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RESEARCH

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PATIENT-CENTERED CARE: A CONCEPTUAL ANALYSIS IN LIGHT OF RODGERS' EVOLUTIONARY METHOD

Cuidado centrado no paciente: uma análise conceitual à luz do método evolucionário de Rodgers

Atención centrada en el paciente: un análisis conceptual a la luz del método evolutivo de los Rodgers

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ABSTRACT

Objective: to analyze the concept of “patient-centered care” in the light of Rodgers' evolutionary method. **Method:** this is a conceptual analysis referenced by Rodgers' Evolutionary Method about the concept “patient-centered care”. Quantitative data were analyzed using simple descriptive statistics and qualitative data using similarity analysis, with the support of the software Interface de R pour les Analyses Multidimensionnelles by Textes et de Questionnaires (IRaMuTeQ). **Results:** the authors' perception of the concept under analysis portrays the patient as a basic element of the discussion and points out as words that touch upon this centrality: health, care, need, process. **Conclusion:** the heterogeneity of substitute terms used for the term under study was revealed and, consequently, the absence of conceptual standardization. Descriptors: Patient-Centered Care; Concept Formation; Quality of Care and Patient Safety.

DESCRIPTORS: Patient centered care; Concept formation; Quality of care and patient safety.

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RESUMO

Objetivo: analisar o conceito do “cuidado centrado no paciente” à luz do método evolucionário de Rodgers. **Método:** trata-se de uma análise conceitual referenciada pelo Método Evolucionário de Rodgers acerca do conceito “cuidado centrado no paciente”. Os dados quantitativos foram analisados com estatística descritiva simples e os qualitativos, pela análise similitude, com o apoio do software *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (IRaMuTeQ). **Resultados:** a percepção dos autores sobre o conceito em análise retrata o paciente como elemento basilar da discussão e apontam como vocábulos que tangenciam essa centralidade: saúde, cuidado, necessidade, processo. **Conclusão:** revelou-se a heterogeneidade de termos substitutos empregados para o termo em estudo e por conseguinte a ausência de padronização conceitual.

DESCRITORES: Cuidado centrado no paciente; Formação de conceito; Qualidade do cuidado e da segurança do paciente.

RESUMEN

Objetivo: analizar el concepto de “atención centrada en el paciente” a la luz del método evolutivo de Rodgers. **Método:** se trata de un análisis conceptual referenciado por el Método Evolutivo de Rodgers sobre el concepto de “atención centrada en el paciente”. Los datos cuantitativos se analizaron mediante estadística descriptiva simple y los datos cualitativos mediante análisis de similitud, con el apoyo del software *Interface de R pour les Analyzes Multidimensionnelles de Textes et de Questionnaires* (IRaMuTeQ). **Resultados:** la percepción de los autores sobre el concepto analizado retrata al paciente como elemento básico de la discusión y apunta como palabras que tocan esta centralidad: salud, cuidado, necesidad, proceso. **Conclusión:** se puso de manifiesto la heterogeneidad de los términos sustitutos utilizados para el término en estudio y, en consecuencia, la ausencia de estandarización conceptual.

DESCRIPTORES: Atención enfocada al paciente; Formación de concepto; Calidad de la atención y seguridad del paciente.

INTRODUCTION

With the expansion of discussions related to patient safety – reducing the risk of unnecessary damage from health care to a minimum acceptable percentage¹ – the need to include other theoretical and practical demands in this agenda has become evident. One of them was “patient-centered care”, which is seen as an important element that contributes to the safety and quality of care, because it allows the strengthening of the person’s co-responsibility for their health and disease process.²

A study of 2,471 people recruited from 33 wards in the United Kingdom showed that they complemented and strengthened the patient safety measures of the health services analyzed by providing feedback on safety and clinical risk management measures.³

The term under review gained notoriety when “patient-centered care” was included as one of the goals of a healthcare quality improvement plan in the United States. In this sense, the concept of “patient-centered care” is presented as “the provision of care in a respectful manner that is responsive to the needs, preferences, and values of the person being cared for, with the assurance that these values guide all clinical decisions.

In addition to this conception directed to patient safety, it is imperative to emphasize that the origin of the concept of “patient-centered care” was also driven by the limitations imposed by the biomedical model and the demand for inclusion of the

patient in his/her care plan.⁶ Therefore, it aims to dissuade the theoretical and practical understanding of professionals about the centrality of health actions in the disease in detriment of the biopsychosocial contexts of the person.

Because “patient-centered care” is a subject area undergoing conceptual and practical evolution, there is no established consensus. However, the literature highlights the basic principles for its operationalization: 1) dignified and respectful care; 2) offer of coordinated assistance/treatment; 3) personalized care; and 4) emphasis on the development of people’s abilities to live more autonomously.⁷

In view of this context, there is a need for a conceptual analysis of Brazilian scientific production from the point of view of Rodgers’ evolutionary method. This analysis favors the organization of knowledge about the studied concept and will contribute to its adequate standardization and applicability in the health area in its different spheres: care, teaching, and research. It is also an important instrument to expand and strengthen discussions and future studies on “patient-centered care”.

Thus, the guiding questions of this study are: How is the concept of “patient-centered care” used in Brazilian scientific productions? What are the attributes, contextual basis, surrogate terms and concepts related to the concept of “patient-centered care”? To answer these questions, we aim to analyze the concept of “patient-centered care” in Brazilian scientific productions in the light of Rodgers’ evolutionary method.

METHOD

This is a descriptive study, with a mixed approach, developed from a concept analysis referenced by Rodgers' Evolutionary Method, which comprises an inductive model that provides the understanding of a studied concept, taking into account the influence of contextual and temporal aspects, through six steps: 1) defining the concept of interest; 2) selecting the site for data collection; 3) highlighting the concept's attributes and contextual basis; 4) analyzing the concept's characteristics; 5) identifying an example of the concept, if necessary; 6) determining the implications and hypotheses for the concept.⁸

Thus, the concept of interest was "patient-centered care." Data collection occurred in 2020, in the month of September, through the Catalog of Dissertations and Theses of the Coordination for the Improvement of Higher Level Personnel (CAPES). The selection of this database was motivated by the fact that the studies presented a detailed and in-depth coverage of the themes.

Data collection was systematized through a protocol composed of the following items: theme, research question, objective, data collection strategy, and 12 data collection indicators, which included characterization data of the studies and Rodgers' Evolutionary Method.

Thus, six descriptors were used in the "subject" field of the aforementioned database, arranged in quotation marks, in order to search for the exact expression. Of these, one descriptor was uncontrolled "person-centered care" and five descriptors were controlled and indexed in the Health Sciences Descriptors (DeCS) vocabulary (patient-centered care, patient-centered care, patient-centered care, patient-focused care, and patient-focused care). We applied the year filter (2013) imposed by the limitation of the Bank itself that before this period, the abstracts of the studies are not available.

The studies were pre-selected by reading the titles and abstracts and then analyzed in full. At these moments, the inclusion and exclusion criteria were adopted, as well as duplicity in the publications were identified (Figure 1).

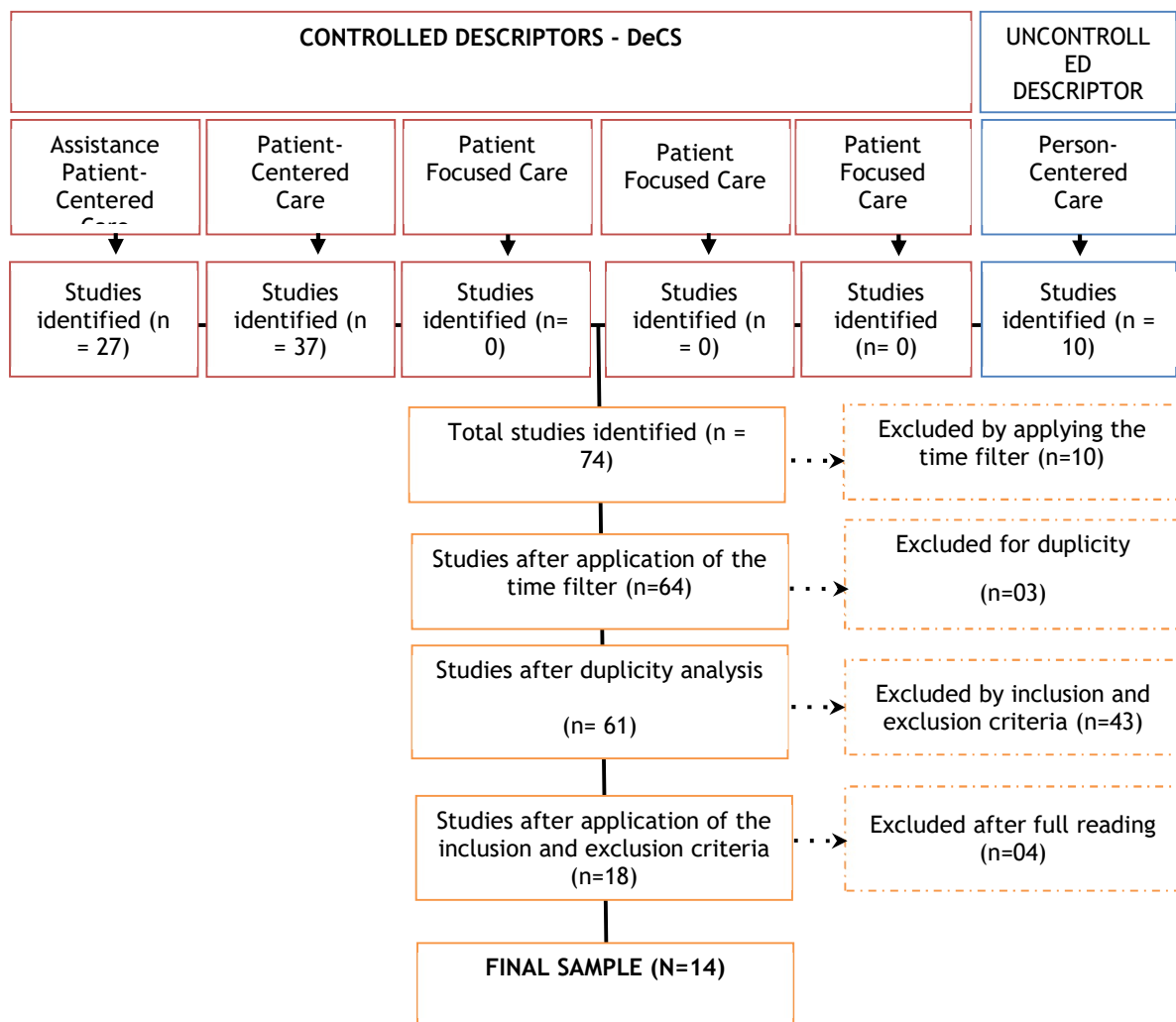


Figure 1 – Flowchart of data collection. Natal, RN, Brazil, 2021

The inclusion criteria were defined as dissertation or thesis type studies that were available electronically, in full and that addressed conceptual aspects of “patient-centered care”. Those that did not address conceptual aspects of “patient-centered care” in order to meet the data collection indicators were excluded.

After this step, the 14 productions were read in order to extract the data collection indicators. For the indicators related to characterization, the following standardization was followed: academic level (Academic Master, Professional Master or PhD); year (year of publication defense); HEI (university where the study was developed); Brazilian region (Brazilian region where the study was developed); author's degree (according to Lattes Curriculum); and title (title of the paper).

The indicators that contemplated the elements of the Rodgers Evolutionary Method were: attributes (characteristics of a “patient-centered care”); antecedents (events that contributed to the emergence of the term); consequents (consequences arising from the application of “patient-centered care”); related concepts (concepts worked together); substitute terms (synonyms used for “patient-centered care”); and concept (concept about “patient-centered care”).

For the treatment of the collected data a database was built in Microsoft Excel spreadsheets with the aforementioned indicators. Quantitative data were analyzed with simple descriptive statistics and qualitative data were analyzed using similarity analysis – a strategy that makes it possible to identify the occurrences and connection between words -, with the support of the software Interface of R for Multidimensional Analyses of Texts and Questionnaires (IRaMuTeQ).

It is noteworthy that because this is a study conducted with public access data, it was not necessary to be reviewed by the ethics committee on research with human beings.

RESULTS

The sample was composed of 14 studies, 10 dissertations (71.43%) and four theses (28.57%), with a prevalence of dissertations derived from academic master's degrees. These papers were published between the years 2013 to 2019. It was evidenced that the years 2017 (4; 28.57%), 2018 (3; 21.43%) and 2019 (3; 21.43%) showed the highest number of publications, followed by 2016 (2; 14.29%), 2015 (1; 7.14%) and 2013 (1; 7.14%).

It was found that 10 HEIs were involved in the development of the studies in this sample – Oswaldo Cruz Foundation (4; 28.57%), Federal University of Uberlândia (2; 14.29%), Federal University of Health Sciences Foundation of Porto Alegre (1; 7.14%), University of Brasília (1; 7.14%), State University of Montes Claros (1; 7.14%), Federal University of Rio de Janeiro (1; 7.14%), Federal University of Rio Grande do Norte (1; 7.14%), José do Rosário Vellano University (1; 7.14%), Regional University of Blumenau (1; 7.14%), Federal University Fluminense (1; 7.14%).

Thus, it can be observed that the HEIs with the highest number of publications were those located in the Southeast region (10; 71.43%), followed by the South (2; 14.29%), Northeast (1; 7.14%) and Center-West (1; 7.14%).

Regarding the authors of the dissertations and theses, they came from five undergraduate programs: Nursing (5; 35.71%), Medicine (5; 35.71%), followed by Occupational Therapy (2; 14.29%), Psychology (1; 7.14%) and Biology (1; 7.14%).

The analysis of the publications allowed the identification of the elements of the concept “patient-centered care” through the identification of the categories built from the attributes, as well as the antecedents and consequents, presented respectively in Tables 1 and 2.

Table 1 – Categories built from the attributes presented in the studies. Natal, RN, Brazil, 2021

Attributes	(N=14)	%
The physician relinquishes power and the patient assumes the protagonism of care, resulting in negotiated management.	14	100,00
Professionals observe the patient in an individual and integrated way, considering the biopsychosocial context	11	78,57
Care as the essence of its approach, incorporating education, prevention, and health promotion	8	57,14
Exploration of the individual characteristics of professionals, especially interpersonal skills	6	42,86
Competence and professional commitment	2	14,29
Using time appropriately and effectively	2	14,29
Organizational Support System	2	14,29

Table 2 – Antecedents and consequences of “patient-centered care”. Natal, RN, Brazil, 2021

Variable		%
Background		
Identification of the limitations of the biomedical model	12	85,71
Demand for inclusion of the patient in his diagnosis and treatment	9	64,29
Need to improve the quality of care	8	57,14
Seek to train health professionals with a holistic vision	3	21,43
Policy discussion on health care reform	3	21,43
Need to improve patient safety	1	7,14
Consequential		
Improved quality of care as a whole	14	100,00
Producing a positive impact on the outcomes	14	100,00
Promotes a more egalitarian and integrative doctor-patient relationship	9	64,29
Increases patient safety	4	28,57
Increases patient satisfaction	4	28,57
Development of strategies to include the patient in decision making decision making	4	28,57
Improved communication between patient and care team	3	21,43
Increases job satisfaction	3	21,43
Increases trust between patient and healthcare professionals	3	21,43
Need for revision of health course curricula	2	14,29
Reduction in malpractice claims	1	7,14
Reduces the use of healthcare resources and their costs	1	7,14
Causes transformations at the organizational level	1	7,14
Helps structure the biopsychosocial model in medicine	1	7,14
Reducing costs in the healthcare system	1	7,14
Promotes research in health and human development	1	7,14

The findings regarding the antecedents, consequences and concepts related to the praxis “patient-centered care” reinforce the temporary and dynamic nature of the concept advocated by Rodgers in his evolutionary vision.

Regarding antecedents, the identification of the limitations of the biomedical model (12; 85.71%) and the demand for the inclusion of the patient in diagnosis and treatment (9; 64.29) were the events that most contributed to the emergence of the term under analysis.

Regarding the consequences arising from the application of “patient-centered care”, the analysis of the studies reveals that its use produces, above all, improvement in the quality of care as a whole (14; 100.00%) and translates into a positive impact on outcomes (14; 100.00%)

Table 3 presents the related concepts and substitute terms listed by the studies. The result demonstrates the intrinsic relationship between “patient-centered care”, quality of care (10; 71.43%) and patient safety (5; 35.71%).

In addition to these findings, the studies addressed a diversity of surrogate terms and, therefore, the absence of a conceptual standardization in the health area. Thus, the terms that obtained more relevance were patient-centered approach (4; 28.57%), patient-centered medicine (4; 28.57%), and person-centered clinical model (2; 14.28%).

Figure 2 presents the similarity analysis that groups the authors’ perception about the concept of “patient-centered care”. It is possible to observe the patient as the basic element of the discussion and the words/components that tangent this centrality: health, care, need, process.

Thus, the analysis of the words provides an opportunity to understand that “patient-centered care” combines multiple dimensions inherent to individual needs, such as preferences and values, and health; to the patient’s protagonism and co-responsibility in decisions during the therapeutic process; and to professional practice guided by a model of respectful, patient-centered care.

Table 3 – Related concepts and substitute terms. Natal, RN, Brazil, 2021

Variable	%	
Related Concepts	Quality of care	10 71,43
	Patient Safety	5 35,71
	Patient Empowerment	4 28,57
	Doctor-patient relationship	3 21,43
Substitute Terms	Patient-Centered Approach	4 28,57
	Patient-centered medicine	4 28,57
	Person-centered clinical model	2 14,28
	Whole Person Approach	1 7,14
	Client-centered counseling	1 7,14
	Patient-Centered Care	1 7,14
	Patient-Centered Care	1 7,14
	Centrality of care in the patient	1 7,14
	Centrality of the patient in the care process	1 7,14
	Family-Centered Care	1 7,14
	User-Centered Care	1 7,14
	Personalized or individualized care	1 7,14
	Respectful and responsive patient care	1 7,14
	Person-centered clinical consultation	1 7,14
	Patient-Centered Encounter	1 7,14
	Health professional clinical meeting – constructive	1 7,14
	Person-Centered Medicine	1 7,14
	Patient-centered clinical method	1 7,14
	Patient-Centered Model	1 7,14
	Equanimity Model	1 7,14
Patient-Centered Care Model	1 7,14	
Person-centered clinical practice	1 7,14	
Person-centered practice	1 7,14	
People-Centered Health	1 7,14	

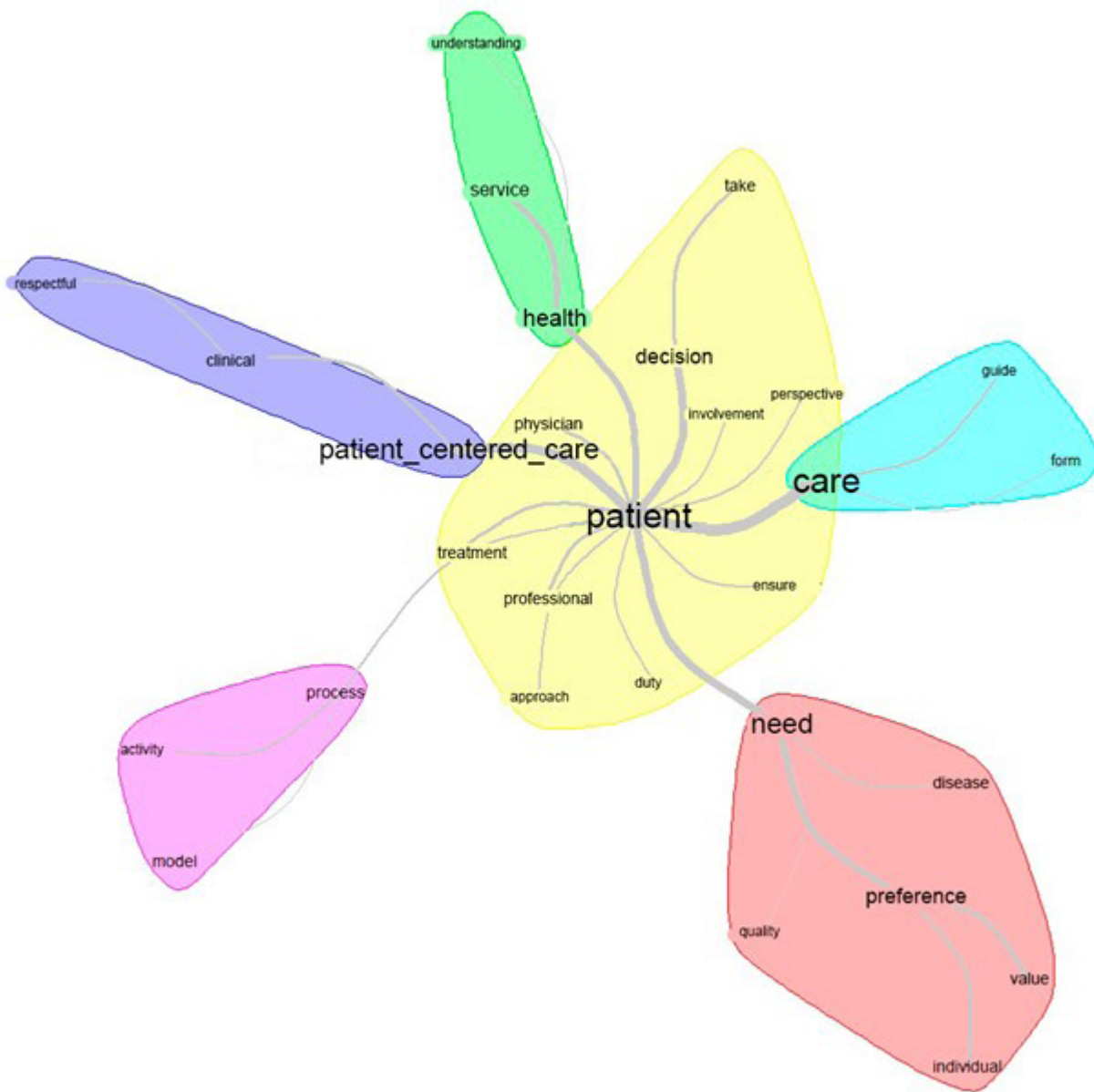


Figure 2 – Similarity analysis of the concept “patient-centered care”. Natal, RN, Brazil, 2021.

DISCUSSION

The prevalence of studies derived from academic master's degrees and conducted in educational institutions predominantly located in the Southeast region is in line with the distribution of graduate programs in Brazil.⁹

It is also believed that the higher number of publications evidenced in the years 2017, 2018, and 2019 is related to the progressive incorporation of strategies related to the quality of care and patient safety to the example of the institution of the Patient Safety Centers (PSCs) registered with ANVISA that grew, between the years 2014 and 2019, more than 580%.¹⁰

The authors of dissertations and theses originate mostly from medical and nursing courses. The therapeutic conduct, guided by the physician, may explain the interest of this professional in the theme under study, although this reveals an asymmetry in the interprofessional perspective of care that should be aligned with the proposal of “patient-centered care”.¹¹ The interest of nursing professionals, on the other hand, may come from the close relationship established with the patient, since the construction of bonds is favored by the effectiveness of care.¹² In analyzing the categories constructed from the attributes, it is observed that they involve two distinct, but complementary, approaches. The first refers to the system model used, which includes the organizational

structure, and the second refers to the work process, which covers the practical domain, involving the performance of the actors in the care process – health professionals and patients.

Regarding the practical domain, it is verified that the approach to care guided by the biopsychosocial model and the negotiated management are supported in the literature regarding the attributes that characterize this practice. The biopsychosocial model emerges incorporating essential aspects in the care process, understanding the human being in a singular way, but recognizing its multiple dimensions. This practice is reflected in a more person-centered care, which is the patient, and shared decisions corroborate the personalization of care.¹³

Still, “patient-centered care” is based on the conceptual and normative instruments of the patient’s human rights¹⁴ and it was through social and political movements and civil rights demonstrations in the seventies that these rights began to be recognized and medical power began to be questioned.¹⁵

These discussions culminated in hierarchical changes in doctor-patient relationships and thus, shared decisions as a result of a more equanimous model assumed protagonism, breaking, to a certain extent, the existing power asymmetries.

The studies showed three decisive facts for the development of the concept under analysis, treated here as antecedents, which are: the identification of the limitations of the biomedical model, the demand for the inclusion of the patient in his diagnosis and treatment, and the need to improve the quality of care.

Despite the scientific progress resulting from the biomedical model, the limitations imposed by the medical hegemony have prevailed in such a way that the diagnosis of the disease has prevailed over the patient’s perception.¹¹ This approach would be, therefore, a strong barrier for the implementation of the “patient-centered care”, hampered by the conservative posture of the professionals.¹⁶

It follows, therefore, that only the breaking of the asymmetrical care model that limits the patient’s autonomy would favor the centrality of care. It is also noteworthy that the perspective of care assumed by the biomedical model contradicts the need to build bonds between professionals and patients, compromising the quality of care.¹⁷

The improvement in the quality of care, the production of a positive impact on outcomes, and a more egalitarian and integrative physician-patient relationship emerged as the main results of the implementation of “patient-centered care” according to the dissertations and theses analyzed.

These findings are supported by the dimensions of quality of care, which have evolved over the years by incorporating new elements in order to reflect the various situational stimuli.¹⁸ The researcher Avedis Donabedian stood out in the study of quality in health when he structured a quality evaluation model based on the triad structure, process and result, and then expanded this vision in the seven pillars: efficacy, effectiveness, efficiency, acceptability, legitimacy, optimization and equity, legitimizing the need to expand his understanding on the subject.¹⁹

The analysis of the results demonstrates that the improvement in the quality of care is consistent with the efficacy dimension, defined as the capacity to offer the most perfect form of care; the positive impact on outcomes, translated into effectiveness, would be in accordance with the achievement in health improvement; and acceptability points to the understanding of the desires, values, and expectations of those who receive care.²⁰

Patient-centered care was boosted when it was included by the Institute of Medicine (IOM) of the United States as one of the goals of the care quality improvement plan for the 21st century. Brazil, however, has not yet included this dimension of quality in its health policy.⁶

Regarding related concepts, quality of care and patient safety, which are foundations of “patient-centered care”, stood out in the research, although their applicability is little observed, especially in Brazil, where this practice is still little observed.²¹

Furthermore, the research demonstrated the heterogeneity of substitute terms used and, consequently, the lack of conceptual standardization. Therefore, it is expected to bring a contribution in the perception of the use and application of the concept for the health area.

Finally, the analysis of the similarity of the concept of “patient-centered care” brought the understanding that the care process must consider the patient as the essence of its approach, giving him/her the opportunity to participate in the decisions, resulting in personalized, respectful, safe and quality care.

As limitations of this study, we point out a time lapse in the availability of full-text productions by the CAPES Theses and Dissertations database, which made it impossible to access those published in years prior to 2013 – only the metadata are available.

FINAL CONSIDERATIONS

The analysis of the concept “patient-centered care” regarding Rodgers’ evolutionary view demonstrated the existence of a diversity of substitute terms and the inexistence, in the health area, of a standard definition for it. Despite this heterogeneity, it is noted that its foundation is anchored in the quality of care and patient safety.

It is also noteworthy that the concept “patient-centered care” does not include all the essential aspects of the formulations revealed by the study. Therefore, the authors believe that the most appropriate term and consistent with the conceptual aspects pointed out by the literature would be “person-centered care”.

Meanwhile, the concept of “person-centered care” is suggested as a type of organizational and care model that emphasizes a more person-centered care, valuing the biopsychosocial context and the person’s role in the management of care practices. These, in turn, should be based on shared and personalized decisions, empathy, respect, health education practices, and interpersonal skills of the actors – health professionals and patients – such as effective communication.

Thus, it is expected that this study contributes to an effective understanding of the concept “patient-centered care”, favoring the standardization of its conceptual assumptions, thus optimizing the discussions of the theme in the context of teaching, research and assistance in health care.

Thus, the promotion of studies covering the international literature is suggested, with the aim of understanding whether the conceptual analysis performed from Brazilian research is in accordance with the global conception, considering that its meaning, according to Rodgers’ Evolutionary method, changes according to the context and temporal dimension in which it is applied.

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