

- 1 *Systematic Review Protocol*
- 2 Effect of Patient-centred Care on Quality Nursing Care, Nurse-sensitive indicators
- 3 and Satisfaction of Nurses and Patients in Adult Medical Inpatients Setting: a mixed
- 4 methods systematic review protocol.

#### ABSTRACT

Background: The Institute of Medicine (IOM) in the USA proposed Patient-centred care (PCC) as a quality health care model that relies on partnerships among health practitioners, patients and their families whereby patients' values, needs and preferences are factored into the health care process. This allows for patients' input in their health education, support to make decisions on their care and participation in their own care. Patient-centred care (PCC) is projected as the gold standard for quality health care with positive effect on quality of nursing care, patient satisfaction, nurse satisfaction and nurse-sensitive indicators. Even though many studies have been done on the subject of patient centred care, fewer reviews exists on the effect of Patient-centred care on outcomes such as quality nursing care, nurse satisfaction, patient satisfaction and nurse-sensitive outcomes.

AIM: The aim of this review is to identify PCC models in literature and examine their effect on quality nursing care (QNC), nurse satisfaction (NS) patient satisfaction (PS) and on nurse-sensitive indicators

Methods: This study adopts principles of systematic literature review to do a search on the effect of patient-centred care (PCC) models on selected health outcomes. These outcomes include quality nursing care (QNC), nurse sensitive indicators (NSI) and satisfaction of nurses and patients in the hospital setting with emphasis on medical inpatient setting. Papers published in English language between 1990 and 2018 from the selected databases will be searched. To identify eligible studies, keywords search and where possible MeSH terms related to "patient-centred care", quality nursing care, nurse satisfaction, nurse-sensitive outcomes and patient satisfaction will be used. These terms will be searched individually first and then combined with "OR". To situate the search within the nursing context and impatient setting, the keywords or MeSH terms will be used with "nursing", "nursing care", "nursing services", "inpatients".

Discussion: The review seeks to provide evidence on existing models of PCC in literature and how they affect the quality of nursing delivery, nurse-sensitive

outcomes and satisfaction of both nurses and patients in the hospital setting.

Conclusion:

This review seeks to provide the international perspective on the effects of Patient-centred care (PCC) on quality nursing and satisfaction of nurses and medical inpatients on nursing services delivery during admission. Dimensions or attributes and barriers of PCC delivery will be identified and incorporated into a context-driven PCC model for implementation in the Ghanaian setting.

Systematic Review Registration:

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Keywords: Patient-centred care, Patient-centered care, patient-centred nursing care, patient-centered nursing care, patient centeredness, individualized care, negotiated care, quality nursing care, quality nursing, nurse-sensitive indicators, nursing outcome (s), nurse satisfaction, nurse job satisfaction and patient satisfaction.

## 5 INTRODUCTION

6 Many countries face quality health care (QHC) problems and efforts at mitigating  
7 these problems have been ongoing for decades. Quality health care issues were  
8 highlighted in the seminal work of Donabedian, "Evaluating the Quality of Medical  
9 Care"[1] and was reinforced by "Crossing the Quality Chasm" report in the United  
10 States of America (USA). "Crossing the Quality Chasm" report identified a great  
11 disparity between the health care being received and what the optimal care should  
12 be [2] and thus proposed Patient-centred care (PCC) as one of the quality aims.  
13 Hence PCC as a core quality health care model has gained worldwide attention and  
14 so is measurement of outcomes of clinical interventions that facilitate PCC delivery  
15 across various care settings.[3] Implementation of patient-centred care (PCC)  
16 appears to promote high quality health care (QHC), better health outcomes including  
17 nurse-sensitive indicators (NSI) and efficient health delivery. [4] Generally, literature  
18 suggests that the implementation of PCC model is associated with better perceptions  
19 of health care quality, patient satisfaction, staff satisfaction and improved  
20 outcomes.[5,6] Patient-centred care (PCC) is therefore projected as the gold  
21 standard for quality health care.[7] This review seeks to appraise the effect of PCC  
22 models on quality nursing care, nurse satisfaction, Nurse-sensitive indicators and  
23 patient satisfaction as a part of a project for PCC implementation effort in Ghana.

## 24 BACKGROUND TO THE REVIEW

25 The concept of quality health care (QHC) has been described by Mitchell [8] as an  
26 abstraction which does not exist discreetly but is socially constructed among relevant  
27 actors based on agreed upon norms and values (standards) and available  
28 possibilities. The Institute of Medicine ( IOM ) defined quality of health care as “the  
29 degree to which health services for individuals and populations increase the  
30 likelihood of desired health outcomes and are consistent with current professional  
31 knowledge”. [9 p4]

32 Patient-centred care is defined by the Committee on Quality of Health Care in  
33 America, Institute of Medicine as being “respectful of and responsive to individual  
34 patient preferences, needs, and values, and ensuring that patient’s values guide all  
35 clinical decisions”. [2 p6] The IOM proposed model of PCC is one that relies on  
36 partnerships among health practitioners, patients and their families. These  
37 partnerships seek to incorporate patients’ wants, needs and preferences, allowing for  
38 patients’ input in their health education, support for patients to make decisions on  
39 their care and participation in their own care process [2]. PCC in the Nursing context  
40 has been defined as “the degree to which the patient’s wishes, needs and  
41 preferences are taken into account by nurses when the patient requires professional  
42 nursing care”. [10 p106]

43 Patient satisfaction (PS) represents the patient’s subjective and dynamic perception  
44 of the level of expected care received. [11] Patient Satisfaction with nursing care is  
45 the patients’ subjective evaluation of their cognitive and emotional reaction as a  
46 result of the interaction between their expectations regarding ideal nursing care and  
47 their perceptions of the actual nursing care delivered. [12] Job satisfaction is defined  
48 as “the degree of positive affect towards a job or its components. [13 p536] or job  
49 satisfaction is the degree or level that employees like their work. [14] Job  
50 satisfaction in this study is looked at as a positive concept describing work attitudes,  
51 abilities and positive factors promoting quality nursing care. [14] Nurse satisfaction  
52 is influenced by the nature of interpersonal relationship among nurses, the service  
53 environment, mode of organization of nursing services and the nature and process of  
54 patient care.[14] A health outcome denotes change in a patient’s current or future  
55 health status, patient’s attitudes, knowledge, health related behaviour and  
56 satisfaction that may be attributable to health care. [15] Patient care outcomes that

57 are significantly affected by nursing care are referred to as Nurse-sensitive  
58 indicators.[16] Nurse-sensitive indicators (NSI) are affected by system-centred  
59 measures such as nurse turnover and nurse staffing levels as well as process  
60 factors such as the process of service delivery such as PCC or PCNC.[17]

61 Many health services in both developed and developing countries do not meet  
62 minimum standards for clinical effectiveness or patient satisfaction.[18] Evidence of  
63 poor health care concerns still exists even in the well-developed and well-resourced  
64 health systems with corresponding growing awareness and pressure for  
65 improvement of health care quality and performance of the health system  
66 worldwide.[19] Though health care reforms have been undertaken in Africa, care in  
67 many countries remains poor.[20] In the Ghanaian context, the World Bank report  
68 [21] revealed an improvement in the number of health workers but health care quality  
69 still suffers with low patients' rating of Health workers' competencies and  
70 performance, widespread deficiencies in technical skills culminating in substandard  
71 clinical care quality.

72 PCC appears to significantly impact on quality health care. A recent report by the  
73 Health Innovation Network (HIN), South London, intimated that PCC can impact  
74 positively on health care quality, satisfaction and health outcomes.[22] This is in  
75 concordance with the acknowledgement of the World Health Organisation (WHO)  
76 that people-centred services (for example, PCC) are the catalysts for successful  
77 outcomes.[23] The role of nurses in providing PCC or PCNC has been illuminated  
78 by the International Council of Nursing (ICN) that "nurses are the cornerstone of  
79 health care delivery that is focused on person-centeredness, continuity of care,  
80 comprehensiveness and integration of services which are fundamental to holistic  
81 care".[24 p16] Lusk and Fader [25] suggested that the characteristics, behaviours or  
82 attributes of PCC are fundamental to the core and essence of nursing practice.

83 Despite the perceived beneficial effects of PCC, its implementation presents mixed  
84 results in literature. While McCormack and McCance [26] suggest PCC is widely  
85 used; Gallo, Hoagwood and Olin [27] contend that implementation of PCC has not  
86 been vigorously pursued. A recent report confirms that fewer studies about PCC  
87 outcomes exist.[23] Similarly, it argued that up to date, limited PCC  
88 conceptualization and implementation in African countries (including Ghana) exists

89 especially in low income African countries as well as Sub-Saharan countries.[28]  
90 Consequently, this study seeks to appraise literature on the effect of PCC on QNC,  
91 NS, NSI, and PS. This review will serve as the first phase in a larger study that seeks  
92 to develop and implement an evidence-based contextualised PCC model in the  
93 Ghanaian adult medical inpatient setting.

#### 94 PURPOSE OF THE REVIEW

95 The purpose of this review is to identify PCC models in literature and examine their  
96 effect on quality nursing care (QNC), nurse satisfaction (NS) patient satisfaction (PS)  
97 and on nurse-sensitive indicators. The review is purposefully a first phase towards  
98 developing and implementing a contextualised evidence-based PCC model in the  
99 Ghanaian context.

#### 100 REVIEW OBJECTIVES

101 The objectives of this review are to ascertain the best available evidence among  
102 adult medical inpatients by:

- 103 1. Identifying existing PCC models in literature
- 104 2. Examining how the existing PCC models were implemented
- 105 3. Examining how the implementation of PCC models affect:
  - 106 a) Quality Nursing care (QNC),
  - 107 b) Nurse satisfaction (NS),
  - 108 c) Nurse-sensitive Indicators (NSI)
  - 109 d) Patient Satisfaction (PS)
- 110 4. Identifying what tools are used to measure the effects of PCC on nursing  
111 outcomes from literature.

#### 112 REVIEW QUESTION(S)

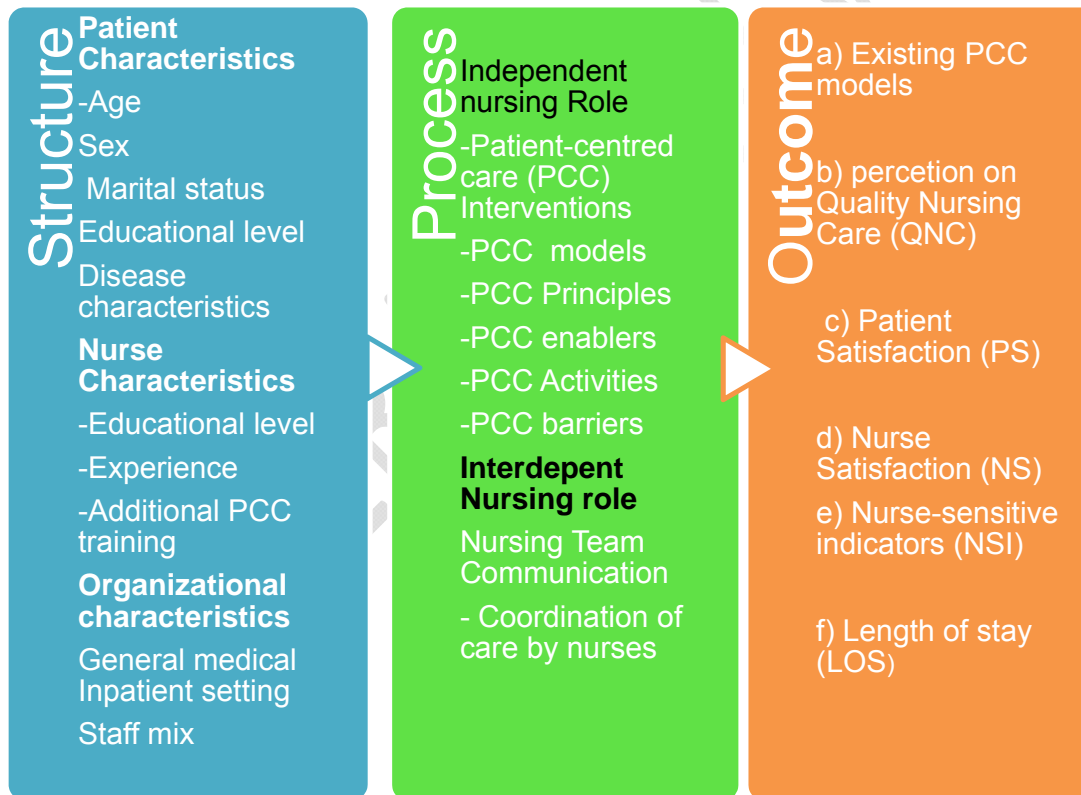
113 The main questions of the review are as follows:

- 114 1. What are the existing PCC models in literature?
- 115 2. How are the existing PCC models implemented?
- 116 3. What are the effects of the PCC models with regards to:
  - 117 a) QNC?
  - 118 b) PS?
  - 119 c) NS?
  - 120 d) NSI?
- 121 4. What tools are used to measure the effect of PCC on nursing outcomes?

122 CONCEPTUAL MODEL FOR SYSTEMATIC REVIEW

123 The review seeks to identify structural, process and outcome characteristics of  
124 patient-centred care models in literature related to nursing care in inpatient medical  
125 setting. The Nursing Role Effectiveness Model proposed by Irvine, Sidani, and Hall  
126 [29] has been adapted and modified for this review. The study emphasis is the  
127 “independent nursing role” where Patient-centred care (PCC) as regards to nursing  
128 care (Patient-centred Nursing care [PCNC]) is the principal focus. The PCC  
129 interventions to be reviewed will include existing PCC models (dimensions), PCC  
130 principles, activities, enablers and barriers. The “interdependent” involves  
131 nursing team communication and care coordination complementing the patient-  
132 centred activities as shown in Figure 1.

133 Figure 1: Conceptual Framework for the Systematic Review



134 Source: Adapted from Nursing Role Effectiveness Model (Irvine, Sidani, & McGillis  
135 Hall, 1998) and modified under the Donabedian (1966) Structure-Process-Outcome  
136 (SPO) model.  
137

138

139 INFORMATION SOURCES

<p>Studies will be retrieved by searching the following databases - from 1990 to 2018 and by hand searching references in the studies included</p> <ul style="list-style-type: none"> <li>• MEDLINE</li> <li>• PubMed</li> <li>• CINAHL</li> <li>• EMBASE</li> <li>• Cochrane Library</li> <li>• Google scholar</li> <li>• SCOPUS</li> <li>• PsychINFO</li> <li>• Joanna Briggs</li> <li>• EMCARE</li> </ul>
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140 THE SEARCH STRATEGY

141 Using keywords, MESH terms and free text words, ten databases will be searched.

142 The free text words will be related to the themes of the review. In order to cater for  
 143 differences in terminologies and words truncation appropriate Boolean Operators will  
 144 be included into the search strategy. Limitations will be set in accordance with the  
 145 inclusion and exclusion criteria of the review. A MEDLINE search strategy will be  
 146 developed (as shown in Table 1) and subsequently adapted to the syntax and  
 147 subject headings of other databases.

148 Table 1: Search strategy from MEDLINE

Search ID	Searches
1	Patient-Centered Care/ or Nurse-Patient Relations/ or Patient Participation/ or patient-centred care.mp. or "Attitude of Health Personnel"/ or Patient Care Team/
2	patient-centered care.mp. or Patient-Centered Care/
3	person-centred care.mp.
4	patient-centredness.mp.
5	individualised care.mp.
6	Patient Care Planning/ or negotiated care.mp.
7	patient-centred nursing care.mp.
8	1 or 2 or 3 or 4 or 5 or 6 or 7
9	Nursing Care/ or quality nursing care.mp.
10	nursing.mp. or NURSING/
11	9 or 10

12	Nursing Staff/ or Interprofessional Relations/ or Job Satisfaction/ or Nurses/ or nurse satisfaction.mp.
13	Nurse-sensitive indicators.mp. or Quality Indicators, Health Care/
14	nursing outcomes.mp.
15	12 or 13 or 14
16	patient satisfaction.mp. or Patient Satisfaction/
17	client satisfaction.mp.
18	satisfaction.mp. or Personal Satisfaction/
19	16 or 17 or 18
20	adults.mp. or Adult/
21	middle-age.mp. or Middle Aged/
22	In patient.mp. or Aged/
23	Medical in patient.mp.
24	Medical in patient.mp.
25	in-patient setting.mp.
26	20 or 21 or 22 or 23 or 24 or 25
27	8 and 11 and 15 and 19 and 26
28	limit 27 to (yr="1990 -Current" and "all adult (18 plus years)" and English)

149 DESIGN/ METHODS OF THE REVIEW

150 This is a mixed method systematic review aimed at identifying PCC models in  
151 literature and their effects on perceptions of quality nursing care (QNC), nursing-  
152 sensitive indicators (NSI), patient' satisfaction (PS) and nurse satisfaction (NS).  
153 Database searches and selection of studies for inclusion will be done by two  
154 reviewers independently and verified by a third independent reviewer. This  
155 systematic review will employ the guidelines of the Preferred Reporting Items for  
156 Systematic review and Meta-Analysis Protocols (PRISMA-P) format to report the  
157 study findings. [30] Qualitative data will be synthesized using Thematic Network  
158 Analysis tool proposed by Attride-Stirling [31] or meta-analysis if sufficient articles  
159 are retrieved.

160 THE STUDY POPULATION/PARTICIPANTS

161 1. The target population for this study will comprise all quantitative, qualitative and  
162 mixed methods PCC studies related to nursing care among adult (18 years and  
163 above) medical inpatients and nurses working in medical inpatient setting.

164



165 2. These PCC studies would have examined at least one of the following:

- 166 a) Quality nursing care (QNC)
- 167 b) Nurse-sensitive Indicators (NSI)
- 168 c) Patient Satisfaction (PS)
- 169 d) Nurse Job Satisfaction (NS)

170

#### 171 INCLUSION CRITERIA

- 172 1. PCC records from January, 1990 to 30th September, 2018 related to nursing  
173 care in the following databases CINAHL, PubMed, MEDLINE, EMBASE,  
174 PsychInfo, Joanna Brigs, EMCARE, **Cochrane Library**, **google scholar** and  
175 SCOPUS.
- 176 2. Citations are deemed eligible for inclusion if they are quantitative, qualitative  
177 or mixed methods PCC studies in English and among adult (18 years and  
178 above) medical inpatients setting.
- 179 3. Studies which evaluated the effect of PCC on at least one of the following:  
180 a) Quality Nursing Care (QNC)  
181 b) Nurse-sensitive Indicator (NSI)  
182 c) Patient Satisfaction (PS)  
183 d) Nurse Satisfaction (NS)
- 184 4. Hand searching of references from citations retrieved that meet the inclusion  
185 criteria.
- 186 5. **Searching grey literature including dissertations and thesis.**

#### 187 EXCLUSION CRITERIA

188 The exclusion criteria delimit individuals from taking part in the study [32] and for this  
189 review, the exclusion criteria for this review are:

- 190 1. PCC Citations that fall out the time limit (1990-2018)
- 191 2. Studies which did not evaluate PCC for at least one of the following:  
192 a) Quality nursing care,  
193 b) Nurse-sensitive indicators  
194 c) Patient satisfaction  
195 d) Nurse Job-satisfaction.
- 196 3. PCC studies outside medical inpatient setting
- 197 4. RCTs without random allocation of participants

198 INTERVENTION(S)/EXPOSURE(S)

199 The review will consider studies that evaluate the effects of the patient-centred care  
200 model on quality nursing care, nurse satisfaction, patient satisfaction and nurse-  
201 sensitive indicators amongst adult medical inpatients. Studies to be considered are  
202 PCC interventions among adult medical inpatients that include:

- 203 a. Randomised controlled Trials (RCTs)
- 204 b. Quasi experimental studies (QES)
- 205 c. Additional PCC training for providers (ATP).
- 206 d. Descriptive studies
- 207 e. Qualitative PCC studies

208 COMPARATOR/CONTROL

209 Traditional Nursing Care: standard nursing care for medical inpatients that employ  
210 nursing services without incorporating individual patient preferences, needs, and  
211 values. Traditional nursing care also includes generalized patient education

212 PRIMARY OUTCOME(S)

213 This review will consider studies that include the following outcome measures:

- 214 a. Existing PCC models in literature
- 215 b. Patient Perception on Quality Nursing Care (QNC)
- 216 c. Nurse Perception on Quality Nursing Care (QNC)
- 217 d. Patient Satisfaction (PS)
- 218 e. Nurse Satisfaction (NS)
- 219 f. Nurse-sensitive indicators (NSI)

220 DATA MANAGEMENT, SCREENING AND SELECTION

221 For the purposes of screening and management of the data, all search results will be  
222 downloaded into the reference manager ENDNOTE version X7. The titles, abstracts  
223 and subject headings of all searched articles will be screened in accordance with the  
224 eligibility criteria. Eligible PCC studies identified will be categorized according to  
225 structural factors such as background characteristics of nurses, patients and the care  
226 environment. The second category includes PCC processes or activities such as  
227 RCTs, non-randomized control trials, quasi-experimental studies, observational  
228 studies and qualitative studies. The third categorisation of identified studies is based

229 on outcomes such as the effect of PCC on QNC, NS, PS and NSI. Two independent  
230 reviewers will work on this review which will then be verified by a third reviewer.

#### 231 DATA EXTRACTION (SELECTION AND CODING)

232 Data will be extracted from PCC quantitative and qualitative studies included in the  
233 review. Data extracted will include specific details about the population,  
234 interventions, study methods, and outcomes related to the specific objectives and  
235 the review questions.

#### 236 RISK OF BIAS (QUALITY) ASSESSMENT

237 Two independent reviewers will assess the validity and methodological quality of the  
238 papers selected for retrieval prior to inclusion of such studies in the review. The two  
239 independent reviewers will resolve any disagreement that may arise between them  
240 through discussion or with a third reviewer until consensus is reached. The quality of  
241 papers will be assessed using the Mixed Methods Appraisal Tool (MMAT) – Version  
242 2011[33] and the quality of papers that report meta-analysis will be assessed using  
243 the GRADE tool. [34] Recognizing the fact that studies with statistically significant  
244 ( $p < 0.05$ ) findings are more likely to be published than those with non-significant  
245 findings [35,36,37]; publication bias will be evaluated using funnel plots and  
246 assessment of funnel plot asymmetry, if applicable. This method has been widely  
247 used previously [36,38,39,40] and recommended to investigate publication bias [41].  
248 Reporting bias from RCTs will be evaluated by checking the time of publication of the  
249 trial protocol and recruitment of patients. For trials published after 1<sup>st</sup> July 2005; the  
250 Clinical Trial Register at the International Clinical Trials Registry Platform of the  
251 World Health Organization will be screened. The outcomes specified in the  
252 screened protocol will be compared against those in the published report to assess  
253 selective outcome reporting bias.

#### 254 STRATEGY FOR DATA SYNTHESIS

255 The review will seek to synthesise the quantitative PCC papers included through  
256 pooled in statistical meta-analysis. All results will be subject to double data entry.  
257 Odds ratio (for categorical data) and weighted mean differences (for continuous  
258 data) and their 95% confidence intervals will be calculated for analysis.  
259 Heterogeneity will be assessed using the standard Chi-square. Assessment of  
260 heterogeneity will be done to confirm our expectation by adopting the method of  
261 Whitehead et al [38], methodological heterogeneity will be determined by comparing  
262 the findings of the different study designs of the included studies, and the outcome  
263 discussed among the review team to arrive at a consensus. Where statistical pooling  
264 is not possible, the findings will be presented in narrative form. The qualitative

265 papers will be analysed using Thematic Network Analysis as proposed by Attride-  
266 Stirling. [31] Thematic network analysis “is a method for identifying, analysing and  
267 reporting patterns (themes) within data” [42 p79] and also provides detail and thick  
268 description of the data set.

269

## 270 DISCUSSION

271 This systematic review will provide evidence of what models of PCC exist in  
272 literature with regards to adult medical inpatient setting. The study will contribute to  
273 knowledge on how these PCC models affect the quality of nursing care, nurse-  
274 sensitive indicators, nurse satisfaction and patient satisfaction. Factors that promote  
275 or hinder PCC implementation will be identified to serve as lessons for improving  
276 PCC design and evidence-based PCC implementation activities. The mixed method  
277 design will allow for comprehensiveness of the review of literature and triangulation  
278 of findings.

279

## 280 CONCLUSION

281 This review seeks to provide the international perspective on the effects of Patient-  
282 centred care (PCC) on quality nursing and satisfaction of nurses and medical  
283 inpatients on nursing services delivery during admission. Dimensions or attributes  
284 and barriers of PCC delivery will be identified and incorporated into a context-driven  
285 PCC model for implementation in the Ghanaian setting.

286

## 287 FUNDING AND CONFLICT OF INTEREST

288 This study is a part of a larger PhD study and funding is from University of KwaZulu-  
289 Natal, South Africa and University for Development Studies. Authors declare no  
290 conflict of interest.

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