCC activities received to be routine nursing care. These include serving medications and giving intravenous (IV) infusions. These findings were similar across all the selected hospitals and captured in the following quotation:

"Patient-centred care activities I received from the nurses included serving medications, water (iv infusions), and injections. I was orientated to the ward environment, and they call me by my name." EFP1

Other patients' perceptions of PCC received included communicating nicely, orientation of patients to the ward environment, needs assessment, and asking for patients' concerns. This is found in the following quotation:

"Nurses provided patient-centred care by communicating nicely with me on my sickness, assessing my needs, and asking for my concerns." EFP3

However, some patients felt the nurses did not provide PCC since they did not involve them or their relatives during care. The patients were not happy because the nurses were rude. These are captured in the following.

A male inpatient said:

I did not receive any patient-centred care activities from the nurses. They (nurses) only perform their regular duties as trained to do and never involve my relative or me during the care process. Some nurses are rude toward us and unfriendly". EMP7

Theme 3. Inpatients' Perceptions of the Effect of PCC

Under this theme emerged three subthemes. The inpatients expressed their perceptions on (1) the effect of PCC on the quality of nursing care received, (2) the extent to which they were satisfied or not, (3) and their health status.

Subtheme 7: Inpatients' perception of the effect of PCC on quality nursing care

The inpatients perceived that the effect of PCC on the quality of nursing care received was positive, while the lack of PCC affected the quality of nursing negatively.

A male inpatient emphasized:

"The nurses provided the necessary care to me the way I expected. I must say that the nurses are doing great. The male nurses interact with me very well, and I will rate them at 80%".TMP 3

A female inpatient stated:

"The practice of patient-centred care enabled effective communication between the nurses and me and improved my perception of the quality of nursing care. Nurses also gave me respect during care, and I think the quality of care provided was high." TFP6

Other inpatients felt that lack of PCC from nurses resulted in low-quality care. Nurses did not engage patients and therefore, there was no quality in the care.

The following statements illustrate their views:

There is no quality care here (patient frowns); the nurses either sit down and gossip, sit fidgeting with their phones, or sleep at night and neglect the patients. How can a trained nurse sit with colleagues discussing their house matters and not pay attention to patients? EMP1.

Subtheme 8: Inpatients' perceptions of the effect of PCC on patient satisfaction

The inpatients felt that PCC increased their satisfaction with the nursing care while, others indicated that, non-PCC practices decreased their satisfaction. The inpatients expressed their perceptions in the following quotes.

"I am satisfied that my health has improved because of patient-centred care. When I was so sick, the nurses were nice to me. I am feeling well now and am satisfied". WMP 3

"My level of satisfaction is due to good nursing care. The nurses should continue with the nice work they have been doing to save many lives. As for me, I am feeling much better after three days on admission and going home". TMP 9

Some inpatients stressed that nurses wake them to care for them at night. Thus, they also received PCC activities during the night, as stated in this narrative:

"Even when I was sleeping in the ward, at midnight, nurses came and woke me up to serve me my medicines. I think (patient smile) they (nurses) are doing well". EFP4

Other inpatients felt that even though some nurses practice PCC to promote patient satisfaction, other nurses are rude toward patients. They explained that they did not even feel PCC being practiced.

A female inpatient explained:

Some of the nurses are rude towards patients, making me feel less satisfied. When patients do not understand something and dare ask a nurse, the nurse will not explain it to them. I do not feel that nurses practice PCC in this ward, let alone be satisfied with the care rendered. WFP8.

Subtheme 9: Inpatients' perception of the effect of PCC on patients' health status

The inpatients believed that PCC practiced by nurses helped them to recover as it improved their health, while their recovery was delayed without PCC and are demonstrated by the quotes below.

A male inpatient said:

"Look at my legs, the swelling in my legs is gone, and my breathing has improved. The nurses involved my relatives and me in the care, giving the treatment at the right time, in the right manner, and now, I am well." WMP3.

A female inpatient added:

"I could have recovered more quickly from my condition if the nurses had involved my brothers and me in the process of nursing care. I did not know what was happening and what to expect as the outcome of my condition." WFP4.

DISCUSSION

Theme 1. The patient perception of the meaning of Patient Centered Care

The inpatients shared varied perceptions of the meaning of PCC congruent with literature (6,7). Four sub-themes emerged, and these are discussed in this section.

The inpatients perceived nurse dedication to core nursing duties, including taking vital signs, giving medications, and feeding patients, to mean providing PCC in consonance with McCormack and McCance's prerequisite of job commitment (23). The inpatients intimated that professionally discharging nursing care such as, calling the patient by name, seeking permission before nursing care, and providing timely care meant providing PPC.

PCC meant good communication and interpersonal skills including nurses being accommodating, welcoming, and caring with a smile, and these resonate with McCormack and McCance's prerequisite of developing interpersonal skills (23). The finding of good communication skills as a component of PCC agrees with Larsson et al. (20) findings that nurses must communicate and negotiate well with the patients to accept treatments. The inpatients perceived the ability of the nurses to listen and be responsive to patients' concerns as PCC in tandem with the findings of Fix et al. (3). Even though the study identified effective communication as a factor promoting PCC, some nurses only gave instructions in contrast with other studies (3,24). This attitude of nurses possibly affected the patients' perception of PCC negatively.

Essential to the definition of PCC from the study was that nurses should involve patients and relatives in the care process especially in giving medications, and patient education on home care in consonance with patient involvement as a prerequisite of PCC (23).

Incorporating the patient's cultural norms, values, beliefs, and taboos in nursing care was mentioned in defining PCC and is consistent with other studies (2,23,26). As part of fostering

patients' religious beliefs and practices in nursing care, the inpatients suggested that nurses pray with them and provide a place for them to pray in the ward.

Theme 2. Inpatients' Perceptions of PCC Practices in the Medical Wards

The inpatients perceived PCC practices included nurses reporting to work early, cleaning the wards, greeting patients, taking vital signs, and serving medications. These perceived PCC practices are elements of core nursing tasks and commitment to core nursing duties is a prerequisite to PCC (23). Therefore, the fact that the nurses perform these core duties is indicative that PCC implementation can leverage them.

The study identified other PCC practices including nurses communicating with patients to know their needs and concerns and orientation of new patients to the ward environment supporting the findings that good communication is a catalyst for PCC (27). Similarly, accommodating, and welcoming foster good interpersonal relationships, in consonance with McCormack and McCance (23). However, some of the inpatients described the nature of communication as giving instructions and not listening to patients and relatives which contradicts good communication as a prerequisite of PCC (23). The study revealed that some nurses were rude, confirming another study in Ghana that found poor staff attitude as a setback to PCC (28).

Patients and relative involvement in nursing care emerged as a conceptual definition of PCC in consonance with McCormack and McCance (23). However, patient relatives were only involved in buying drugs, contrary to patient and relatives' involvement in the entire nursing care process (30).

Conspicuously missing among PCC practices is the dimension of respect for cultural and religious values and beliefs contradicting many findings in PCC literature (1-3,17,23,26). This dimension is a subtheme of the inpatients' definition of PCC, yet the nurses appeared not to practice such an essential component of PCC.

Theme 3. Inpatients' Perceptions of the effect of PCC

Three subthemes emerged from the effect of PCC and include the effect of PCC on quality nursing care, patient satisfaction, and patients' health status.

The inpatients' perceived PCC practices including good interpersonal and communication skills, right and timely treatment, and improving health status increased perceptions of quality nursing care (QNC). Inpatients who perceived that nurses practiced PCC were happier and reported having received QNC in concordance with other studies (9,11). However, unprofessional conduct whereby nurses were discussing private matters and fidgeting with phones negatively affected the perception of QNC.

PCC practices including caring nurses, and friendly nurses increased patient satisfaction. Friendly and caring nurses implies a good patient-nurse relationship, a promoter of patient satisfaction, as proposed by Ishtar (13). Conversely, other inpatients encountered nurses they described as rude and unapproachable synonymous with a poor nurse-patient relationship which negatively affected their perception of patient satisfaction.

Inpatients who perceived having received PCC also reported improved health status in concordance with other studies (8,9,12,15) while inpatients whose perception was that nurses did not practice PCC reported possible delay in recovery.

STUDY STRENGTH AND LIMITATIONS

The strength is that PCC implementation requires local content and therefore, the findings is apt for study area. However, the findings were limited to the study area making it a challenge to generalise.

CONCLUSION

Three thematic areas emerged from the study including inpatients' perception of the meaning of patient-centred care (PCC), PCC practices, and the effect of PCC on nursing care. The inpatients clearly understood what PCC meant consistent with existing literature, with four subthemes emerging.

Unique to this study is the high premium the inpatients placed on their religious beliefs and practices a call for nurses' attention on spiritual aspect of nursing. The inpatients wanted nurses to pray with them and provide a space in the ward for prayer which is possible in the Ghanaian context because religious tolerance is high.

The inpatients perceived that PCC improved quality nursing care, patient satisfaction, and patients' health status. Good nurse-patient relationship and communication influenced inpatients' perception of quality nursing care and improved health status. Improved health status and friendly nurses were promoters of patient satisfaction.

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References

- [1]. Moody L, Nicholls B, Shamji H, Bridge E, Dhanju S, Singh S. The Person-Centred Care Guideline: From Principle to Practice. *J Patient Exp*. 2018 Dec;5(4):282–8.
- [2]. Louw JM, Marcus TS, Hugo JF. Patient- or person-centred practice in medicine? - A review of concepts. *Afr J Prim Health Care Fam Med*. 2017 Oct;9(1):e1–7.
- [3]. Fix GM, Lukas CVD, Bolton R E, Hill JN, Mueller N, LaVela SL, Bokhour, BG (2018). Patient-centred care is a way of doing things: How healthcare employees conceptualize patient-centred care <https://doi.org/10.1111/hex.12615>.
- [4]. Molina-Mula J, Gallo-Estrada J. Impact of Nurse-Patient Relationship on Quality of Care and Patient Autonomy in Decision-Making. *Int J Environ Res Public Health*. 2020 Jan;17(3):E835.
- [5]. Ramlakhan JU, Foster AM, Grace SL, Green CR, Stewart DE, Gagliardi AR. What constitutes patient-centred care for women: a theoretical rapid review. *Int J Equity Health*. 2019 Nov;18(1):182.
- [6]. Rathert C, Wyrwich MD, Boren S A (2012). Patient-Centered Care and Outcomes: Systematic Review of the Literature November 2012 *Medical Care Research and Review* 70(4) Follow journal <https://doi.org/10.1177/1077558712465774>.

- [7]. Byrne AL, Baldwin A, Harvey C. Whose centre is it anyway? Defining person-centred care in nursing: an integrative review. *PLoS One*. 2020 Mar;15(3):e0229923.
- [8]. Berghout M, van Exel J, Leensvaart L, Cramm JM. Healthcare professionals' views on patient-centered care in hospitals. *BMC Health Serv Res*. 2015 Sep;15(1):385.
- [9]. Jayadevappa R, Chhatre S (2011). Patient Centered Care - A Conceptual Model and Review of the State of the Art; <https://doi.org/10.2174/1874924001104010015>..] *The Open Health Services and Policy Journal*
- [10]. Kuipers SJ, Cramm JM, Nieboer AP. The importance of patient-centered care and co-creation of care for satisfaction with care and physical and social well-being of patients with multi-morbidity in the primary care setting. *BMC Health Serv Res*. 2019 Jan;19(1):13.
- [11]. Abugre D, Mogre V, Bhengu BR (2019). Effect of Patient-centred care on Quality Nursing Care, Nurse sensitive Indicators and Satisfaction of Nurses and Patients in Adult Medical Inpatients Setting: A Mixed Methods Systematic Review Protocol. *Asian Journal of Research in Nursing and Health* 2(1): 1-14, Article no. AJRNH.46597
- [12]. Van Diepen C, Fors A, Ekman I, Hensing G. (2020). Association between person-centred care and healthcare providers' job satisfaction and work-related health: a scoping review: <http://dx.doi.org/https://doi.org/10.1136/bmjopen-2020-04265>
- [13]. Ishtar KS. (2019). Advancing Patient-centered Care in Dietetics. <https://doi.org/10.25904/1912/13>.. Griffith Research Online <https://research-repository.griffith.edu.au>
- [14]. Hower KI, Vennedey V, Hillen HA, Kuntz L, Stock S, Pfaff H, et al. Implementation of patient-centred care: which organisational determinants matter from decision maker's perspective? Results from a qualitative interview study across various health and social care organisations. *BMJ Open*. 2019 Apr;9(4):e027591.
- [15]. Hobbs JL. A dimensional analysis of patient-centered care. *Nurs Res*. 2009 Jan-Feb;58(1):52-62.
- [16]. De Man J, Mayega RW, Sarkar N, Waweru E, Leys M, Van Olmen J, et al. Patient-Centered Care and People-Centered Health Systems in Sub-Saharan Africa: Why So Little of Something So Badly Needed? *Int J Pers Cent Med*. 2016;6(3):162-73.
- [17]. World Health Organization. (2015). WHO global strategy on people-centred and integrated health services: interim Report. World Health Organization. <https://apps.who.int/iris/handle/10665/155002>
- [18]. Araki M (2019). Patient Centered Care and Professional Nursing Practices: *Journal of Biomedical Research and Clinical Investigation*. <https://doi.org/10.31546/JBRCL.1004>.
- [19]. Abdelhadi N, Drach-Zahavy A. (2012) Promoting patient care: work engagement as a mediator between ward service climate and patient-centred care. *Journal of Advanced Nursing* 68(6), 1276-1287. . 05834.x <https://doi.org/10.1111/j.1365-2648.2011.05834.x>.
- [20]. Braun V, Clarke V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). pp. 77-101. ISSN 1478-0887 <http://eprints.uwe.ac.uk/11735> <https://doi.org/10.1191/1478088706qp063oa>.
- [21]. Polit DF, Beck CT. *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. 7th ed. Wolters Kluwer Health/Lippincott Williams & Wilkin; 2010.
- [22]. Polit DF. Beck (2004). *Nursing Research Principles and Methods*. Lippincott Williams & Wilkins.
- [23]. McCormack B, McCance T. *Person-centred Nursing: Theory and Practice*. Oxford: Wiley-Blackwell; 2010. <https://doi.org/10.1002/9781444390506>.
- [24]. Larsson IE, Sahlsten MJM, Segesten K, Plos KAE (2011). Patients' Perceptions of Nurses' Behaviour That Influence Patient Participation in Nursing Care: A Critical Incident Study. <https://doi.org/10.1155/2011/534060>.
- [25]. Wolf A, Moore L, Lydahl D, Naldemirci Ö, Elam M, Britten N. The realities of partnership in person-centred care: a qualitative interview study with patients and professionals. *BMJ Open*. 2017 Jul;7(7):e016491.
- [26]. Scholl I, Zill JM, Härter M, Dirmaier J. An integrative model of patient-centeredness - a systematic review and concept analysis. *PLoS One*. 2014 Sep;9(9):e107828.

- [27]. Hashim MJ. Patient-Centered communication: basic Skills. Am Fam Physician. 2017 Jan;95(1):29–34.
- [28]. Nkrumah J, Abekah-Nkrumah G. Facilitators and barriers of patient-centered care at the organizational-level: a study of three district hospitals in the central region of Ghana. BMC Health Serv Res. 2019 Nov;19(1):900.