ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 2| February 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

PATIENT-CENTERED CARE AS A TOOL FOR IMPROVING THE QUALITY OF HEALTH SERVICE

Hinga Ojeda Johnny Edinson[1], Arévalo Córdova Tania Diciana[2], Medina Quizhpe Carlos Hugo[3], Argudo Jima Darling Estefania[4], Espinoza Fernández Andrea Carolina[5]

[1]*Universidad Técnica de Machala, ORCID: 0009-0003-8508-293X*
[2]*Universidad Técnica de Machala, ORCID: 0000-0001-9804-6362*
[3]*Universidad Técnica de Machala, ORCID: 0000-0001-6628-4059*
[4]*Universidad Técnica de Machala, ORCID: 0009-0008-2727-4235*
[5]*Universidad Técnica de Machala, ORCID: 0000-0001-6642-6256*

Corresponding Author: *Tania Arévalo*

Article DOI: https://doi.org/10.36713/epra20167
DOI No: 10.36713/epra20167

ABSTRACT

Patient-Centered Care (PCC) is defined as an approach that prioritizes the needs, preferences, and values of patients, fostering a collaborative relationship between them and healthcare professionals to enhance the quality of health services. The objective of this study was to analyze PCC as a tool to optimize health services, particularly in primary care settings. A bibliographic review of publications from 2010 to 2024 was conducted, gathering evidence from scientific databases such as SciELO, PubMed, and Elsevier, highlighting the importance of key terms such as "humanization of healthcare" and "patient-centered care." The results demonstrated that PCC promotes more humane, empathetic, and personalized care, improving patient satisfaction, treatment adherence, and clinical outcomes, although it faces challenges such as resistance to change, lack of training, and technological constraints. In conclusion, PCC represents an effective strategy to transform health services, provided that specific tools, such as effective communication and shared decision-making, are implemented, and the identified barriers are overcome through institutional commitment and organizational redesign. It is recommended to explore its application in diverse contexts and levels of care, as well as to evaluate its long-term impact on population health.

PALABRAS CLAVES: *Patient-Centered Care, Quality of Health Services, Humanization of Healthcare, Doctor-Patient Relationship, Health Communication.*

INTRODUCTION

Patient-Centered Care (PCC) is defined as an approach in which health services and professionals adapt to the needs of the patient, rather than the other way around. This requires a collaborative relationship between the patient and the healthcare professional, where both parties actively participate in the promotion, care, and treatment of health, sharing responsibilities and decisions. Thus, PCC can be defined as care that respects the patient's preferences and responds to their physical, emotional, social, and spiritual needs, with virtues such as respect and compassion as foundational elements of healthcare. Additionally, it involves understanding what patients and their families consider satisfactory and respectful (1).

PCC has become a tool for improving the quality of health services, promoting the active participation of patients in their own care, thereby enhancing satisfaction, treatment adherence, and long-term outcomes (2). By prioritizing patients' needs and treating them as active partners in their care, PCC emphasizes respect, dignity, and empathy (3).

Moreover, PCC has been established as an essential paradigm for improving the quality of healthcare services. It promotes the active involvement of individuals in clinical decisions while prioritizing their values and preferences (4). This approach not only increases patient satisfaction but also reduces costs associated with medical errors by fostering effective two-way communication. However, its implementation faces structural challenges, particularly in resource-limited healthcare systems like those in Latin America (5).

PCC has proven effective in improving patient satisfaction, treatment adherence, and clinical outcomes, particularly in the context of chronic diseases and complex conditions (6). Nevertheless, its implementation encounters significant challenges, including resistance to change among healthcare staff, lack of specific training, and the need to adjust existing organizational structures.

Given this background, the objective of the present research is to analyze patient-centered care as a tool to improve the quality of health services in primary care settings.

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 2| February 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

METHODOLOGY

This bibliographic review was conducted using a systematic approach and a critical analysis of recent academic production on Patient-Centered Care (PCC) in primary care contexts. An exhaustive search was carried out in scientific databases (SciELO, PubMed, Elsevier) and Latin American institutional repositories, using key terms in both Spanish and English, such as "humanización de la salud," "patient-centered care," and "quality in medical services," combined with Boolean operators to refine the results. The study period was limited to publications from 2010 to 2024.

RESULTS

This approach stands out for its ability to foster a more human and empathetic relationship between healthcare professionals and patients. In today's context, dominated by technology and automation, PCC positions itself as a bulwark against the depersonalization of medical care. According to Paez, PCC encourages the creation of bonds based on respect and dignity, which are essential for maintaining patient trust and satisfaction. Implementing PCC in the healthcare centers of El Guabo would not only modernize the local healthcare system but also improve the competitiveness and efficiency of healthcare services by aligning with international standards (7).

On the other hand, the Bio-Psycho-Social approach is comprehensive and considers the interaction of biological, psychological, and social aspects of an individual's health. As López points out, this approach not only focuses on the physical aspects of illness but also values the emotions, thoughts, and social environment of the patient (8). Furthermore, the doctor-patient relationship is fundamental, emphasizing empathetic and respectful communication between medical staff and the patient. This highlights the need for a connection based on trust and cooperation, allowing the patient to feel heard and informed (9).

Hernández identified organizational resistance to change, lack of staff training, and technological constraints as the main barriers to implementing PCC. To overcome these challenges, institutional commitment and a willingness to adapt current infrastructures and processes to the needs of a patient-centered approach are required (10).

For the successful implementation of PCC, it is essential to have specific tools and strategies. Peralta et al. emphasize the importance of effective communication, shared decision-making, and the continuous recording of patient preferences. These strategies ensure that the patient's needs and desires are consistently considered, promoting more personalized and satisfactory care (11).

Evaluating the quality of PCC is crucial to identifying areas for improvement and ensuring patient satisfaction. Alcázar et al. suggest defining quality indicators that measure aspects such as patient satisfaction, communication between the medical team and the patient, and respect for individual autonomy (12). Urbina adds that the patient's active participation in treatment decisions and the time medical staff dedicate to listening to their concerns are key parameters for assessing the effectiveness of PCC (13).

Amid the current crisis in Latin American healthcare systems and the rise of telemedicine services, the Patient-Centered Care approach emerges as a model that seeks to realign healthcare services to focus on patients' needs, emphasizing both the rights and desires of individuals and the everyday practice of healthcare services. The challenge for primary healthcare systems, particularly in first-level healthcare centers, is to maintain their traditional role of caring for the patient and their family while offering specific and personalized care that places the patient at the center of attention. However, improving clinical outcomes does not always translate into a true increase in patient well-being if their effective participation in the process is not considered (14).

CONCLUSION

Patient-Centered Care (PCC) emerges as an effective tool for improving the quality of healthcare services in primary care centers. The study results indicate that, despite significant barriers, the implementation of PCC can lead to more humane and satisfactory care, benefiting both patients and healthcare professionals.

The implementation of PCC in healthcare centers presents both challenges and opportunities. With the right strategies and a determined focus on humanization and empathy in care, it is possible to transform the patient experience and improve the quality of healthcare services, aligning with international standards and enhancing the efficiency of the local healthcare system.

It is recommended to explore the implementation of PCC in different contexts and levels of care, as well as to investigate the long-term impact of this approach on population health. Developing specific strategies to address the identified barriers, including continuous training and organizational redesign, is essential to ensure the effective and sustainable adoption of PCC within the healthcare system.

REFERENCES

1. *Martín PG. (2022), "Person-Centered Quality Care in Nursing Homes: An Analysis of the Model." (Faculty of Social Sciences, Ed.) Universidad Complutense de Madrid. https://docta.ucm.es/rest/api/core/bitstreams/fcef9bbe-611c-495f-9693-ef034f4c79ee/content*
2. *González A. (2023), "Humanization in Medium-Complexity Healthcare Services." Master's Thesis. Universidad EAN. https://repository.universidadean.edu.co/bitstream/handle/10882/13251/GonzalezAdriam2023.pdf?sequence=1*
3. *Chapoñan NE. (2023), "Patient-Centered Care Plan to Improve Satisfaction in the Hospitalization Service of a Chiclayo Hospital." Master's Thesis. Universidad César Vallejo, Graduate School. https://repositorio.ucv.edu.pe/bitstream/handle/20.500.12692/123067/Chapo%C3%B1an_CNE-SD.pdf?sequence=1*

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 2| February 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

4. *Barry MJ., Edgman-Levitan, S. (2012), "Shared Decision Making – The Pinnacle of Patient-Centered Care." New England Journal of Medicine, 366(9), pp. 780-781. https://doi.org/10.1056/NEJMp1109283*
5. *World Organization of Family Doctors (WONCA). (2024), "Strengthening Primary Health Care in Latin America. Insights for WONCA and Family Medicine from a PAHO/ABFM Embassy Series Event at the Brazilian Embassy, Washington DC." https://www.globalfamilydoctor.com/News/StrengtheningPrimaryHealthCareintheAmericas.aspx*
6. *Yataco C., Pinto C., Guillen L. (2023), "The Transformation of the Role of Medical Professionals: Challenges, Renewal, and Responsibility." Apuntes de Bioética, 6(2), pp. 68-84. http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S2663-49102023000200068*
7. *Páez ML. (2019), "Health from the Perspective of Resilience." Archivos Médicos (Manizales), 20(1), pp. 203-216. https://doi.org/10.30554/arch-med.20.1.3600.2020*
8. *López MG., Alonso NL., Gómez RA., & Martínez CV. (2020), "Clinical Psychology in Primary Care: The Experience in Asturias." Medicina de Familia. SEMERGEN, 46(2), pp. 101-106. https://dialnet.unirioja.es/servlet/articulo?codigo=7277570*
9. *Vega C. (2020), "The Importance of Communication Strategies Between Doctor and Patient." Revista Médica del Instituto Mexicano del Seguro Social, 58(2), pp. 197-201. https://doi.org/10.24875/RMIMSS.M20000017*
10. *Hernández BC., Garralda MÁ., de la Iglesia AU., Ruiz AI., del Pozo Rodríguez A., Aspiazu MÁ. (2022), "Pharmaceutical Care Service Offerings: A Key to a New Healthcare Services Model." Atención Primaria, 54(1), pp. 102198. https://www.sciencedirect.com/science/article/pii/S0212656721002328*
11. *Peralta MH., Marrero JC., Alcívar ABA., Velastegui CD., Mera JR., Álvarez YP., et al. (2023), "Interdisciplinary Approach in Pediatrics and Gynecology: Strategies for Comprehensive Care Throughout the Life Cycle." Salud ConCiencia, 2(2), p. e68. http://saludconciencia.com.ar/index.php/scc/article/download/68/67*
12. *Alcázar VR., Murcia IC., Solves JM. (2021), "Definition of Indicators for Patient-Centered Care in Type II Diabetic Patients: A Consensus Study." Journal of Healthcare Quality Research, 36(6), pp. 345-354. https://www.sciencedirect.com/science/article/pii/S2603647921000531*
13. *Urbina TA. (2022), "Perceptions of the Caregiver and Oncology Patient Regarding Nursing Care Based on the Person-Centered Care Model, Hospital III Chiclayo." Master's Thesis. Universidad Católica Santo Toribio de Mogrovejo. https://tesis.usat.edu.pe/bitstream/20.500.12423/4776/1/TM_UrbinaVallodolidTalia.pdf*
14. *Galarza López J., Borroto Cruz ER., Díaz Contino CG. (2023), "Emotional Competencies in Medical Training: A Systematic Review." Educación Médica Superior, 37(3). http://scielo.sld.cu/scielo.php?pid=S0864-21412023000300009&script=sci_arttext*