

The Health Care Organization and Patterns of Nursing Care Delivery: Z-CH #15

Online Content 1H

**The following link discusses eight principles of patient-centered care. Read the article and explain each principle, in your own words. Then, pick what you feel are the most important three and explain why you feel this way.**

<https://www.oneviewhealthcare.com/blog/the-eight-principles-of-patient-centered-care/>

**Submit to Z-CH15 Dropbox by 0800, March 2<sup>nd</sup>.**

***In order to receive full credit (1H class time) for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignment not completed in its entirety will result in missed class time.***

Principle 1 – This principle refers to showing respect for patients’ values, preferences, and expressed needs. This can be described as understanding that each patient is an individual who has deserves to be treated with dignity and respect. Part of upholding this is promoting patient involvement and autonomy in healthcare decisions, getting to know their individual preferences and personal values, and showing sensitivity for their cultural values.

Principle 2 – This principle refers to coordination and integration of care. In healthcare, there are many factors that will affect patients’ experiences, including different departments, organizations, and healthcare personnel. This provides us the opportunity to deliver either a better care experience for the patient, or a disjointed one. By properly coordinating clinical care, frontline patient care, and ancillary/support services, we can help reduce feelings of vulnerability and improve outcomes for our patients.

Principle 3 – This principle refers to information and education. It is not unusual for a patient to receive new information and patient education during health visits. This principle outlines the importance of providing thorough education toward clinical status, progress, and prognosis of their condition, as well as information related to the process of care. By providing thorough information and effective communication, we can help promote autonomy, self-care, and overall health promotion for our patients.

Principle 4 – This principle refers to physical comfort. Being in a state of distress can have significant effects on a patient's experience. To promote greater comfort, we should give appropriate support in terms of pain management, assistance with activities (such as ADLs), and promote comfortable environment/surroundings.

Principle 5 – This principle refers to emotional support and alleviation of fear and anxiety. Medical settings are known to stimulate anxiety or fear for many people, and for those who are also experiencing an illness, these effects can be even greater. This principle encourages care

providers to pay attention to and try to alleviate anxiety related to physical status, treatment, prognosis, illness' impact on family, and financial impact of their situation/care.

Principle 6 – This principle refers to involvement of family and friends. Patient-centered care calls us to consider that this person's (our patient's) loved ones are also affected by these situations. This principle promotes involvement by recognizing needs and providing accommodations/support for others involved, and when appropriate to also promote their involvement in decision making.

Principle 7 – This principle refers to continuity and transition of care. As part of preparing our patients for successful transitions out of our care, we should recognize the needs patients might experience. In promoting this we should provide detailed but understandable information regarding their medications, dietary needs, physical limitations, etc., and help coordinate and plan follow up visits or ongoing treatments prior to discharge. We should also provide information related to clinical, social, physical, and financial support ongoingly that is individualized to each patient's needs.

Principle 8 – This principle refers to access of care. In order to ensure our patients are able to access the care they need, we should be considering relative locations of their hospitals and healthcare providers, the availability of transportation, their ability to schedule appointments, and the availability of appointments in relation to their needs. We should also consider the patient's accessibility to specialists or specialty services for referrals and clear instructions and directions should be provided to help ensure a patient will be able to find the location.

Of these eight principles, I feel principles 1, 2, and 4 were especially important. Each and every patient that we encounter has a story and is facing challenges that we may never know about. As a nurse, I feel it is my duty to treat each patient with respect and dignity, to pay attention to their expressed needs, values and support their preferences. I also feel that successful coordination and smooth integration of care poses a large opportunity in patient care. Without this, things may go unnoticed, patient's may feel uncared for, and everyone's job becomes more difficult, with ultimately the patient suffering as a result. However, with coordination and integration of care, we can be more efficient, thorough, and are more likely to achieve better outcomes. Finally, the promotion of physical comfort stands out to me as a top priority because physical distress not only leads to mental distress but can negatively affect other physiological processes. It can affect a patients' ability to participate in therapy (such as OT/PT), patients' preparedness to receive and understand education (such as that related to self-care post-discharge), and patients' perception of care provided, just to name a few.