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Evaluation of Patient Centered Nursing Services and their Contribution to Improving Healthcare Quality and Treatment Outcomes

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Abstract: This study assesses the impact of patient-centred nursing approaches on the quality of care and outcomes. This approach considers the patient as the core focus. The 'care' relational emotional 'bonds' 'influential' 'developed' empathy 'relational' and 'human' aspects lead to formations of high and positive outcomes. The outcomes of patient care are designed to shift to more positive outcomes, and the cost of care is outcomes that centre on relationships, building bonds of care and empathy highly. This study argues that the most important gaps concerning patient-centred care revolve around the effectiveness of care, positive outcomes of patient care throughout continuity of care, and reduced readmission rates. These gaps further indicate robust evidence in favour of the patient-centred nursing model.

Keywords: Patient-Centered Care, Nursing Services, Healthcare Quality, Treatment Outcomes, Patient Satisfaction.

1. Introduction

Incorporating and honoring patients' participation in treatment and decision-making forms one of the holistic needs of the patient (Jalali & Shaemi, 2015). Such a context lies beyond the clinical and encompasses the emotional, psychological, and social factors. Patient-related care builds relationships in a more personalized and individualized manner. With the best interests and well-being of patients in all dimensions of a healthcare encounter, autonomy and self-respect are paramount in all facets of the healthcare encounter (Rathert et al., 2013).

Upgrades to care systems almost invariably exclude non-clinical adjustments. These systems, however, need to encompass this. It is politically unremarkable to incorporate personalized systems of compassion that directly override potential health consequences. Bresnick (2021) cited some of these benefits as better health outcomes, fewer readmissions, enhanced adherence to treatment plans, improved outcomes of care, and higher patient satisfaction. A caregiver serves as an intermediary during and after the family care scenario of the patient. A patient-centred approach to care also tends to make it easier to grapple with negative sentiments and complaints a patient may express during treatment.

Research done by (Wolf et al., 2008) states that there is improvement in the quality of health care and health care outcomes as a result of patient-centred nursing care. Meaningful patient-centred nursing contributed to optimal outcomes, which included speedy recovery, savings in health care costs, and overall satisfaction in the emotional, psychological, and communicational supportive care facets. The system and

services of the health care system as a whole are complete and more cohesive as a result of the emotional and psychological aspects of nursing care.

2. Literature Review

Educating in and integrating patient-oriented nursing services shifts focus from an understanding of the patient's illness towards understanding an individual patient's needs and wants, and values sustain collaboration between the nurse and the patient (Sari et al., 2025). Within patient-centered care (PCC), the complete understanding of the patient, holistically, and of the patient's mental health, in addition to merely health care and physical health of the patient, is the aim of nursing care (Mohammed et al., 2016). Unique and complex from the individual (psychological, emotional, and sociological) dimensions, each patient represents a clinical challenge, which must be addressed from the beginning. Integrated patient-centered nursing services combine collaborative nursing care planning for flexibility towards personalization and contextual consideration for each patient, and in so doing, collaboratively provide nursing care alongside the patient's family (Hameed et al., 2025). Collaborative shared decision-making is central to PCC; this is where patients are active in the planning and execution of their care plans, thus directly influencing the care options available to them.

This framework depicts the shift in healthcare from disengaged to engaged models of care (Lee, 2024). Historically, diagnosis and treatment were executed on the spot while patient perspectives were disregarded. Early strategies aimed at addressing treatment defaults concentrate on analysing response patterns in order to tailor interventions to the most appropriate treatment plan for each patient. Such efforts prove little value in streamlining treatment patterns, resulting in non-responsiveness. Non-responsiveness, in turn, contributes greatly to the dissatisfaction of care, lack of adherence to proposed intervention, and negative health outcomes. A patient-centred paradigm, in contrast, directly aligns the quality of care and patient satisfaction with the patient’s needs, demands, and goals of care.

As with most other health care providers, and especially with nurses, more than with any other health care providers, as front-line providers of services, they respond to patient needs (Wolf et al., 2008). The system does not articulate ‘patient-centred relational nursing care', which should, at a minimum, encompass the domains of trust, relational respect, and relational humanity. Advocacy is, and should be, the most underlying principle of the professional relationship and aligned with nursing care, as opposed to the stagnant bureaucratic clinical advocacy, which is perceived as a barrier in the delivery of care.

In the area of emotional advocacy and psychosocial care, the nurse advocate also primarily shifts the perspective around the core treatment and care plan, explains alternatives centred on the patient's values, and advocates for the care plan. Positive patient health outcomes, along with treatment adherence, satisfaction, and improved health outcomes, revolve around the enhanced well-being expected from the care. Care leads to improvements in health (Sidani, 2008).

The effects of compassion directly influence patient satisfaction. This is demonstrated in the recorded service satisfaction as well as the documented service compassion and care satisfaction (Abugabah, 2023). This documented satisfaction with care made note of the patients' feeling that their voice was heard within the care systems. Within the self-system of care, the patient achieves positive clinical outcomes during the system with no frustrations, emotional constituents, and satisfaction in the system. Complications and issues during and after the hospital stay are greatly enhanced with the personalization of chronic case management during acute care. Stewart et al. (in 2000) stated that patients receiving case nursing care, as patient-centred nursing care differentiating from standard nursing care, had higher positive outcomes and a greater reduction in days of hospital readmission after recovery. The care delivery model, as patient-centred nursing, made the positive outcomes and experiences from care evident, and the patient-centred model of nursing ultimately garners satisfaction within the system of healthcare (Balogun et al., 2024).

Also, Health Care Providers (HCPs need social support systems to be able to value and use the new HCP and Architected patients to ensure HCP for preventive adherence with HCP-designed Architect (Berntsen et al., 2018) collaborations. Haskard-Zolnierek and DiMatteo (2009) noted that relational care patients, i.e., patients who interact with a positive framework around their treatment and adherence, become relational patients and attain care goals in a shorter time. The HCP relational framework, designed and enabled by the nurse in charge of the patient, with relational framework social support systems, also activates adherence to the collaborative treatment proposed by HCP. The nurse's ongoing care and frequent interaction are important in building the patient's trust (Berntsen et al., 2018).

The reduction of costs in healthcare systems is also attributed to patient-centred care (McMillan et al., 2013). In patient-centred care, costs of preventive care, avoidable hospital readmissions, and readmissions are targeted for reduction. Coyle et al. (2003) describe the savings hospitals accrued in the absence of patient-centred policies, particularly in avoidable readmissions and emergency department visits (Jayadevappa & Chhatre, 2011). Within this framework and in the effort to align patient care, treatment participation, and choice, the removal of unnecessary costly procedures serves as an optimal approach to cost-effective healthcare.

The evaluation of outcomes of both conventional patient care and patient-centred care paradigms must begin with an understanding of the worth of patient-centred care. Evidence indicates that patient-centred care boosts pleasure and care satisfaction outcomes. Yet, standard patient environments- environments where patients passively receive care- lead to care disengagement, dissatisfaction, and, more importantly, increased readmission rates. According to McColl et al. (1999), standard contexts have disparate outcomes and dissatisfaction, and disengagement in compliance levels that are considerably lower in patient-centred contexts, providing an explanation as to why those working in standard contexts report considerably higher discontent and disengagement in comparison to those in patient-centred contexts. In addition, patient-centred care augments clinical outcomes to an even greater degree by minimizing complications and accelerating the recovery process.

Effective healthcare systems and achieving desired results go along with result-oriented healthcare systems and a patient-centric paradigm. Effective collaborative and integrated relationship systems result from delivering care in a focused and patient-integrated framework (Davis et al., 2020). The extensive development and literature concerning patient systems in healthcare delivery systems have been constructed and transformative. The positive transformative outcomes derive from and incorporate the patient system through client satisfaction, treatment adherence, and the positive delivery of care overall. The system delivery and development of health systems has been with profound compassion, efficacy, and efficiency.

3. Methods

These parameters assess patient-centred nursing services from both qualitative and quantitative perspectives from the dimensions of patient care and patient outcomes. For the quantitative dimension, patient outcomes were extracted from satisfaction surveys and documented outcomes, including recovery, readmission, treatment adherence, and other outcomes. The qualitative dimension encompassed the entirety of patient-centred care and nursing services from structured patient interviews, as well as focus group discussions with nurses and caregivers. The qualitative dimension contextualizes, defines, and describes patient-centred care. The sample for the study utilized stratified random sampling, and the survey was directed at those receiving care within varying frameworks, from patient-centred to more traditional models. A total of 200 patients were sampled for the survey, 100 receiving traditional care and the other 100 receiving patient-centred care to achieve balanced comparative sampling. For participant care providers, 50 healthcare workers were incorporated into the study (25 for each care model). The sample size for the survey was determined through a power analysis. The reasoning is appropriate given the circumstances of the situation.

The research approach is multimodal. Outcome metrics are obtained through the analysis of patient satisfaction surveys (e.g., PSQs) and clinical records for assessment of patient satisfaction and recovery outcomes. For qualitative data, semi-structured interviews and focus group discussions with patients and care providers are conducted, shedding light on their experiences with patient-centred care. In addition to qualitative data, which is thematic, quantitative data is employed, comprising descriptive statistics, t-tests, and ANOVA for hypothesis testing, all within the context of care model comparison. The use of these diverse methods for data collection and analysis is indicative of the extent to which the patient-centred nursing services developed to provide patient-centred nursing services.

4. Results

Figure 1 illustrates the increasing satisfaction levels of patient care within the participant-centred care model. Within the participant-centred care model, 85% of patients surveyed considered the overall attentiveness of their treatment to be "very satisfied." However, only 60% of patients under the traditional care model expressed such levels of satisfaction. As noted, patient-centred care also facilitated an increased rate of recovery, achieving 92% complete recoveries versus 78% complete recoveries under the traditional

model. Such findings indicate post-care outcomes are favourable under patient-centred models and suggest the quality of care provided post-intervention under patient-centred models exceeds that of traditional care.

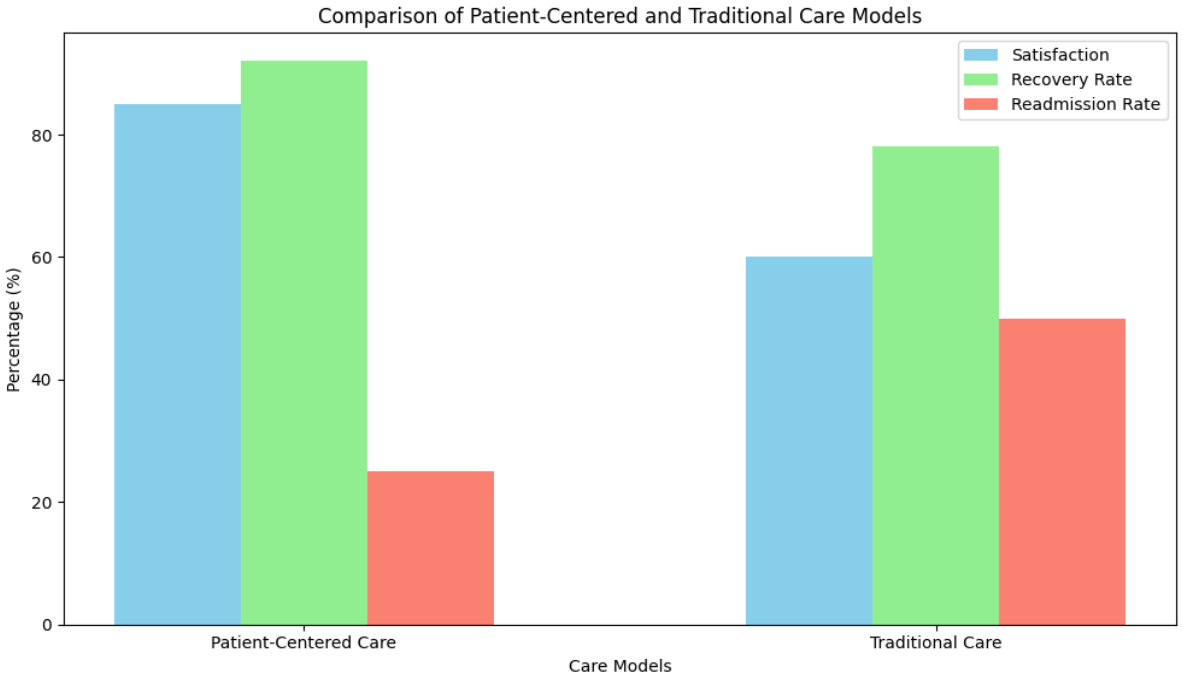

Figure 1: Comparison of Patient-Centered and Traditional Care Models

The evidence of the effectiveness of the patient-centred model continues to grow as more nursing services focus on the patient as an individual rather than a procedure. For example, patients previously reported feelings of detachment from their caregivers, which were then compounded by one-way decision-making communications. Such feelings of exclusion completely contributed to the patients' perception of care as dispassionate. The introduction of more participatory practices within the care and decision-making processes provided a more favourable perception of the care provided.

Surveys of care centres accompanied patients taking part in collaborative and participatory approaches to planning, including person-centered care, showed an increase in satisfaction with their care. Adherence to prescribed plans demonstrated by patients receiving patient-centered care was notable. Among this group, the rate of hospital readmissions subsequently declined by 25%, suggesting the patients were actively involved in post-discharge self-care management. Emotional distress and anxiety were also affected by the patient-centered care approach. Emotional complaints were reported 40% less after this approach was devised.

Identification of Key Factors Contributing to the Success of Patient-Centered Nursing Services

In defining the success of patient-centered nursing services, key issues arise, for instance, in the case of communication. Nurses assigned to patient-centered units took ample time to listen to active participants in the care, talking to patients comprehensively about the treatment alternatives, allowing patients to express

their thoughts, and confirming that they understood. Such instances of communication and discourse positively impacted the trust and active participation of patients in the care decision.

Another key issue defining success is the nurses' ability to adjust their care to the personal preferences of the patients. Nurses' collaboration in the drafting of personalized care plans aimed at strengthening collaboration and patient satisfaction. Patients articulated the respect and value they felt for care that was individualized.

Contrary to what one would expect, the emotional and psychological support that patient-centered care nurses delivered to patients was the most central aspect to the success of patient-centered nursing services. Support systems gave participants psychological and emotional coping mechanisms, which fostered the advocacy of emotional support and therapeutic climates provided by nurses. The importance of inter-professional collaboration was emphasized. Integrating the patient-centered collaborative strategies executed by the nurses with those of the physicians and other caregivers was particularly noted. This collaboration brought together disparate aspects of a patient's care, which improved the overall quality of services provided by the health system.

5. Discussion

This study confirms the findings of other researchers on the effects of patient-centered nursing on the quality of care and outcomes. Patient-centered nursing care, as the study explains, boosts care efficiency alongside satisfaction and positive clinical outcomes. Satisfaction scores among patients receiving patient-centered care reached 85%, as opposed to 60% in the traditional care setting. Such data backs what Stewart et al. (2000) and Epstein and Street (2011) argued, that patient satisfaction stems, at least in part, from active participation in decision-making and care plan development. Results of improved recovery, maintenance of low hospital readmission rates, and shifted patient-centered care also echo findings of Coyle et al. (2003) and McColl et al. (1999), who showed that outcomes improve and readmission rates decline when care is personalized, patient-focused, and integrated.

Furthermore, it is congruent with the findings on trust in care delivery, "Haskard-Zolnierek and DiMatteo, (2009) emotional and psychological dimension of care integrated within the work's care paradigm, which facilitated enhancements in patients' overall well-being and treatment adherence." In this case, the patients highlighted the role of nurse-patient communication in the improvement of the care paradigm. In this sense, the findings support those of Stewart et al., (2000), which showed that trust and care within the relationship, and the associated communicative interactions, facilitated a partnership with the patient and active participation in the healthcare system.

This study highlights the multifaceted and indispensable nature of policy advocacy within the nursing profession and the healthcare ecosystem. Advocacy by nurses may influence the health systems policy and paradigm transformations where patient–centrism may become a tangible reality within the health care ecosystem. This equally highlights the advocacy role concerning the communication shift and the

incorporation of empathy and individualized attention within the nursing practice paradigm, as well as policy changes in the nursing education curricula. This will help create an environment where patients participate in the decision-making processes concerning their nursing care, which will improve patient satisfaction and attain desired nursing care outcomes.

Recommendations for Future Research on Patient-Centered Nursing Services

This study has considerable prospective value. Longitudinal studies assessing how patient-centered care affects outcomes and costs over time would provide groundbreaking findings. Other prospective studies could address the remaining gaps related to the systems-level implementation of time, staffing, and other organization-wide systematic structural issues that are part of the organization's culture.

Given the patient-centered nursing literature, the patient experience of patient-centered care necessitates additional focus, particularly in varying cultural contexts. Likewise, examining the impact of telemedicine and other technologically augmented systems of patient-centered care on clinician-patient communication and engagement and collaboration within the care delivery system is critical.

6. Conclusion

This study exemplifies the importance of patient-oriented nursing services to quality of care and clinical outcomes during an episode of care, specifying also satisfaction, outcomes, avoidable readmissions, and the cost of health care. The value of study outcome results reiterating the importance of close personalized patient care is demonstrated primarily by the outcomes of patient satisfaction, the clinical outcomes achieved, and avoidable readmissions. The likelihood of achieving patient-centered outcomes correlates most with integrated team communication, relational and emotional aspects of nursing care, planning support during recovery phases, and the design of patient-centered care plans. Consequently, patient-centered care should continuously remain a prominent focus to be included more rigorously in education, as well as other training. Strategic and budgetary planning should also include this focus. Data essentially suggests an undersized positive correlation to patient experiences and clinical care outcomes. Barriers to implementing patient-oriented nursing and its impact on nursing clinical outcomes are another interesting area to explore further.

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