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Patient-Centered Care Models: A Review of Their Influence on Healthcare Management Practices

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Abstract

This review explores the evolution of patient-centred care models, their challenges, and their impact on healthcare management practices. Analyzing historical development, theoretical foundations, and implementation challenges, the study emphasizes the transformative influence of patient-centred approaches. The positive outcomes, including heightened patient satisfaction and improved health outcomes, underscore the importance of these models. Emerging trends, such as technology integration and community engagement, shape the future of patient-centered care. The collaborative relationship between healthcare providers and patients enhances the patient experience and contributes to overall healthcare quality. Recognizing the significance of patient-centred care is essential for building a responsive and inclusive healthcare landscape.

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1. Introduction

In the ever-evolving healthcare landscape, patient-centered care has emerged as a pivotal paradigm, redefining the dynamics between healthcare providers and patients. Traditionally, healthcare systems were characterized by a paternalistic approach, where medical professionals made decisions without substantial patient involvement (O'Hare, Rodriguez, & Bowling, 2016). However, patient-centred care has become a cornerstone in contemporary healthcare with the recognition of patient autonomy and the acknowledgment of diverse patient needs (Ojo & Kiobel, 2024a).

Patient-centred care places patients at the focal point of the healthcare system, considering their preferences, values, and individual circumstances in decision-making processes. It not only seeks to address the immediate medical concerns but also prioritizes the overall well-being and satisfaction of the patient. This shift is not merely a change in practice but represents a fundamental transformation in the philosophy of healthcare delivery (Constand, MacDermid, Dal Bello-Haas, & Law, 2014; Tanenbaum, 2015).

Understanding the influence of patient-centred care models on healthcare management practices is crucial in navigating the complexities of modern healthcare organizations. Healthcare management, encompassing strategic planning, organizational structure, leadership, and resource allocation, plays a pivotal role in shaping the quality and effectiveness of patient care.

As patient-centred care gains prominence, its influence permeates various facets of healthcare management, necessitating a comprehensive exploration of this interconnection (Poister, 2010; Schulz & Johnson, 2003, Ehidiamen & Oladapo, 2024a).

The significance of delving into the influence of patient-centred care models on healthcare management practices lies in the potential to enhance the overall healthcare experience. By examining this relationship, healthcare administrators, policymakers, and practitioners can gain valuable insights into optimizing organizational structures, improving communication channels, and fostering collaborative decision-making processes. Furthermore, understanding how patient-centred care models impact management practices can contribute to developing strategies that align healthcare systems with patients' evolving needs and expectations.

Moreover, the influence of patient-centred care on healthcare management extends beyond individual patient interactions. It encompasses broader systemic changes, such as establishing a culture of empathy, shared decision-making, and a commitment to continuous quality improvement (Fix *et al.*, 2018; Vennedey *et al.*, 2020). This review aims to shed light on these multifaceted influences, providing a comprehensive understanding of the ripple effects that patient-centred care models create within healthcare management.

The objectives of this review are multifaceted, aiming to comprehensively explore the concept of patient-centred care. Firstly, the review seeks to provide a detailed examination of patient-centred care, delving into its historical development and theoretical foundations to establish a comprehensive understanding. Secondly, the review aims to analyze the impact of patient-centred care models on various aspects of healthcare management, including organizational culture, leadership styles, and decision-making processes. By doing so, it intends to elucidate how patient-centred approaches have influenced the broader landscape of healthcare administration.

Moreover, the review intends to identify and explore healthcare organizations' challenges in integrating patient-centred care models. It will delve into potential barriers hindering effective implementation, shedding light on critical considerations for healthcare professionals. In addition, the review seeks to highlight the positive outcomes and benefits of incorporating patient-centred care into healthcare management practices. This includes examining improvements in patient satisfaction, health outcomes, and the quality of care. Lastly, the review aims to propose strategies and best practices for overcoming the challenges identified, providing valuable insights into ensuring the successful implementation of patient-centred care models in healthcare management. By addressing these objectives, the review seeks to contribute to the existing knowledge base and offer practical guidance for healthcare professionals and organizations striving to embrace patient-centred care principles.

2. Background

Patient-centred care signifies a paradigmatic shift in healthcare delivery, redefining the traditional patient-provider dynamic (Frampton, Charmel, & Guastello, 2013; Yamamoto, 2020). Rooted in the belief that patients are unique individuals with distinct needs and values, patient-centred care seeks to tailor healthcare services to each patient,

promoting a more personalized and collaborative approach. The historical development of patient-centred care is pivotal in understanding its evolution and widespread acceptance. The roots of patient-centred care can be traced back to the mid-20th century, marked by the contributions of influential figures like Sir William Osler. Osler emphasized the importance of understanding patients' perspectives, laying the groundwork for a more patient-centric approach (Brown, Noble, Papageorgiou, & Kidd, 2016; Court & Kaplan, 2016). This early recognition of the need for personalized care set the stage for subsequent developments in the field.

Significant milestones in the conceptualization of patient-centred care emerged through the work of organizations such as the Picker Institute and the Institute of Medicine (IOM). The Picker Institute, founded in the 1980s, was crucial in advancing patient-centred approaches by conducting research and developing methods to assess patient experiences. The IOM, now the National Academy of Medicine, has influenced healthcare policy and practices, including promoting patient-centered care (Janerka, Leslie, & Gill, 2023; Kitson, Marshall, Bassett, & Zeitz, 2013; Langberg, Dyhr, & Davidsen, 2019).

These institutions and scholars have contributed to the evolution of patient-centered care by emphasizing the importance of shared decision-making, empathy, and effective communication. The emerging conceptual framework reflects a commitment to humanizing healthcare practices, viewing patients not as passive recipients but as active participants in their healthcare journey. The evolution of patient-centered care underscores a commitment to continuous improvement in healthcare delivery, focusing on enhancing patient experiences, outcomes, and overall satisfaction. As the healthcare landscape evolves, patient-centred care remains a guiding principle, driving efforts to create a more compassionate, responsive, and individualized approach to healthcare (Ojo & Kiobel, 2024b).

A thorough examination of the literature reveals a diverse array of patient-centred care models, each tailored to address specific aspects of healthcare delivery. The Chronic Care Model, developed by Wagner and colleagues, emphasizes a proactive and collaborative approach to managing chronic conditions (Wagner, Austin, *et al.*, 2001; Wagner, Glasgow, *et al.*, 2001). Shared decision-making models, such as the Option Grids and the Three-Talk Model, underscore the importance of involving patients in treatment decisions to enhance patient autonomy (Elwyn, 2016). Furthermore, the Patient-Centered Medical Home (PCMH) model redefines the primary care setting by emphasizing comprehensive, coordinated, and patient-centered services (Bitton, 2011; Crabtree *et al.*, 2011). The Planetree model strongly emphasizes creating healing environments considering patients' physical, emotional, and spiritual needs. This section of the review will delve into the nuances of each model, providing insights into their strengths, limitations, and applicability in various healthcare settings (Ehidiamen & Oladapo, 2024b).

Patient-centred care is grounded in various theoretical foundations and principles that guide its implementation. Humanistic theories, such as those proposed by Carl Rogers, emphasize the importance of empathy, active listening, and unconditional positive regard in the patient-provider relationship (Irving & Dickson, 2004; Rathert, Mittler, & Lee, 2022). These principles form the basis for effective communication and the cultivation of trust between

healthcare providers and patients. Moreover, bioethical principles, including autonomy, beneficence, and justice, underpin the ethical considerations of patient-centred care (O'Rourke, Thompson, & McMillan, 2019). Patients' autonomy to actively participate in decision-making aligns with the ethical principle of respecting individuals' right to self-determination (Edozien, 2016). The review will explore how these theoretical underpinnings translate into practical strategies within patient-centred care models, promoting a holistic and ethically grounded approach to healthcare delivery.

3. The impact of patient-centred care on healthcare management practices

As a transformative approach to healthcare delivery, patient-centred care extends its influence beyond clinical encounters to reshape the foundations of healthcare management practices. This section delves into the profound impact of patient-centred care models on healthcare management philosophies, organizational culture, leadership styles, and decision-making processes.

3.1 Influence on healthcare management philosophies

Adopting patient-centred care models necessitates a paradigm shift in healthcare management philosophies. Traditional hierarchical structures give way to more collaborative and patient-centric approaches. The management philosophy evolves from a top-down directive model to one that values inclusivity, transparency, and active engagement with healthcare providers and patients. This shift aligns with the broader trend of patient empowerment, emphasizing the need for shared responsibility in decision-making processes (Peer & Rakich, 1999). Furthermore, patient-centred philosophies drive a reevaluation of success metrics. Rather than focusing solely on clinical outcomes and financial indicators, healthcare management now places a premium on patient satisfaction, experience, and engagement (Ojo & Kiobel, 2024c). Pursuing a positive patient experience becomes a key metric for evaluating the effectiveness of healthcare management practices.

3.2 Changes in organizational culture

Integrating patient-centred care models triggers a redefinition of organizational culture within healthcare institutions. A culture of empathy, respect, and patient-centeredness permeates the organizational fabric. This cultural transformation encourages healthcare professionals to view patients as partners in care rather than passive recipients. Organizational values increasingly prioritize patient preferences, needs, and feedback (Omachonu, 2018, Ehidiemen & Oladapo, 2024c).

Creating a patient-centered culture involves fostering an environment that supports open communication, mutual respect, and a commitment to continuous improvement. The organizational culture adapts to value patient input in decision-making. It promotes an atmosphere where patients feel heard, understood, and actively involved in their care journey.

3.3 Leadership styles and decision-making processes

Patient-centred care necessitates a departure from authoritative leadership styles toward those that embrace collaboration and shared decision-making. Transformational leadership becomes a hallmark, with leaders inspiring and

motivating healthcare teams to prioritize patient needs. Leadership styles shift from a directive approach to empowering healthcare professionals at all levels to actively engage with patients in shaping their care plans (Lévesque, Hovey, & Bedos, 2013, Ojo & Kiobel, 2024d).

Moreover, adopting patient-centred care models influences decision-making processes within healthcare management. Decision-making becomes more inclusive, involving healthcare professionals, patients, caregivers, and other stakeholders. Shared decision-making becomes a cornerstone, acknowledging the unique insights that patients bring to the table regarding their health and well-being (Elliott *et al*, 2016; Holroyd-Leduc *et al*, 2016).

3.4 Role of communication, collaboration, and teamwork

Communication, collaboration, and teamwork take on heightened significance within the framework of patient-centred care. Effective communication becomes a linchpin, ensuring that healthcare providers and patients engage in meaningful, transparent, and two-way dialogues. This emphasis on communication extends to intra-team collaborations, fostering a culture where healthcare professionals collaborate seamlessly to address the diverse needs of patients.

Teamwork within patient-centred care models involves interdisciplinary collaboration, breaking down silos between different healthcare specialities. The collective efforts of healthcare teams, including physicians, nurses, allied health professionals, and administrative staff, converge to provide comprehensive and coordinated care. The patient becomes an integral collaborative team member, contributing insights that inform care plans and treatment decisions (Reed *et al*, 2021; Walton, Hogden, Long, Johnson, & Greenfield, 2019).

4. Implementation Challenges

Implementing patient-centred care models in healthcare organizations is a noble endeavour, aiming to enhance the quality of care and improve patient outcomes. However, this transformative process is not without its challenges. This section explores the common hurdles and barriers healthcare organizations face when integrating patient-centred care into their existing frameworks.

4.1 Common challenges in implementing patient-centred care models

Implementing patient-centred care models in healthcare settings presents several challenges that healthcare organizations must address for successful adoption. One significant obstacle is the resistance to change among healthcare professionals. The transition to patient-centred care often necessitates adjustments to established routines and practices, leading to concerns about potential workflow disruptions or perceived inefficiencies. Overcoming this resistance requires effective change management strategies and clear communication to emphasize the benefits of patient-centred approaches (Lutz & Bowers, 2000, Ehidiemen & Oladapo, 2024d).

Resource constraints pose another challenge, encompassing limitations in both human and financial resources. The successful implementation of patient-centred care models relies on adequate staffing, comprehensive training programs, and sufficient technological infrastructure. A lack of these essential components can impede the seamless integration of patient-centred practices, underscoring the

importance of strategic resource allocation (Abugre & Bhengu, 2024; Al-Bedaery, Rosenthal, Protheroe, Reeve, & Ibison, 2023). The absence of standardized guidelines for implementing patient-centred care is a notable challenge. Without clear protocols and standardized practices, healthcare organizations may struggle to deliver patient-centred care consistently across different departments and care settings. Developing standardized guidelines can provide a framework for implementation and enhance the effectiveness of patient-centred care initiatives (Gelmon, Bouranis, Sandberg, & Petchel, 2018, Shittu, *et al*, 2024).

Achieving a cultural shift towards patient-centeredness is a complex challenge that demands concerted efforts. This shift involves changing the mindset of healthcare professionals and administrators to prioritize patient perspectives over traditional hierarchies. Cultivating a culture that values and incorporates patient input requires ongoing communication, education, and sustained commitment from all healthcare organization levels (Frampton *et al*, 2017; Kent, Goetzel, Roemer, Prasad, & Freundlich, 2016).

Measuring outcomes and evaluating the impact of patient-centred care present additional challenges, particularly when healthcare organizations lack established metrics and evaluation tools. Quantifying improvements in patient satisfaction, clinical outcomes, and overall healthcare quality requires the development of robust measurement strategies to capture the multifaceted aspects of patient-centred care implementation effectively. Addressing these challenges proactively is essential for healthcare organizations committed to delivering high-quality, patient-centered care (Bokhour *et al*, 2018).

4.2 Barriers to integrating patient-centered care into existing healthcare management structures

Integrating patient-centred care into existing healthcare management structures faces several barriers that healthcare organizations must navigate for successful implementation. Structural inertia within current healthcare management structures can impede change, exhibiting bureaucratic processes, rigid hierarchies, and entrenched practices that resist the incorporation of patient-centred care principles. Overcoming this inertia requires strategic efforts to reshape organizational structures and promote flexibility. Communication gaps pose a significant challenge, as effective implementation relies on seamless communication among healthcare professionals, patients, and stakeholders. Inadequate communication channels can lead to misunderstandings and hinder collaborative decision-making, emphasizing the need for improved communication strategies and technologies (Agha *et al*, 2018; Bogale, 2021, Ojo & Kiobel, 2024e).

Training and education gaps among healthcare professionals present another barrier. The absence of comprehensive education programs on effective communication, shared decision-making, and patient engagement can hinder the successful adoption of patient-centered practices. Addressing these gaps requires investing in training initiatives that empower healthcare professionals with the necessary skills. Limited integration with technology poses challenges, as existing electronic health records (EHRs) and technological tools may not be optimized to support patient engagement and shared decision-making. Enhancing the technological infrastructure to align with patient-centred care principles is crucial for overcoming these barriers and ensuring seamless

implementation (Bokhour *et al*, 2018; Wakefield *et al*, 1994). Financial constraints, including budget limitations and reimbursement structures, can hinder the implementation of patient-centred care. Allocating resources for the necessary infrastructure, training, and ongoing support may be challenging within the constraints of existing financial models. Strategic financial planning and advocacy for the value of patient-centred care are essential to address these constraints and facilitate successful integration into healthcare management structures (Agha *et al*, 2018; Kuipers, Nieboer, & Cramm, 2021).

5. Benefits of patient-centered care on healthcare management

Implementing patient-centred care in healthcare management brings forth a spectrum of positive outcomes, influencing the patient experience and contributing to improved healthcare quality and outcomes. This section examines the multifaceted benefits of embracing patient-centred care principles in healthcare management.

5.1 Positive outcomes and benefits

Patient-centred care yields benefits that significantly impact healthcare delivery and management. One of its key advantages lies in enhanced patient satisfaction, as involving patients in decision-making processes and respecting their preferences fosters an environment where patients feel heard and valued, ultimately contributing to increased satisfaction levels and a positive patient experience. Moreover, patient-centred care improves patient-provider relationships by promoting shared decision-making and active patient engagement. This collaborative approach enhances trust, communication, and mutual understanding, creating a foundation for more effective healthcare management (Kerr & Hayward, 2013, Ojo & Kiobel, 2024f).

The positive outcomes extend to better health results, as patient engagement and empowerment, central tenets of patient-centred care, lead to increased adherence to treatment plans, medications, and preventive measures. Actively involving patients in managing their health contributes to overall well-being and positive health outcomes. Additionally, patient-centred care emphasizes clear communication, reducing the likelihood of medical errors and adverse events, thereby enhancing patient safety. Patients who feel comfortable communicating their concerns are more likely to share crucial health information, enabling healthcare providers to deliver safer and more effective care (Charmel & Frampton, 2008, Ehidiemen & Oladapo, 2024e).

Another significant advantage lies in efficient resource utilization within patient-centred care models. Tailoring care plans to individual patient needs helps healthcare organizations avoid unnecessary interventions, reduce hospital readmissions, and optimize resource allocation. This efficiency contributes to better patient outcomes and leads to cost-effectiveness in healthcare management, reinforcing the value of patient-centred care across the healthcare continuum (Toussaint & Berry, 2013).

5.2 Improvements in patient satisfaction, outcomes, and healthcare quality

Patient-centred care contributes to an elevated overall patient experience, positioning patient preferences at the forefront of healthcare delivery. By providing personalized care and involving patients in decision-making, healthcare

organizations create an environment that fosters a positive perception of care, ultimately influencing patient satisfaction. Furthermore, adopting patient-centred care correlates with positive impacts on healthcare quality metrics. Patient-reported outcomes, clinical effectiveness, and safety indicators often exhibit favourable trends when patient-centred care principles are integrated into healthcare management practices. This improvement in quality metrics signifies enhanced patient care and bolsters the overall success and reputation of healthcare organizations (Porter *et al.*, 2016; Williams, Sansoni, Darcy, Grootemaat, & Thompson, 2016).

Moreover, the alignment with accreditation and regulatory standards enhances the standing of healthcare organizations in the industry. Accreditation bodies and regulatory agencies increasingly emphasize the importance of patient-centred care in ensuring high-quality healthcare. Organizations that embrace patient-centred care find themselves better positioned to meet accreditation standards and regulatory requirements, reinforcing their commitment to quality and patient-centric practices (Sweeney, Halpert, & Waranoff, 2004).

When effectively implemented, patient-centred care can also provide a competitive advantage for healthcare organizations. In an era where patients actively seek providers who prioritize their needs and preferences, organizations excelling in patient-centred care are more likely to attract and retain patients. This contributes to patient loyalty and positions these organizations as leaders in providing compassionate, individualized, and high-quality care, fostering long-term success in the dynamic healthcare landscape.

6. Strategies for successful implementation

Implementing patient-centred care models in healthcare organizations requires a strategic and comprehensive approach to overcome challenges and ensure successful integration. This section proposes strategies that address common obstacles and highlight best practices derived from successful cases.

6.1 Overcoming implementation challenges

Successful implementation of patient-centred care relies on several key strategies. First and foremost, leadership commitment and engagement are critical. Strong leadership support is essential for cultural change, and leaders must champion patient-centred care, providing the necessary resources and support to ensure organizational buy-in. Engaging leaders in the process sets a positive tone for the entire organization.

Comprehensive education and training programs for healthcare professionals constitute another vital strategy. These programs should enhance communication skills, foster shared decision-making, and promote cultural competence. Continuous training ensures that staff can implement patient-centred practices, aligning their approach with evolving standards. Equally important is patient and family education. Informed and empowered patients are better equipped to participate actively in their care, making shared decision-making more effective. Patient education initiatives, such as informational materials, workshops, and online resources, enhance patient understanding and engagement.

Seamless integration with existing workflows is a crucial consideration to avoid disruptions. Analyzing and adapting existing processes to accommodate patient-centred practices

ensures that healthcare professionals can incorporate these approaches into their daily routines without significant workflow changes. This integration fosters a smoother transition and acceptance of patient-centred care principles. Finally, leveraging technology is instrumental in enhancing patient-centered care. Implementing electronic health record (EHR) systems that support patient engagement, providing secure communication platforms, and utilizing telehealth options can significantly improve communication and collaboration between healthcare providers and patients. Technological optimization streamlines processes and facilitates more effective patient-centered care delivery (AFOLABI, DANLADI, & ILUGBUSI, 2022; Chidolue & Iqbal, 2023; Johnson *et al.*, 2023; Ninduwezuor-Ehiobu *et al.*, 2023; Uchechukwu, Amechi, Okoye, & Okeke, 2023).

6.2 Best practices and lessons learned

Several strategic approaches facilitate the successful implementation of patient-centered care. First and foremost, forming collaborative care teams that include a diverse array of healthcare professionals, administrative staff, and patients is crucial. These interdisciplinary teams provide holistic care, address varied patient needs, and contribute to a more comprehensive patient-centred approach.

Establishing patient advisory councils is another effective strategy, allowing organizations to directly incorporate patient input into policy shaping, process improvement, and care delivery. These councils offer valuable insights into patient preferences. They are pivotal in tailoring patient-centred care initiatives to meet specific needs. Implementing continuous feedback mechanisms is essential to the success of patient-centred care. Systems that collect feedback from patients and healthcare professionals on an ongoing basis help identify areas for improvement, measure the effectiveness of patient-centred initiatives, and ensure ongoing alignment with patient needs and expectations.

Benchmarking against established standards and regularly measuring key performance indicators related to patient-centred care provides organizations with a roadmap for assessing progress. A commitment to data-driven decision-making, continuous improvement, and learning from successful cases is fundamental to advancing patient-centred care initiatives. Recognizing and celebrating successes, whether small milestones or significant achievements, fosters a positive organizational culture. Acknowledging these accomplishments in patient-centred care reinforces the commitment to these principles and motivates continued efforts toward improvement.

In conclusion, successfully implementing patient-centred care models requires a multifaceted approach, addressing challenges and drawing on best practices from successful cases. By focusing on leadership commitment, education and training, integration with workflows, technology optimization, and incorporating patient perspectives, healthcare organizations can foster a culture prioritizing patient-centred care, ultimately leading to improved patient outcomes and satisfaction.

7. Future directions and innovations

Patient-centred care is a dynamic field that evolves with emerging trends and innovations. Exploring these advancements provides insights into the future of healthcare delivery and informs potential shifts in healthcare management practices. This section discusses emerging

trends, innovations, and areas for future research and development in patient-centered care.

7.1 Emerging trends and innovations in patient-centered care

The evolution of patient-centered care is closely intertwined with integrating advanced technologies, reshaping the healthcare landscape. Artificial intelligence, virtual reality and telehealth platforms are at the forefront of this transformation. AI algorithms can analyze extensive patient data, allowing for the personalization of treatment plans. VR contributes by providing immersive experiences for patient education and therapy, enhancing engagement. Telehealth platforms are crucial in expanding access to patient-centred care through remote monitoring and consultations.

The increasing use of Patient-Generated Health Data (PGHD) through wearables, mobile apps, and other devices is another significant trend. This data, collected by patients daily, offers valuable insights into their health status, behaviours, and preferences. Utilizing PGHD enables healthcare providers to deliver more personalized and proactive care. Innovations in shared decision-making tools, including interactive decision aids and mobile applications, empower patients to participate in their care actively. These tools provide accessible information, facilitate communication between patients and healthcare providers, and support collaborative decision-making processes.

Cultural competence and diversity are emerging as essential considerations in patient-centred care. Healthcare organizations increasingly incorporate strategies to address diverse patient populations' unique needs and preferences, ensuring that patient-centred care is inclusive and responsive to individual cultural backgrounds. Looking ahead, patient-centred care models are likely to involve increased community engagement. Collaborative efforts with community organizations, local resources, and social support networks can enhance patients' overall health and well-being. This approach recognizes the broader determinants of health and emphasizes community-driven solutions in the pursuit of patient-centred care.

7.2 Areas for future research and development

Future research in patient-centred care should prioritize evaluating long-term outcomes to understand the sustained impact on health outcomes, healthcare utilization, and cost-effectiveness. Investigating the extended benefits of patient-centred models is crucial for shaping effective healthcare management strategies.

With the advancement of personalized medicine, incorporating genomic information into patient-centred care models is an area ripe for exploration. Research in this domain can uncover how genomic data can inform treatment decisions, predict disease risks, and contribute to tailored healthcare plans aligned with patients' genetic profiles. Optimizing health information exchange systems is a crucial focus for future development. Improving the interoperability of electronic health records and other platforms can facilitate seamless communication among healthcare providers and across care settings, ensuring comprehensive and coordinated patient-centred care.

Addressing social determinants of health is fundamental to effective patient-centered care. Future research should explore systematic ways to measure and intervene in social determinants, ensuring that patient-centred care is responsive

to the broader contextual factors influencing health outcomes. Furthermore, exploring the application of principles from behavioural economics in patient engagement holds promise. Future research can design interventions that leverage behavioural insights to motivate patients, promote healthier behaviours, and optimize patient-centred care strategies. This approach recognizes the importance of behavioural factors in enhancing patient engagement and improving overall outcomes in patient-centred care models.

8. Conclusion

In conclusion, this comprehensive review has highlighted the pivotal role of patient-centred care models in reshaping contemporary healthcare management practices. We have gained valuable insights into the transformative power of patient-centred approaches by examining the historical development, theoretical foundations, and implementation challenges. The impact of patient-centered care on healthcare management philosophies, organizational culture, leadership styles, and decision-making processes is evident in the positive outcomes observed, such as enhanced patient satisfaction, improved health outcomes, and increased efficiency in resource utilization. As we navigate the future of healthcare, emerging trends and innovations underscore the continued importance of prioritizing patient-centred care. Incorporating advanced technologies, community engagement, and a focus on diverse and inclusive practices are shaping the trajectory of patient-centred care. Emphasizing the collaborative relationship between healthcare providers and patients, patient-centred care models elevate the patient experience and contribute to healthcare delivery's overall quality, safety, and effectiveness. As healthcare systems evolve, recognizing and embracing the importance of patient-centred care models is imperative for fostering a healthcare landscape that is responsive, inclusive, and truly patient-centric.

9. References

1. Abugre D, Bhengu BR. Nurse managers' perceptions of patient-centred care and its influence on quality nursing care and nurse job satisfaction: empirical research qualitative. *Nurs Open*. 2024;11(1):e2071.
2. Afolabi B, Danladi JD, Ilugbusi S. Determinants of youth engagement in agribusiness: implications for sustainable agricultural practices in southwest, Nigeria. *Fuoye J Manag Innov Entrep*. 2022;1(1).
3. Agha AZ, Werner RM, Keddem S, Huseman TL, Long JA, Shea JA. Improving patient-centered care. *Med Care*. 2018;56(12):1009–17.
4. Al-Bedaery R, Rosenthal J, Protheroe J, Reeve J, Ibison J. Primary care in the world of integrated care systems: education and training for general practice. *Future Healthc J*. 2023;10(3):253.
5. Bitton A. Who is on the home team? Redefining the relationship between primary and specialty care in the patient-centered medical home. *Med Care*. 2011;49(1):1–3.
6. Bogale T. Facilitators and barriers of patient-centered care practice in public hospitals of Benishangul Gumuze Regional State, South West Ethiopia. *Rehabil*. 2021;6(1):10–9.
7. Bokhour BG, Fix GM, Mueller NM, Barker AM, Lavela SL, Hill JN, *et al* How can healthcare organizations

- implement patient-centered care? Examining a large-scale cultural transformation. *BMC Health Serv Res.* 2018;18(1):1–11.
8. Brown J, Noble L, Papageorgiou A, Kidd J. *Clinical communication in medicine.* John Wiley & Sons; 2016.
 9. Charmel PA, Frampton SB. Building the business case for patient-centered care. *Healthc Financ Manage.* 2008;62(3):80–5.
 10. Chidolue O, Iqbal T. System monitoring and data logging using PLX-DAQ for solar-powered oil well pumping. Presented at: 2023 IEEE 13th Annual Computing and Communication Workshop and Conference (CCWC); 2023.
 11. Constand MK, MacDermid JC, Dal Bello-Haas V, Law M. Scoping review of patient-centered care approaches in healthcare. *BMC Health Serv Res.* 2014;14:1–9.
 12. Court JP, Kaplan AS. The disjointed historical trajectory of anorexia nervosa before 1970. *Curr Psychiatry Rep.* 2016;18:1–9.
 13. Crabtree BF, Chase SM, Wise CG, Schiff GD, Schmidt LA, Goyzueta JR, *et al* Evaluation of patient-centered medical home practice transformation initiatives. *Med Care.* 2011;49(1):10.
 14. Edozien LC. *Self-determination in health care: a property approach to the protection of patients' rights.* Routledge; 2016.
 15. Ehidiamen AJ, Oladapo OO. Optimizing contract negotiations in clinical research: legal strategies for safeguarding sponsors, vendors, and institutions in complex trial environments. *World J Biol Pharm Health Sci.* 2024;20(1):335–48. <https://doi.org/10.30574/wjbphs.2024.20.1.0790>
 16. Ehidiamen AJ, Oladapo OO. The role of electronic data capture systems in clinical trials: streamlining data integrity and improving compliance with FDA and ICH/GCP guidelines. *World J Biol Pharm Health Sci.* 2024;20(1):321–34. <https://doi.org/10.30574/wjbphs.2024.20.1.0789>
 17. Ehidiamen AJ, Oladapo OO. Innovative approaches to risk management in clinical research: balancing ethical standards, regulatory compliance, and intellectual property concerns. *World J Biol Pharm Health Sci.* 2024;20(1):349–63. <https://doi.org/10.30574/wjbphs.2024.20.1.0791>
 18. Ehidiamen AJ, Oladapo OO. Enhancing ethical standards in clinical trials: a deep dive into regulatory compliance, informed consent, and participant rights protection frameworks. *World J Biol Pharm Health Sci.* 2024;20(1):309–20. <https://doi.org/10.30574/wjbphs.2024.20.1.0788>
 19. Ehidiamen AJ, Oladapo OO. The intersection of clinical trial management and patient advocacy: how research professionals can promote patient rights while upholding clinical excellence. *World J Biol Pharm Health Sci.* 2024;20(1):296–308. <https://doi.org/10.30574/wjbphs.2024.20.1.0787>
 20. Elliott J, McNeil H, Ashbourne J, Huson K, Boscart V, Stolee P. Engaging older adults in healthcare decision-making: a realist synthesis. *Patient-Patient Cent Outcomes Res.* 2016;9:383–93.
 21. Elwyn G. The three talk model of shared decision making. In: *Shared decision making in health care: Achieving evidence-based patient choice;* 2016.
 22. Fix GM, VanDeusen Lukas C, Bolton RE, Hill JN, Mueller N, LaVela SL, *et al* Patient-centred care is a way of doing things: How healthcare employees conceptualize patient-centred care. *Health Expect.* 2018;21(1):300–7.
 23. Frampton SB, Charmel PA, Guastello S. *The putting patients first field guide: Global lessons in designing and implementing patient-centered care.* John Wiley & Sons; 2013.
 24. Frampton SB, Guastello S, Hoy L, Naylor M, Sheridan S, Johnston-Fleece M. Harnessing evidence and experience to change culture: A guiding framework for patient and family engaged care. *NAM Perspectives.* 2017.
 25. Gelmon S, Bouranis N, Sandberg B, Petchel S. Strategies for addressing the challenges of patient-centered medical home implementation: lessons from Oregon. *J Am Board Fam Med.* 2018;31(3):334–41.
 26. Holroyd-Leduc J, Resin J, Ashley L, Barwich D, Elliott J, Huras P, *et al* Giving voice to older adults living with frailty and their family caregivers: engagement of older adults living with frailty in research, health care decision making, and in health policy. *Res Involv Engagem.* 2016;2(1):1–19.
 27. Irving P, Dickson D. Empathy: towards a conceptual framework for health professionals. *Int J Health Care Qual Assur.* 2004;17(4):212–20.
 28. Janerka C, Leslie GD, Gill FJ. Development of patient-centred care in acute hospital settings: A meta-narrative review. *Int J Nurs Stud.* 2023;104465.
 29. Johnson D, Pranada E, Yoo R, Uwadiunor E, Ngozichukwu B, Djire A. Review and perspective on transition metal electrocatalysts toward carbon-neutral energy. *Energy Fuels.* 2023;37(3):1545–76.
 30. Kent K, Goetzel RZ, Roemer EC, Prasad A, Freundlich N. Promoting healthy workplaces by building cultures of health and applying strategic communications. *J Occup Environ Med.* 2016;58(2):114–22.
 31. Kerr EA, Hayward RA. Patient-centered performance management: enhancing value for patients and health care systems. *JAMA.* 2013;310(2):137–8.
 32. Kitson A, Marshall A, Bassett K, Zeitz K. What are the core elements of patient-centred care? A narrative review and synthesis of the literature from health policy, medicine and nursing. *J Adv Nurs.* 2013;69(1):4–15.
 33. Kuipers SJ, Nieboer AP, Cramm JM. Easier said than done: Healthcare professionals' barriers to the provision of patient-centered primary care to patients with multimorbidity. *Int J Environ Res Public Health.* 2021;18(11):6057.
 34. Langberg EM, Dyhr L, Davidsen AS. Development of the concept of patient-centredness—A systematic review. *Patient Educ Couns.* 2019;102(7):1228–36.
 35. Lévesque MC, Hovey RB, Bedos C. Advancing patient-centered care through transformative educational leadership: a critical review of health care professional preparation for patient-centered care. *J Healthc Leadersh.* 2013;35–46.
 36. Lutz BJ, Bowers BJ. Patient-centered care: understanding its interpretation and implementation in health care. *Res Theory Nurs Pract.* 2000;14(2):165.
 37. Ninduwezuor-Ehiobu N, Tula OA, Daraojimba C, Ofonagoro KA, Ogunjobi OA, Gidiagba JO, *et al* Tracing the evolution of AI and machine learning applications in advancing materials discovery and

- production processes. *Eng Sci Technol J.* 2023;4(3):66–83.
38. O'Hare AM, Rodriguez RA, Bowling CB. Caring for patients with kidney disease: shifting the paradigm from evidence-based medicine to patient-centered care. *Nephrol Dial Transplant.* 2016;31(3):368–75.
39. O'Rourke DJ, Thompson GN, McMillan DE. Ethical and moral considerations of (patient) centredness in nursing and healthcare: Navigating uncharted waters. *Nurs Inq.* 2019;26(3):e12284.
40. Ojo OO, Kiobel B. The impact of business analytics on healthcare operations: A statistical perspective. *World J Biol Pharm Health Sci.* 2024;19(3):205–17. <https://doi.org/10.30574/wjbpshs.2024.19.3.0625>
41. Ojo OO, Kiobel B. Optimizing data management in healthcare: Lessons from clinical trials and beyond. *World J Biol Pharm Health Sci.* 2024;19(3):218–31. <https://doi.org/10.30574/wjbpshs.2024.19.3.0626>
42. Ojo OO, Kiobel B. Emerging trends in survival analysis: Applications and innovations in clinical and epidemiological research. *World J Biol Pharm Health Sci.* 2024;19(3):232–45. <https://doi.org/10.30574/wjbpshs.2024.19.3.0627>
43. Ojo OO, Kiobel B. Statistical challenges and solutions in multidisciplinary clinical research: Bridging the gap between. *World J Biol Pharm Health Sci.* 2024;19(3):246–58. <https://doi.org/10.30574/wjbpshs.2024.19.3.0628>
44. Ojo OO, Kiobel B. Data-driven decision-making in public health: The role of advanced statistical models in epidemiology. *World J Biol Pharm Health Sci.* 2024;19(3):259–70. <https://doi.org/10.30574/wjbpshs.2024.19.3.0629>
45. Ojo OO, Kiobel B. Integrating predictive analytics in clinical trials: A paradigm shift in personalized medicine. *World J Biol Pharm Health Sci.* 2024;19(3):308–20. <https://doi.org/10.30574/wjbpshs.2024.19.3.0630>
46. Omachonu VK. Healthcare value proposition: Creating a culture of excellence in patient experience. CRC Press; 2018.
47. Peer KS, Rakich JS. Ethical decision making in healthcare management. *Hosp Top.* 1999;77(4):7–14.
48. Poister TH. The future of strategic planning in the public sector: Linking strategic management and performance. *Public Adm Rev.* 2010;70:s246–54.
49. Porter I, Gonçalves-Bradley D, Ricci-Cabello I, Gibbons C, Gangannagaripalli J, Fitzpatrick R, *et al* Framework and guidance for implementing patient-reported outcomes in clinical practice: Evidence, challenges and opportunities. *J Comp Eff Res.* 2016;5(5):507–19.
50. Rathert C, Mittler JN, Lee YS. Patient-provider therapeutic connections to improve health care: Conceptual development and systematic review of patient measures. *Health Care Manage Rev.* 2022;47(4):317–29.
51. Reed K, Reed B, Bailey J, Beattie K, Lynch E, Thompson J, *et al* Interprofessional education in the rural environment to enhance multidisciplinary care in future practice: Breaking down silos in tertiary health education. *Aust J Rural Health.* 2021;29(2):127–36.
52. Schulz R, Johnson AC. Management of hospitals and health services: strategic issues and performance. Beard Books; 2003.
53. Shittu RA, Ehidiamen AJ, Ojo OO, Zouo SJC, Olamijuwon J, Omowole BM. The role of business intelligence tools in improving healthcare patient outcomes and operations. *World J Adv Res Rev.* 2024;24(2):1039–60.
54. Sweeney L, Halpert A, Waranoff J. Patient-centered management of complex patients can reduce costs without shortening life. *Methods.* 2004.
55. Tanenbaum SJ. What is patient-centered care? A typology of models and missions. *Health Care Anal.* 2015;23:272–87.
56. Toussaint JS, Berry LL. The promise of Lean in health care. Paper presented at the Mayo Clinic Proceedings; 2013.
57. Uchechukwu ES, Amechi AF, Okoye CC, Okeke NM. Youth unemployment and security challenges in Anambra State, Nigeria. *Sch J Arts Humanit Soc Sci.* 2023;4:81–91.
58. Vennedey V, Hower KI, Hillen H, Ansmann L, Kuntz L, Stock S. Patients' perspectives of facilitators and barriers to patient-centred care: Insights from qualitative patient interviews. *BMJ Open.* 2020;10(5):e033449.
59. Wagner EH, Austin BT, Davis C, Hindmarsh M, Schaefer J, Bonomi A. Improving chronic illness care: Translating evidence into action. *Health Aff.* 2001;20(6):64–78.
60. Wagner EH, Glasgow RE, Davis C, Bonomi AE, Provost L, McCulloch D, *et al* Quality improvement in chronic illness care: A collaborative approach. *Jt Comm J Qual Improv.* 2001;27(2):63–80.
61. Wakefield DS, Cyphert ST, Murray JF, Uden-Holman T, Hendryx MS, Wakefield BJ, *et al* Understanding patient-centered care in the context of total quality management and continuous quality improvement. *Jt Comm J Qual Improv.* 1994;20(3):152–61.
62. Walton V, Hogden A, Long JC, Johnson JK, Greenfield D. How do interprofessional healthcare teams perceive the benefits and challenges of interdisciplinary ward rounds. *J Multidiscip Healthc.* 2019;1023–32.
63. Williams K, Sansoni J, Darcy M, Grootemaat P, Thompson C. Patient-reported outcome measures. Literature review. Sydney: Australian Commission on Safety and Quality in Health Care; 2016.
64. Yamamoto C. Understanding patient-centred care as individuals and as a collective provider: A constructivist grounded theory secondary analysis. 2020.