Patient Centered Care (PCC) and Patient Satisfaction

Patient Centered Care (PCC): Care based on respect for patient's values, preferences, and expressed needs. PCC involves building partnerships with the patient and family, and encouraging them to actively engage in their own care.

PCC is not offering patients anything they want (i.e. antibiotics for a viral illness or narcotics). Wishes should be honored, but not mindlessly acted on.

Patient Satisfaction, on the other hand is defined by the patient's experience; the perception the patient is left with after the health care encounter. This is a subjective concept, which is not necessarily associated with quality of care. While studies on patient centered care have generally shown improved outcomes, studies on patient satisfaction have been inconsistent. Some studies have shown that better patient satisfaction is associated with higher mortality rates and poorer patient outcomes.

One must integrate patient's values and expectations with evidence-based medicine in order to provide excellent care.

Wait Time

In one study, wait times were not associated with perception of quality of care but empathy was.

Patient dissatisfaction with delays to care is less linked to the actual time than to:
1. lack of information about events and when they will occur,
2. perceived lack of personal attention, and
3. perceived lack of staff concern for the patients' comfort.
Improving the Patient-Physician Relationship

The patient-physician relationship starts with a large power imbalance. Attempts should be made to normalize or reduce this power imbalance, so as to empower the patient to help make informed decisions for their care.

With regards to trust and believability, patients remember:

7% of the content (what was actually said), 38% of how you say it (verbal liking), 55% of how you look saying it (body language).7

1) How you look:

- Sit down at eye-level or lower (approximately 3-5 ft away, on a chair, or at the end of the stretcher)
- Show an open posture by keeping your arms at your sides, with palms facing up or facing each other
- Maintain good eye contact (3-5 sec), if culturally appropriate
- Smile appropriately
- Dress appropriately (slightly more formal than what is expected)

2) How you speak:

- Speak slowly
- Speak quietly
- Use a low tone in your voice

3) What you say:

- Introduce yourself, and consider asking to be referred by your first name (helps to minimize power imbalance)
- Use the patient’s last name (helps to minimize power imbalance)
- Acknowledge everyone in the room and ask what their relationship to the patient is (i.e. shake hands if culturally appropriate)
- Avoid medical jargon

Do:

- Establish what the patient’s agenda is, what their fears are
- Provide the patient with information regarding what will happen during their stay. This puts patients more at ease and improves satisfaction6.
- Provide expected wait times. Some experts suggest overestimating the time for results and consultant services (Disney Technique).
• Explain reasons for delays and apologize for it.
• Map out the next steps in the process in the ED after your history and physical (i.e., establish expectations).

Don’t:
• Fold your arms over your chest as this displays an aggressive posture.
• Ask why the patient did not come in earlier. Say ‘I guess.’
• Repeatedly ask ‘why’.
• Use the words ‘never’ or ‘always’.

Showing Empathy to Improve Patient-Centered Care

Empathy is the ability to understand and share another person’s experiences and emotions.

Try to understand the patient’s agenda: ‘Help me understand what brought you in today’, ‘help me understand what I can do for you’, ‘tell me more’. Try to normalize the patient’s situation.

Four steps to improve empathy/reflective listening:

1. **Echo**: repeat what the patient says; this gives the message that you heard the patient.

2. **Paraphrase**: paraphrase what the patient says; this gives the message that you understand the patient.

3. **Identify the feeling**: for instance ‘you seem frustrated’, ‘worried’, ‘upset’; this produces trust.

4. **Validation**: validate the patient’s feelings, ‘I can see why you feel that way’.

**RELATE** mnemonic for Empathetic Listening

**R**eassure – share your qualifications and experience

**E**xplain – describe in clear concise language what the patient can expect

**L**isten – rather than hear; encourage the patient to ask questions

**A**nswer – summarize what they have said and then answer & confirm their understanding

**T**ake Action – let them know what is happening each step of the way

**E**xpress Appreciation – thank the patient for allowing you to care for them
KEY REFERENCES


https://dspace.stir.ac.uk/bitstream/1893/11328/1/f%20Beattie%20v3.pdf