

## THE INSTRUMENTS FOR MEASURING PATIENT-CENTRED CARE IN CLINICAL CARE SETTINGS: A SYSTEMATIC LITERATURE REVIEW

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### ABSTRACT

Patient-centred care has different dimensions, necessitating a clear definition to facilitate consistent measurement and evaluation of patient-centred care in clinical settings. This systematic literature review aims to identify and compare measuring tools related to patient-centred care in clinical settings. The Prisma framework was employed to explore six databases (i.e., Google Scholar, PubMed, Science Direct, Springer, MDPI, and Sage Journal) for literature review in identifying instruments used to measure patient-centred care in clinical settings. Result Of 13 articles included in this review, 13 articles documented different questionnaires measuring patient-centred care. These questionnaires included The Person-centred Primary Care Measure (PCPCM), Person-centred maternity care (PCMC), Chloe's-Card, Korean version of the Person-centred Care Assessment Tool (K-P-CAT), Health Education Impact Questionnaire (HEI-Q), Patient-centred Matching (PCPM), Quality of Interactions Schedule (QuIS), Person-centred Critical Nursing Care Scale, Patient-centred Quality of Cancer Care Questionnaire (PCQCCQ), Patient-reported Experience Measures (PREMs), Patient-centred Survivorship Care Index (PC-SCI), and Vietnamese Patient-centred Care measure (VPCC). Each instrument had different criteria according to the patient's background and contextual setting. Existing questionnaires have engaged various perspectives in measuring patient-centred care and distinct adjustment to the patient's condition. Some of the reviewed instruments were modified from existing instruments to meet particular settings.

**Keywords:** Measuring, Patient-Centred Care, Clinical Care, Instruments

### INTRODUCTION

Patient-centred care is a multidimensional concept that encompasses various aspects of care. Measuring patient-centred care in clinical settings is essential for improving the quality of healthcare services (Larson et al., 2019). Several sources emphasize the necessity of assessing patient-centred care in clinical settings. In clinical management, it is critical to

ensure that patients have correct and shared information, their rights are protected, and their participation in decision-making is guaranteed (Vedasto et al., 2021).

Patient safety and quality performance are also key elements in measuring patient-centred care (Shenoy, 2021). To accurately quantify patient-centred care, a wide range of signs and measures

must be taken into account. These can include measures designated by the Agency for Healthcare Research and Quality, such as patient safety indicators and mortality indicators associated with conditions and surgical procedures (Reuben & Jennings, 2019). Measuring patient safety culture through surveys that capture employee perceptions of their workplace environment is another approach to assessing patient-centred care (Huong Tran et al., 2021). In a multidisciplinary approach, patient inputs and expert judgment can be used to operationalize patient happiness and healthcare service quality (Omona et al., 2021).

Measuring patient-centred care in clinical settings goes beyond just evaluating patient safety and quality performance (Ahmed et al., 2019). It encompasses a holistic approach that looks at various dimensions of healthcare to ensure that patients receive individualized, compassionate, and effective healthcare (Olson et al., 2021). To truly capture the essence of patient-centred care, future research should delve into the impact of socioeconomic issues, cultural influences, and patient engagement in clinical quality ratings (Gagliardi et al., 2019). By probing into these complex dynamics, a more comprehensive understanding of patient-centred care can be achieved, leading to the development of tailored interventions and policies that prioritize the well-being of patients across diverse demographic groups (Papautsky & Patterson, 2021).

Although earlier studies on developing an instrument to measure patient-centred care in clinical care have made significant contributions to our knowledge of the concept, several shortcomings remain existent. The definition and

conception of patient-centred care are not fully understood, which may lead to differences in interpretation and inconsistent assessment among studies (Winn et al., 2015).

Measurement of patient-centred care contributes to the evidence base in healthcare. Thus, the instruments are valuable for measuring patient-centred care due to their standardization and affordance to comprehensively assess various dimensions. This is solely because they provide a structured and reliable approach to evaluating patient-centred care, thus making instruments measuring PCC an essential area of further investigation. Systematic reviews, help to identify and evaluate all relevant studies that have developed and validated instruments to measure patient-centred care. It enables researchers and policymakers to assess the quality and appropriateness of existing instruments for measuring patient-centred care. This information is crucial for selecting the most suitable instruments for research studies, clinical practice, and quality improvement initiatives.

This systematic literature review aims to identify and evaluate the existing instruments for measuring patient-centred care in clinical settings. We intend to gain a more fine-cut understanding of the various instruments, methods, and frameworks used to evaluate patient-centred care, as well as the opportunities and challenges associated with their implementation.

## LITERATURE REVIEW

Patient-centred care (PCC) is an approach that is increasingly regarded as crucial for the delivery of high-quality care (Mead & Bower 2000). A systematic literature review

can be conducted to identify the most relevant and reliable instruments for assessing specific components of patient-centred care.

The limitations of measuring tools might be an issue, with some instruments not covering all essential parameters or lacking desirable levels of reliability and validity (Handley et al., 2021). Inconsistent implementation of these instruments across varied patient situations and cultural contexts could impede data comparison or generalization of findings (Handley & Nembhard, 2020). Some instruments may not fully reflect the patient's views, resulting in a bias toward the healthcare provider's perspective (Ree et al., 2019). Expanding research by addressing these gaps will help deepen understanding of patient-centred care.

The integration of data from numerous sources will aid in the construction of a comprehensive picture of the situation of patient-centred care measuring today, as well as pointing out potential gaps in the body of research. One avenue to identify the gaps in patient-based care measurement is through a literature review. This could serve as a springboard for additional studies aimed at improving instruments or discovering previously undiscovered facets of patient-centred care.

We believe that this systematic literature review will contribute to the ongoing discussion regarding patient-centred care by providing relevant information to researchers, policymakers, and healthcare professionals. By consolidating the knowledge acquired from the literature, we seek to clarify the fundamental components of instruments evaluating patient-centred care, highlight best practices, and underscore the importance of a

patient-centric approach in determining the direction of clinical care going forward. Finally, the purpose of this review is to further dive into how healthcare systems may evaluate and enhance the current instruments for assessing patient-centred care.

## RESEARCH METHODOLOGY

This study employed a systematic literature review. Systematic literature reviews serve as a guide for developing contribution-focused evaluations by synthesizing the corpus of existing literature on a topic (Kraus et al., 2020). Comprehensive evaluations coupled with the use of a clear research question, a thorough literature review, a methodical assemblage of studies, a critical evaluation of methodological quality, and data extraction and analysis can help to avoid bias in systematic literature reviews (Mathew, 2022).

The databases used in this research included Google Scholar, PubMed, Science Direct, MDPI, Sage Journal, and Springer. To obtain more specific results, we combined search keywords with Boolean Operators. The results were (instrument OR tool OR questionnaire OR scale) AND (measuring OR quantifying OR assessing OR evaluating) AND (Patient-centred care OR patient-centred healthcare OR person-centred care OR patient-focused care) AND (clinical care OR hospital).

The inclusion criteria for the review were, amongst others, 1) articles published in 2019-2024; 2) research conducted in clinical care settings; 3) articles written in English; 4) articles available in full text; 5) research employing qualitative studies, quantitative studies, cohorts, quasi-

experimental, cross-sectional studies, case-control, or randomized control trials. Furthermore, the only studies that satisfied the inclusion criteria for this research were those with a background in nursing science. The exclusion criteria for the review were pertinent to 1) articles published before 2019; 2) articles written in languages other than English; 3) articles beyond the context of clinical care; 4) articles available in partial form; 5) articles resulting from proceedings or conferences; and 6) articles from the results of a literature review.

The literature review went through several processes, including the identification stage for each database, the screening stage, the eligibility, and inclusion. At the eligibility stage, we assessed the articles found using the JBI Critical Appraisal Tools to avoid bias in selecting articles. The JBI critical appraisal tools form was used to evaluate the retrieved articles based on the research design and subsequently determine whether the articles were appropriate for the next phase or not.

We extracted data from eligible articles by arranging the articles in a table with several points, including author and journal identity, questionnaire name, subscale, objective, population, and

sample. The articles were classified according to the meaning of patient-centred care, the perspective underlying the instrument, the instrument development, and how the instrument is used in a particular condition.

## RESULTS

The screening process identified 8,486 articles, and 16 papers met the inclusion criteria. The 16 articles were then tested for feasibility using the JBI critical appraisal tools, and the findings showed that all 16 articles passed the test and were included in further process. The distribution of articles across the employed databases was as follows: Google Scholar (n=2), MDPI (n=2), PubMed (n=5), Sage Journal (n=1), Science Direct (n=2), and Springer (n=4). The articles identified discussed the development of questionnaires for measuring patient-centred care (PCC), as well as the implementation of existing instruments to measure PCC. We discovered 14 different questionnaires and two related questionnaires among the 16 articles reviewed. The 16 articles, coded from A1 to A16, are briefly described in the table below to facilitate analysis.

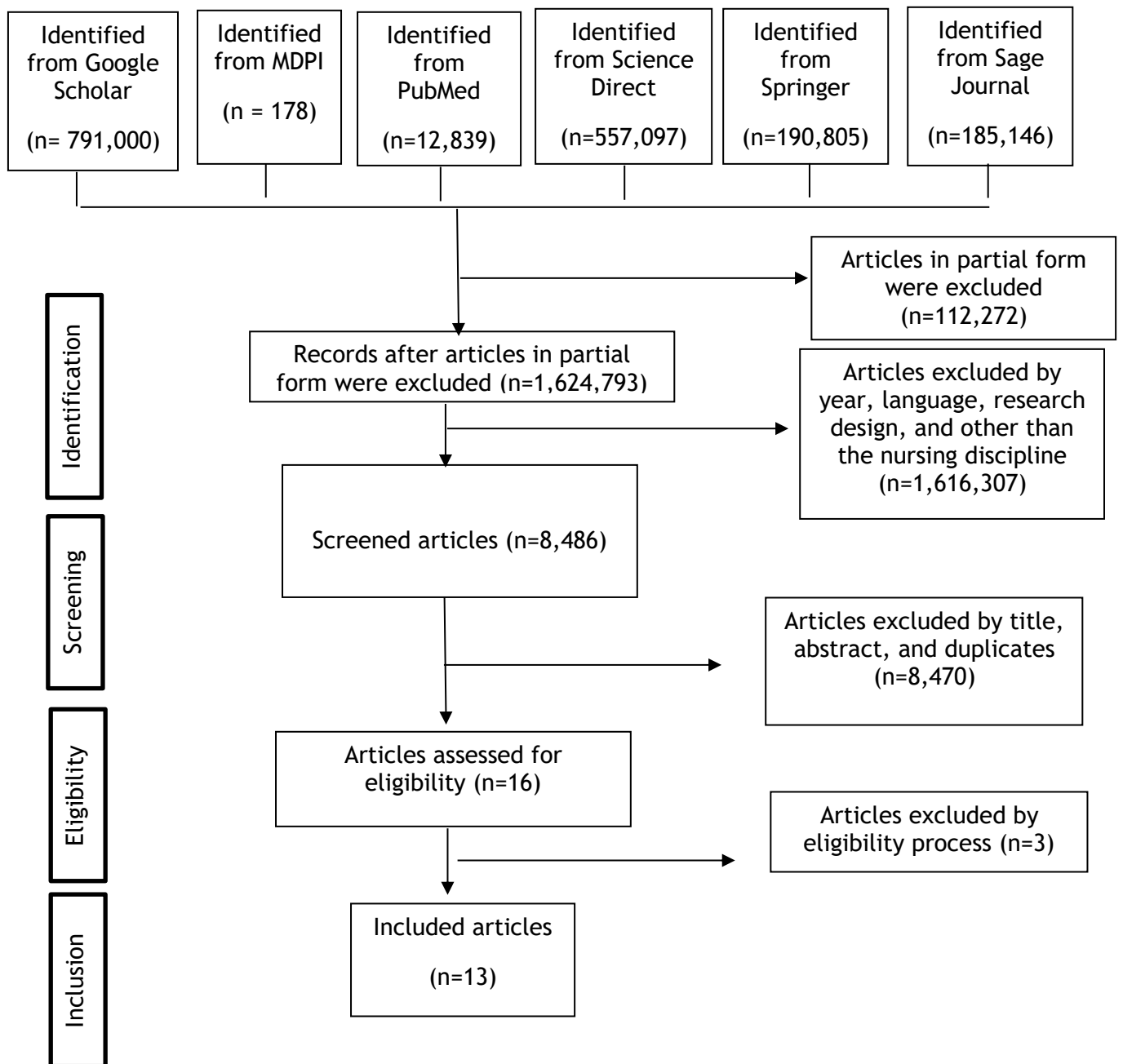


Figure 1. PRISMA Flowchart of literature review

**Table 1. Literature Analysis Results**

ID	Author and Journal Identity	Instrumen t	Objective(s)	Subscales	Population and Sample
A1	Etz, R. S., Zyzanski, S. J., Gonzalez, M. M., Reves, S. R., O'Neal, J. P., & Stange, K. C. (2019). A new comprehensive measure of high-value aspects of primary care. <i>The Annals of Family Medicine</i> , 17(3), 221-230.	The Person-centred Primary Care Measure (PCPCM)	To create and assess a brief primary care metric based on the experiences of patients, physicians, and insurance providers	1) Through a lot together 2) Community 3) Family 4) Advocacy 5) Coordination 6) Goal-oriented care 7) Relationship 8) Helps to stay healthy 9) Comprehensiveness 10) Accessibility 11) Integration	412 patients, 525 primary care clinicians, and 85 healthcare payers
A2	Afulani, P. A., Phillips, B., Aborigo, R. A., & Moyer, C. A. (2019). Person-centred maternity care in low-income and middle-income countries: analysis of data from Kenya, Ghana, and India. <i>The Lancet Global Health</i> , 7(1), e96-e109.	Person-centred maternity care (PCMC)	To provide descriptive data on PCMC in four contexts from three low- and middle-income nations. Important variables related to PCMC in each context are also investigated.	1) Dignity and respect 2) Communication and autonomy 3) Supportive care	3,625 women aged 15-49 years who had recently given birth in Kenya, Ghana, and India
A3	Dagnaw, F. T., Kehali, K. Y., Agago, T. A., & Hailemeskel, H. S. (2022). Person-centred Maternity Care Among Mothers Who Gave Birth in South Wollo Zone Public Hospitals,	Person-centred maternity care (PCMC)	To utilize a mixed-method study to ascertain the degree of person-centred maternity care provided to mothers giving birth in South Wollo Zone public hospitals,	1) Dignity and respect Communication and autonomy 2) Supportive care	12 patients

	Northeastern Ethiopia: A Mixed-method Study. <i>Health Services Insights</i> , 15, 11786329221127 946.		Northeastern Ethiopia, in 2019.		
A4	Marino, L. V., Collaço, N., Coyne, S., Leppan, M., Ridgeway, S., Bharucha, T., ... & Darlington, A. S. E. (2023, October). The Development of a Communication Tool to Aid Parent-centred Communication between Parents and Healthcare Professionals: A Quality Improvement Project. In <i>Healthcare</i> (Vol. 11, No. 20, p. 2706). MDPI.	Chloe's-Card	To create a communication tool that would empower parents and serve as a catalyst for healthcare professionals to discuss the child's treatment and obtain data at the hospital admission.	1) Information sharing 2) Relationships with doctors and other health professionals 3) Decision-making when coping with uncertainty 4) Caring for your children 5) Paying attention to your emotions 6) Offering validation Supporting hope	20 Healthcare providers and 12 parents
A5	Huh, A., & Shin, J. H. (2021). Person-centred care practice, patient safety competence, and patient safety nursing activities of nurses working in geriatric hospitals. <i>International Journal of Environmental Research and Public Health</i> , 18(10), 5169.	Korean version of the Person-centred Care Assessment Tool (K-P-CAT)	To look into the elements influencing patient safety while receiving nursing care. Three instruments are examined in the study, <i>inter alia</i> , the Patient Safety Competence Assessment Tool for Nurses, the Patient Safety Nursing Activities Assessment Tool	1) Person-centredness 2) Organizational and environmental support	186 geriatric nurses

			for Geriatric Nurses, and the Korean version of the Person-centred Care Assessment Tool (P-CAT).		
A6	Fortin, M., Stewart, M., Ngangue, P., Almirall, J., Bélanger, M., Brown, J. B., ... & Zwarenstein, M. (2021). Scaling up patient-centred interdisciplinary care for multimorbidity: a pragmatic mixed-methods randomized controlled trial. <i>The Annals of Family Medicine</i> , 19(2), 126-134.	Health Education Impact Questionnaire (heiQ)	To assess the efficacy of a four-month multidisciplinary, interdisciplinary intervention centered on altering how patients with multiple comorbidities are treated in primary care settings	1) Mental health 2) Positive and constructive life engagement 3) Self-awareness and observation 4) Learning new skills and techniques 5) Social integration and support 6) Conduct centered around health 7) Health service navigation	284 patients
A7	Buchholz, A., Berner, M., Dams, J., Rosahl, A., Hempleman, J., König, H. H., ... & Kraus, L. (2022). Patient-centred placement matching of alcohol-dependent patients based on a standardized intake assessment: process evaluation within an	Patient-centred Matching (PCPM)	To investigate the consistency with which the patient-centred matching guidelines (PCPM) are used while making decisions about referrals from an inpatient qualified withdrawal program to an aftercare level of care	1) Preferred role in decision-making 2) Motivation for treatment 3) Severity of addiction 4) Severity of psychiatric comorbidity Severity of social disintegration 5) History of substance use disorder treatment	250 patients



		exploratory randomized controlled trial. <i>BMC psychiatry</i> , 22(1), 1-11.			
A8	Bridges, J., Gould, L., Hope, J., Schoonhoven, L., & Griffiths, P. (2019). The Quality of Interactions Schedule (QuIS) and person-centred care: Concurrent validity in acute hospital settings. <i>International Journal of Nursing Studies Advances</i> , 1, 100001.	The Quality of Interactions Schedule (QuIS)	To evaluate the applicability of QuIS to person-centred care as measured by the CARES® Observational Tool.	1) Positive social 2) Positive care 3) Neutral 4) Negative protective	168 nursing staff
A9	Youn, H., Lee, M., & Jang, S. J. (2022). Person-centred care among intensive care unit nurses: A cross-sectional study. <i>Intensive and Critical Care Nursing</i> , 73, 103293.	Person-centred Critical Nursing Care Scale	To determine which factors, among nurses employed in critical care environments, are associated with person-centred care	1) Empathy 2) Individuality 3) Respect 3) Comfort	188 intensive care unit nurses
A10	Doubova, S. V., Martinez-Vega, I. P., Infante-Castañeda, C., Aranda-Flores, C. E., Knaul, F. M., & Pérez-Cuevas, R. (2021). Social inequalities in supportive care needs and quality of	Patient-centred Quality of Cancer Care Questionnaire (PCQCCQ)	To assess disparities associated with education and health insurance in supportive care (SC) needs and patient-centred care (PCC) quality for cancer patients in Mexico	1) Timely care 2) Information clarity 3) Treatment decision-making information 4) Care to address biopsychosocial needs 5) Courteous and	1,664 patients

	patient-centred care of cancer patients in Mexico. <i>Supportive Care in Cancer</i> , 29, 1355-1367.			coordinated care	
A11	van Hof, K. S., Dulfer, K., Sewnaik, A., Baatenburg de Jong, R. J., & Offerman, M. P. (2024). The first steps in the development of a cancer-specific patient-reported experience measure item bank (PREM-item bank): towards dynamic evaluation of experiences. <i>Supportive Care in Cancer</i> , 32(2), 100.	Patient-reported Experience Measures (PREMs)	To provide a list of items for the creation of a dynamic, care-specific patient-reported assessment	<ol style="list-style-type: none"> <li>1) Workers' proficiency</li> <li>2) Communication</li> <li>3) Healthcare organization</li> <li>4) Information and services</li> <li>5) Patient empowerment</li> <li>6) Continuity of treatment</li> <li>7) Environment, technology</li> <li>8) Overall experiences</li> </ol>	8 patients and 3 healthcare professionals
A12	Mead, K. H., Wang, Y., Cleary, S., Arem, H., & Pratt-Chapman, M. L. (2021). Defining a patient-centred approach to cancer survivorship care: development of the patient centered survivorship care index (PC-SCI). <i>BMC health services research</i> , 21(1), 1-13.	Patient-centred Survivorship Care Index (PC-SCI)	To validate an index that defines and assesses a patient-centred strategy for high-quality survivorship care	<ol style="list-style-type: none"> <li>1) Psychosocial support</li> <li>2) Information and resources</li> <li>3) Self-management</li> <li>4) Clinical support</li> <li>5) Clinician-patient communication</li> <li>6) Care coordination</li> <li>7) Holistic care</li> <li>8) Practical life support</li> <li>9) Having a medical home</li> </ol>	1,278 survivors of breast, prostate, and colorectal cancers

A13	<p>Adetunji, O., Bishai, D., Pham, C. V., Taylor, J., Thi, N. T., Khan, Z., &amp; Bachani, A. M. (2023). Patient-centred care and geriatric knowledge translation among healthcare providers in Vietnam: translation and validation of the patient-centred care measure. <i>BMC health services research</i>, 23(1), 1-11.</p>	<p>Vietnamese Patient-centred Care (VPCC)</p> <p>To offer a proven and culturally appropriate tool for evaluating patient-centred care in Vietnam, a country with a fast-aging population</p>	<p>1) Responsive care 2) Collaborative care 3) Holistic care</p>	<p>112 healthcare providers</p>
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### Instruments Discovered in the Literature Review

After an initial review of the articles, 14 different instruments were obtained from 13 articles. These instruments offer unique qualities and specificities for measuring patient-centred care. These instruments are hereby described below.

#### 1. *The Person-centred Primary Care Measure (PCPCM)*

PCPCM is an instrument used to measure primary care that is grounded in the experience of patients, clinicians, and healthcare payers. The PCPCM is a reliable, comprehensive, and equitable instrument to evaluate the elements of treatment that payers, doctors, and patients believe to be of high value in primary care.

#### 2. *Person-centred maternity care (PCMC)*

Named the Person-centred Maternity Care (PCMC), this

instrument pertains to maternity care that is sensitive and respects each woman's unique choices, values, and needs. It is documented in the article A2 and A3. It helps to ensure that women's values influence all clinical decisions made during labor. In investigations conducted in Kenya and India, the PCMC scale was validated through expert evaluations and interviews. The final scale, which includes 30 items covering three domains (dignity and respect, communication and autonomy, and supportive care), was iteratively translated from English to the local language at each step of the process.

#### 3. *Chloe's-Card*

Chloe's card is an instrument that facilitates parent-centred communication between parents and healthcare providers. This is utilized in certain instances, such as pediatric patients in PICUs and

other special care facilities for children. It is also used to empower parents and act as an enabler for health care professionals (HCPs) to talk about the child's care and upon admission gather information about what is important to the family, thus supporting patient-centred communication. A measure of the intervention's effectiveness includes questions about information sharing, relationships with doctors and other health professionals, decision-making, coping with uncertainty, caring for your child, paying attention to your emotions, offering validation, and supporting hope.

4. *Korean version of the Person-centred Care Assessment Tool (K-P-CAT)*

K-P-CAT is a modified questionnaire from the previously existing person-centred care assessment tool (P-CAT). This questionnaire was used to measure patient-centred care in a geriatric hospital. This 13-item questionnaire was used to gauge how individualized care was provided. The K-P-CAT consists of two subscales: the person-centeredness subscale, which includes seven items, and the organizational and environmental support subscale, which includes six items, five of which are reverse-coded. Each item is rated on a 5-point Likert-type scale, with a score of 1 indicating complete disagreement and a score of 5 indicating complete agreement. A higher score denotes a higher level of person-centred care.

5. *Health Education Impact Questionnaire (HEI-Q)*

HEI-Q is an evaluation instrument for patient education and self-management therapies for people

with chronic illnesses. It comprises 42 items that span 8 distinct domains, each with its scoring system: mental health, positive and constructive life engagement, self-awareness and observation, learning new skills and techniques, social integration and support, conduct centered around health, and health service navigation.

6. *Patient-centred Matching (PCPM)*

PCPM is a questionnaire that can help patients make treatment decisions. PCPM is made up of three successive stages. During stage A or treatment admission, a clinician assesses the patient's current need for support as well as their treatment preferences. Additionally, the PCPM's indication criteria are evaluated. A MATE interview is conducted during stage B (referral to a LOC based on MATE dimension scores). The findings of the four MATE dimension assessments help to indicate one of the four care levels. However, the decision depends on the patient during stage C (allocation talk), after taking into account all the possible outcomes of different courses of treatment.

7. *Quality of Interactions Schedule (QuIS)*

QuIS, which uses neutral observers, is one potential instrument for assessing the quality of social interactions between healthcare workers and patients. Researchers observe people's interactions and classify them as positive social, positive care, neutral, negative protective, or negative restricting. For researchers seeking a complete metric that can be applied independently of a patient's ability to self-report, QuIS is an excellent tool. QuIS can aid in accommodating patients

with cognitive or other challenges, as well as individuals who may be intimidated by assessing their care.

8. *Person-centred Critical Nursing Care Scale*

Person-centred Critical Nursing Care Scale measures patient-centred care in a critical nursing unit. Because patients in the critical care unit require a high level of both physical and psychological care, nurses must practice person-centred care. Empathy, individuality, respect, and comfort are the four subscales that make up this 15-item scale. Each item is assessed on a five-point Likert scale, with 1 representing complete disagreement and 5 representing complete agreement.

9. *Patient-centred Quality of Cancer Care Questionnaire (PCQCCQ)*

PCQCCQ is used to measure patient-centred care in patients with cancer. This instrument was developed in Mexico. Thirty items make up this questionnaire, which covers five domains: (1) timely care; (2) information clarity; (3) treatment decision-making information; (4) care to address biopsychosocial needs; and (5) courteous and coordinated care. The scores for each domain, ranging from a minimum of 1 to a maximum of 4, are calculated by reversing the response alternatives, summing all subscale items, and dividing by the total number of items in each component

10. *Patient-reported Experience Measures (PREMs)*

PREMs is a questionnaire developed based on patient experiences while receiving treatment in the hospital. This questionnaire was initially tested on patients with cancer. The contents of this questionnaire

include workers' proficiency, communication, healthcare organization, information and services, patient empowerment, continuity of treatment, environment, technology, and overall experiences. A PREM-oriented item bank can be utilized to dynamically assess the quality of care provided.

11. *Patient-centred Survivorship Care Index (PC-SCI)*

PCSCI offers a methodical way to find and apply practices that support survivors' objectives for cancer care after treatment. Additionally, cancer survivorship care providers can use the PC-SCI to evaluate how effectively survivorship care aligns with patients' values and goals and as a framework to arrange high-quality, patient-centred care. The instrument asked survivors to rate patient-centred care based on how important it is for them to receive elements of care related to psychosocial support, information and resources, self-management, clinical support, clinician-patient communication, care coordination, holistic care, practical life support, and having a medical home. It employed a 5-item Likert scale, *inter alia*, ranging from 1 (absolutely unimportant) to 5 (absolutely necessary).

12. *Vietnamese Patient-centred Care (VPCC)*

VPCC is a questionnaire based on a previously existing questionnaire, namely the Patient-centred Care (PCC) questionnaire. Researchers modified existing questionnaires and adapted them to the Vietnamese language and culture so that they could produce maximum results. The PCC measure consists of 20 items rated on a scale from 0 ('not at

all') to 5 ('very much so'). It has been validated and operationalizes patient-centred care in acute care settings, with three key themes: responsive care, collaborative care, and holistic care.

### **Questionnaire Perspective Measuring Patient-centred Care**

The literature review has captured multiple questionnaires devoted to measuring patient-centred care. These questionnaires were classified into three categories: those incorporating patient perspectives, those with perspectives on Health Care Providers (HCPs), and those with a perspective on both patients and HCPs. Person-centred maternity care (PCMC), Health Education Impact Questionnaire (heiQ), Patient-centred Matching (PCPM), Patient-centred Quality of Cancer Care Questionnaire (PCQCCQ), Patient-reported Experience Measures (PREMs), and Patient-centred Survivorship Care Index (PC-SCI) exemplify questionnaires with a patient perspective. Meanwhile, questionnaires with a focus on Health Care Providers (HCPs) include the Korean version of the Person-centred Care Assessment Tool (K-P-CAT), the Quality of Interactions Schedule (QuIS), the Person-centred Critical Nursing Care Scale, and Vietnamese Patient-centred Care measures (VPCC). Some other questionnaires focus on patients and healthcare providers (HCPs), such as the Person-centred Primary Care Measure (PCPCM) and Chloe's Card.

### **The Modification of Measurement Tools and Instruments**

The findings capture a wide range of questionnaires used to assess patient-centred care. All 13

questionnaires have unique specifications based on the situations and settings in which they are used, resulting in the emergence of a new instrument capable of covering a specified scope where prior instruments were unable to do so. As an example, the Person-centred Maternal Care (PCMC) instrument focuses on measuring how women feel about receiving, considering, and accommodating maternity care in a variety of settings during labor and delivery (Downe, 2019). Another instrument, the Patient-centred Quality of Cancer Care Questionnaire (PCQCCQ), measures patient-centred care in patients diagnosed with cancer. The questionnaire comprehensively addresses disparities in supportive care (SC) needs among cancer patients, including those related to education and health insurance (Doubova et al., 2021).

These questionnaires not only vary according to the patient's condition but also can be tailored to the country of use to ensure linguistic and cultural appropriateness. For example, the Vietnamese Patient-centred Care Measure (VPCC), initially written in English, measured patient-centred care. To adapt it to the Vietnamese context, the researchers translated and adjusted it to local culture (Adetunji et al., 2023). Likewise, the Korean version of the Person-centred Care Assessment Tool (K-P-CAT) assessment instrument is an adaptation of Edvardsson et al.'s Person-centred Care Assessment Tool (P-CAT) from 2010. This instrument was designed to address the aspects that need to be measured in patient-centred care in Korea.

## DISCUSSION

The results of this systematic literature review document several instruments used to measure patient-centred care in clinical settings. Given diverse definitions of patient-centred care, the results also imply the need for a complete understanding of patient-centred care before developing and applying a specified instrument. According to Wahyuni & Darmawan (2019), patient-centred care manifests a respect toward patients' dignity, upholds safety and comfort, permits active family engagement, and fosters contact and communication between patients and service providers to enhance the standard and safety of patient care in hospitals. Similarly, Langford et al., (2021) characterize patient-centred care as one approach that respects, attends to, and values each patient's unique preferences, requirements, and values. As such, it serves as the foundation for all therapeutic choices.

Person-centred care aims at maximizing each person's potential; sharing decision-making; supporting the individual's rights, values, and beliefs; involving them and providing unconditional positive regard; entering their world and assuming that there is meaning in all behaviors, although these are not always readily perceivable (Bridges et al., 2019). All healthcare decisions and quality metrics in patient-centred care are based on the unique health demands and desired health outcomes of patients. Healthcare professionals and patients work together as partners to address patients' physical, emotional, mental, spiritual, social, and financial needs (Hertel et al., 2019). This reaffirms that various definitions of patient-centred care signify the need for an exact definition to facilitate consistent

measurement and evaluation of patient-centred care.

Diverse definitions of patient-centred care further lead to the development of distinctive instruments. These instruments result from multiple rationales, one of which is the evaluation perspective. The literature review revealed at least three different perspectives underlying instrument development, including those of patients, healthcare professionals, and a combination of both. This difference in perspective will have an impact on how patient-centred care is measured (Jager et al., 2019). Instruments with different perspectives can have different limitations and advantages in measuring patient-centred care. One instrument may have high validity in measuring patient involvement but low validity in measuring service coordination. Different perspectives determine how patient-centred care is understood and measured (Byrne et al., 2020), therefore making these attributes essential in selecting and using instruments to examine PCC.

Various conditions necessitate different approaches to measuring patient-centred care, as no single instrument can address all patient circumstances. Modifications to instruments are thus essential to accommodate varying patient needs. Additionally, geographical factors influence the utilization of existing instruments (Veet et al., 2020), leading to adaptations based on linguistic and cultural differences in the specific context (Sevara & Timur, 2021).

## CONCLUSIONS

This systematic literature review has underscored numerous dimensions of patient-centred care,

which affirms the significance of a clear definition to facilitate consistent measurement and evaluation of patient-centred care. It also has classified multiple instruments framed in distinct perspectives, which involve those of patients, HCPs, and a combination of both. The reviewed instruments have unique specifications, so continuous adjustment needs to be made when applying one instrument to a patient's condition. This has led to the development of new instruments through modification of prior models.

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