



LETTER TO EDITOR

## Patient-Centered Care: Current Practice and Recommendations for Nigeria

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Patient-centered care—also referred as "person-centered care", "person-directed care", or "person-focused care"—is the delivery of healthcare services based on the patient's specific needs (1). The Institute of Medicine (US) Committee on Quality of Healthcare in America defines it as "*providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions*" (2). This comprehensive approach prioritizes the complete well-being of the patient, spanning emotional, mental, spiritual, social, and financial domains. The patient is considered a partner in their healthcare rather than a passive recipient. This concept originated from Carl R. Rogers, an American humanist psychologist in the 1950s, who termed it "client-centered therapy" (3). The *Picker Institute Europe* has developed eight principles for patient-centered care based on research involving patients, their relatives and health providers. These principles include respect for the patient's values, preferences and expressed needs; coordination and integration of care information; communication and education; physical comfort; emotional support and alleviation of fear and anxiety; involvement of family and friends; continuity and transition; and access to care (4).

Patient-centered care offers benefits that serve both patients and health service providers, elevating patient-centered care from mere adornment to a necessity for every healthcare system (5). Its primary advantage is improved overall health and

increased patient satisfaction, as observed in countries adopting this approach, which translates to the promotion of community health in the long term (3). Studies have indicated that the patient-centered approach enhances staff confidence and work output. Furthermore, it fosters improvement and public credibility for healthcare personnel and systems, stemming from a positive image due to endorsements by patients who receive patient-centered care (1,5). Other benefits include better patient adherence to treatment, improved support for those with physical or intellectual disabilities and chronic illnesses, efficient use of hospital resources for patient-defined outcomes, increased hospital profit margins and better quality of life for patients (3). Patient-centered care also ensures that individuals receive optimum satisfaction and value for their money due to their inclusion in the decision-making when receiving health services (1). The patient-centered care approach has gained tremendous attention globally, with many countries implementing supporting schemes. A policy briefing by the Picker initiative of five European countries—England, Germany, Italy, Netherlands and Spain—shows evidence of administrative and legislative frameworks addressing, to varying extents, issues related to the quality of person-centered care (4).

In contrast, many health policies and providers in Africa do not integrate the principles of patient-centered care. Instead, they lean toward a doctor-centered style, also described as medical paternalism, conventional or reductive care (6,7).

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In doctor-centered care, the health provider makes decisions on behalf of the patient, using a paternalistic approach defined as *"any action, decision, rule or policy made by a physician or other caregiver, without considering the patient's own beliefs and value systems and does not respect patient autonomy"* (8). Although doctor-centered care allows the health provider to wield their medical expertise in the patient's favour and curtail practices that endanger their well-being, it still presents numerous challenges, such as abuse of power leading to poor attitude of healthcare providers toward patients and their relatives (6,8). Additionally, doctor-centered care overrides the patient's autonomy, a core ethical principle (8).

The Nigerian National Health Policy 2016 includes "shared responsibilities and mutual accountability of both the client and the provider in health promotion, health-seeking, and service provision" among its social values (9). However, the implementation of patient-centered care in the country's hospitals remains grossly deficient (7). In a previous review that assessed the practice of patient-centered care in sub-Saharan Africa, including Nigeria, healthcare providers failed to consider individual or contextual factors, with some patients reporting abusive and inhumane treatment (6). Patients also complained that their preferences were frequently disregarded, and they received insufficient information about their condition or treatment, which reduced dietary and drug adherence (1,6,7).

Several factors impede patient-centered care in Nigeria and could be related to the patient, health providers, and the health system or the government (1). Low patient or caregiver literacy can hinder proper healthcare, since good communication is essential to patient-centered care (6). The quality of patient-centered care diminishes when the doctor cannot communicate effectively due to language barriers, resulting in healthcare decisions made for the patient. This difficulty with communication could translate to patient dissatisfaction, since their preferences are not taken into account. A significant health provider-

related factor is the unprofessional attitude in the workplace (6,7). Inadequate training of health professionals on the subject is contributory and can be remedied by proper education (1).

The government or system-related factors include minimal utilization of research findings to revise health policies for improving patient-centered care and a lack of policy implementation (7). Furthermore, hospitals in many developing countries like Nigeria are understaffed or lack qualified staff, causing an abysmal health professional-to-population ratio (6). Staffing shortage could lead to prolonged waiting time, since one doctor has too many patients to visit, compromising the quality of doctor-patient interaction. It also strains the existing workforce, resulting in burnout and negatively impacting healthcare delivery (1). Another government-related factor that hinders patient-centered care is the lack of hospital equipment and difficulty accessing health facilities, especially in underserved communities (6).

To successfully implement patient-centered care in Nigeria, identified challenges must be addressed at all levels and types of care. Patient-centered care implementation strategies are typically categorized into three main areas including structural, process, and outcome strategies, aligned with the Donabedian model for healthcare improvement (10). The structural domain relates to the healthcare system or context in which care is delivered, providing the foundation for patient-centered care and influencing the processes and outcomes of care (10). Strategies identified in this domain include the encouragement of teamwork and effective cooperation among different professional groups involved in providing care to patients; the design of educational programs on health promotion and disease prevention with patients; a division of labour or employment of more staff to reduce the workload on health workers; and the use of appropriate motivational mechanisms such as creating sufficient motivation in payment and incentive programs (10). The process domain describes the importance of

nurturing effective communication with compassion, engaging patients in their care and integrating care (10). Subcategories of this domain include listening to the patient, sharing information, responding to the patient's preferences, providing supportive care, and discussing treatment plans with the patient (10). The outcome domain is the impact of services on the health status of patients (10). It considers a patient's access to care, the care outcome, and the health provider's adherence to the critical ethical code of autonomy, which secures a patient's independence (10).

Patient-centered care is essential for the Nigerian healthcare system to improve the quality of healthcare and patient outcomes. It faces several challenges, including poor healthcare service delivery, healthcare providers' subpar attitudes, and socio-economic and cultural factors. However, incorporating patient-centered care using the structure, process and outcome framework can help address these challenges. Therefore, policymakers in Nigeria must recognize the importance of patient-centered care and take the necessary steps to enforce its practice in the healthcare system. By doing so, Nigeria can improve the health outcomes of its population and achieve its goal of providing quality healthcare for all.

### Keywords

Patient-Centered Care; Health Personnel; Nigeria

### References

1. Grover S, Fitzpatrick A, Azim FT, Ariza-Vega P, Bellwood P, Burns J, et al. Defining and implementing patient-centered care: An umbrella review. *Patient Educ Couns*. 2022 Jul;105(7):1679–88.
2. Committee on Quality of Health Care in America. *Crossing the quality chasm: a new health system for the 21st century*. 1st ed. Washington (DC): National Academies Press; 2001. 337 p.
3. Rogers CR. Significant aspects of client-centered therapy. *Am Psychol*. 1946;1(10):415–22.
4. Paparella G. *Person-centred care in Europe: a cross-country comparison of health system performance, strategies and structures*. Picker Institute; 2016 p. 1–45.
5. Lippincott Solutions. Why patient-centered care is so important [Internet]. [cited 2023 Jul 16]. Available from: <https://www.wolterskluwer.com/en/expert-insights/why-patientcentered-care-is-so-important>
6. De Man J, Roy WM, Sarkar N, Waweru E, Leys M, Van Olmen J, et al. Patient-centered care and people-centered health systems in sub-Saharan Africa: Why so little of something so badly needed? *Int J Pers Centered Med*. 2016;6(3):162.
7. Abiola T, Udofia O, Abdullahi AT. Patient-doctor relationship: the practice orientation of doctors in Kano. *Niger J Clin Pract*. 2014;17(2):241–7.
8. Ayodele JA. The realities surrounding the applicability of medical paternalism in Nigeria. *Glob J Soc Sci*. 2016;15(1):55–61.
9. Federal Ministry of Health Nigeria. *National Health Policy 2016* [Internet]. 2016 [cited 2023 Jul 17]. Available from: <https://www.health.gov.ng/doc/National-Health-Policy-2016-21032019.pdf>
10. Santana MJ, Manalili K, Jolley RJ, Zelinsky S, Quan H, Lu M. How to practice person-centred care: A conceptual framework. *Health Expect Int J Public Particip Health Care Health Policy*. 2018 Apr;21(2):429–40.