Best Practice Guideline for Patient-Centred Care in South African Public Hospitals

Sihaam Jardien-Baboo
https://orcid.org/0000-0003-0160-0406
Nelson Mandela University, South Africa

Dalena van Rooyen
https://orcid.org/0000-0002-6019-6602
Nelson Mandela University, South Africa

Esmeralda Ricks
https://orcid.org/0000-0003-2872-9891
Nelson Mandela University, South Africa

Portia Jordan
https://orcid.org/0000-0001-6457-2831
Nelson Mandela University, South Africa

Wilma ten Ham-Baloyi
https://orcid.org/0000-0002-2253-6354
Nelson Mandela University, South Africa
wilma.tenham-baloyi@mandela.ac.za

Abstract

Delivery of quality healthcare in South African is framed by the Batho Pele ("People First") principles and the National Patients' Rights Charter, both of which emphasise patient-centred care. However, underfunding, mismanagement, and neglect of the South African public infrastructure result in the implementation of these policy documents often not being evident in practice. The challenges of rendering patient-centred care under such circumstances spurred the development of an evidence-based best practice guideline to assist professional nurses in public hospitals. This article outlines the development of a best practice guideline for patient-centred care in public hospitals. An adapted version of the approach recommended by the Clinical Guidelines Advisory Committee of the National Institute for Health and Clinical Excellence was applied to develop the guideline. The draft guideline was submitted to experts for review. Thereafter it was modified and finalised. Nine sets of recommendations related to practice, education, organisation and policy were developed as part of the guideline. These involve (1) embracing values and beliefs foundational to patient-centred care; (2) optimal communication in all facets of care; (3) rendering of basic nursing care practices; (4) family involvement; (5) awareness of the importance of culture in patient-centred care;

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(6) organisational and managerial support; (7) organisational champions; (8) positive work environment; and (9) organisational structure that promotes interprofessional collaborative practice. It is anticipated that the guideline can be implemented after pilot testing and can be used by professional nurses rendering care to patients in public hospitals in South Africa.

Keywords: best practice guideline; evidence-based practice; patient-centred care; professional nurse; public hospitals; South Africa

Introduction and Background Information

Patient-centredness is identified by the Institute of Medicine of the United States National Academies of Science as one of six attributes of healthcare quality (WHO 2007). Patient-centredness is a term that emphasises the treatment of patients as unique individuals and was first used to outline how medical practitioners should interact and communicate with patients (Setlhare, Couper and Wright 2014, 554). Terms such as "individualised care", "person-centred care", "patient-centred care", "client-centred care", and "resident-centred care" have been used interchangeably (Morgan and Yoder 2012, 11). The term "patient care" reflects a holistic approach and is suitable for settings other than primary care (Starfield 2011, 65). This article will refer to "patient-centred care" as the context of the study is the hospital setting. Patient-centred care assists patients to be more active in the decision-making regarding their own health (Epstein and Street 2011, 101) which is essential to the delivery of quality care, and stimulates positive outcomes for patients, organisations, and healthcare professionals (Lusk and Fater 2013, 95).

Best practices in patient-centred care include the promotion of self-management among patients instead of dependency; this is achieved by careful listening to the patient, creating a better understanding of the needs of the patient and tailoring the care provided to these needs, which results in less dependency (Richards and Wicks 2015, 1). In order to realise best practices in patient-centred care, according to The American Geriatrics Society Expert Panel on Person-Centered Care (2016, 16), a personalised, goal-oriented care plan grounded in the patient's preferences is required. This care plan should be revised continually to reflect the patient's needs best and patient-reported outcomes should thus be incorporated in routine care in order to provide insights into patients' experiences of symptoms, quality of life and functioning, values, preferences and goals for healthcare (Lavallee et al. 2016, 575).

The American Geriatrics Society Expert Panel on Person-Centered Care (2016, 16), and Santana et al. (2018, 429) further recommend that respectful and compassionate care should be provided by an interprofessional team in which the patient is an integral team member. One primary caregiver should be appointed as a contact person for the patient, and there should be effective coordination among the various healthcare practitioners (The American Geriatrics Society Expert Panel on Person-Centered Care 2016, 16). Patient-centred care further requires healthcare practitioners to have a mind shift in

order to work collaboratively and share decisions about care, services, and to do research and educate themselves about patient-centred care (Fix et al. 2016, 300; Richards and Wicks 2015, 2; The American Geriatrics Society Expert Panel on Person-Centered Care 2016, 16). Finally, care plans should be evaluated based on measurable outcomes, using the feedback from the patient and healthcare practitioners (The American Geriatrics Society Expert Panel on Person-Centered Care 2016, 16).

In the healthcare system, the following can be done to foster patient-centred care through establishing a patient-centred care culture with healthcare practitioners that are committed and supportive of this culture: creating an environment that allows the patient to co-design the development and implementation of educational programmes, promoting patient health and prevention programmes, and establishing structures to measure and monitor patient-centred care (Santana et al. 2018, 431–432).

The national public health sector in South Africa remains the sole provider of healthcare for more than 40 million people (84% of the national population) (WHO 2018). From a policy perspective, the quality of healthcare delivery, which is embedded in the Batho Pele Principles (Republic of South Africa 1997) and the Patients' Rights Charter (Department of Health 1999), is implicitly related to the concept of patient-centred care. However, the implementation of these policy directives is not evident in practice, as many public hospitals are in a state of crisis (Eastern Cape Province Health Crisis Coalition 2013). Much of the public healthcare infrastructure is run down and dysfunctional as a result of underfunding, mismanagement, and neglect (TimesLIVE 2018). The report of the Office of Health Standards Compliance (OHSC) states that only five of the 696 hospitals and clinics reviewed in the 2016–2017 inspection conformed to the Department of Health's standards to attain an 80 per cent "pass mark" (Khan 2018). Further, South Africa has an ageing nursing population, which foretells increased levels of understaffing. Approximately half of all licenced nurses are over 50, with only five per cent under 30, and shortages of nurses are expected to increase in the future (Rispel and Bruce 2015). From the above-mentioned, the healthcare system in South Africa does not foster an environment that promotes patient-centred care, especially in public hospitals.

Problem Statement

The need for quality health services using best evidence to inform practice and patient care decision-making is paralleled by the global emphasis on improved patient care and cost-effectiveness in healthcare (Fretheim, Schünemann, and Oxma 2006, 3). One way for professional nurses to ensure patient-centred care in public hospitals is to base nursing care practices on the best available evidence. This is especially crucial in environments where the quality of care, and linked to that, patient-centred care, is compromised as described above. The development of a best practice guideline is an initiative that can ensure that evidence is applied in practice. Best practice guidelines are rigorous, explicit procedures developed by a team or panel of expert clinicians,

researchers, policymakers and economists (Gray, Grove, and Sutherland 2017, 26). Globally a number of best practice guidelines have been developed on patient-centred care providing a standardised approach for the delivery of patient-centred care (Moody et al. 2018, 282). However, no contextual evidence-based guideline for patient-centred care in public hospitals exists in South Africa; therefore the need arose to develop such a guideline.

Purpose

This study outlines the development of a best practice guideline for patient-centred care in public hospitals.

Methodology

An adapted version of the National Institute for Health and Care Excellence (NICE) Clinical Guidelines Advisory Committee's (2013) approach was applied to develop the best practice guideline as indicated below.

Review of the Literature

The literature required for answering the review question needs to be searched for and critically appraised, followed by data extraction and synthesis before guideline development can take place (NICE Clinical Guidelines Advisory Committee 2013). A narrative literature review regarding the study topic was initially undertaken. Evidence-based guidelines were searched for, using an integrative literature review approach. In order to develop the guideline on patient-centred care, data were derived from a variety of citation databases, including EBSCOhost, CINAHL, MEDLINE, BioMed Central, Academic Search Complete, Health Source: Nursing/Academic Edition, and Google Scholar. Search terms used for identifying literature pertaining to patient-centred care were ("Evidence-based" OR "clinical practice" OR "best practice") AND (guideline* OR protocol*) AND ("patient-centred" OR "person-centred") AND (care OR focus*) AND (public OR government NOT private) AND (hospital* OR acute health care institution) AND (quality care).

Guideline databases searched were the US National Guideline Clearinghouse (which is sponsored by the US Agency for Healthcare Research and Quality), the Guidelines International Network (G-I-N), and the NICE. Other searches were made of the websites of known guideline developers, such as the Scottish Intercollegiate Guidelines Network, the Royal College of Nursing, the Registered Nurses' Association of Ontario, the New Zealand Guidelines Group, the National Health and Medical Research Council, the Canadian Medical Association, and the National Department of Health in South Africa. The search was limited to guidelines pertaining to adult patients aged 18 and above, published in English from 2002 to 2018. Only guidelines relating to healthcare disciplines were included.

The initial search for evidence identified 13 possible guidelines for inclusion in the integrative literature review. After eliminating duplication (n = 1), and guidelines that did not adhere to the inclusion criteria of the review (n = 3), nine guidelines were included in the critical appraisal process, which was conducted independently by two reviewers. On completion of the critical appraisal process using the AGREE II tool (AGREE II 2010), data extraction and synthesis were undertaken. Recommendations were formulated based on the evidence collected and appraised. Further, the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) (Dijkers 2013) approach was used to indicate the strength of the recommendations.

Development of the Draft Guideline

An evidence-linked guideline development method by the NICE of the United Kingdom was used to develop the draft guideline. The NICE recommends that systematic reviews be routinely undertaken to inform guideline panels. It is suggested that the best and most relevant evidence be identified and reviewed to develop the recommendations in a guideline (Fretheim, Schünemann, and Oxma 2006, 3). The integrative literature review was used to formulate a draft guideline for patient-centred care in public hospitals, based on the extracted and synthesised data in the various guidelines found during the literature search. The structure and layout set out in the AGREE II appraisal tool (AGREE II 2010) were used to develop the guideline.

The formulated guideline consists of six sections:

- scope and purpose: where the objective, clinical review question and target group for whom the guideline was developed are focused on;
- rigour of development: where the methods for searching for evidence, inclusion and exclusion criteria, methods for formulating the guideline and the expert review process are described;
- results and discussion: where the results and recommendations of the guideline are discussed;
- clarity and presentation: where the language, structure, and format of the guideline are considered;
- editorial independence: where consideration is given to whether the formulation of recommendations was free of undue bias or competing interests; and
- stakeholder involvement: where the stakeholders involved in the review of the guideline are described.

Review by Experts

To ensure the validity of an evidence-based guideline, expert reviewers representing subject expertise and representation from the appropriate discipline should be selected (Hewitt-Taylor 2004, 45). Van Hoecke and Van Cauwenberge (2007, 710) recommend

at least six and up to twelve reviewers to achieve sufficient validation. In this study, the experts who reviewed the draft best practice guideline were purposively selected, based on their being academics who are experienced in guideline development and who are experienced clinicians. Managers at clinical facilities were also included. Five expert reviewers agreed to participate. This group comprised two senior professional nursing managers from the public sector (Reviewers 1 and 2), a medical specialist involved in the development of best practice guidelines (Reviewer 3), an individual with a PhD qualification in nursing and who is a member of the executive committee of a leading healthcare group (Reviewer 4), and an experienced nurse educator at a nursing college who holds a master's degree in nursing (Reviewer 5).

Findings

Integrative Literature Review Results

From the critically appraised guidelines, the data were extracted and synthesised, resulting in the statements given below that were used to develop the recommendations for the draft guideline in this study. Nursing care practices which facilitate the rendering of patient-centred care are:

- embracing values foundational to patient-centred care, optimal communication in all aspects of care, rendering basic nursing care practices and family involvement;
- educational factors facilitating patient-centred care as well as staff and patient education; and
- organisational and policy factors facilitating patient-centred care: organisational and managerial support, organisational champions, positive work-life environment and organisational structures that promote interdisciplinary partnership.

Expert Reviewer's Feedback

Once the draft guideline was completed, it was submitted to the five experts for review.

Each expert reviewer scored the guideline on five domains, with 1 being the lowest score and 7 being the highest possible score.

The scores per domain were generally high (above 75%). For scope and purpose of the guideline (domain I), the overall score was 94.4 per cent, for stakeholder involvement (domain II), the overall score was 76.6 per cent, for rigour of the development (domain III), the score was 78 per cent, for clarity and presentation (domain IV), the score was 76.6 per cent, and for editorial independence (domain V), the score was 88.2 per cent.

The overall guideline assessment of the reviewers was as follows: three of the reviewers gave an overall quality rating score of 5 out of 7, one reviewer gave a score of 6 and one reviewer a score of 7. All the reviewers recommended the guideline for use.

Final Guideline

This section presents a comprehensive description of the final best practice guideline on patient-centred care. Owing to limitations in the scope of the present research, the domain of applicability (i.e. the behavioural, cost and organisational consequences of applying the guideline) was not dealt with. As this is an evidence-based guideline, it is important to note that relevant evidence substantiating the recommendations formed the core of the guideline.

Guideline title

A best practice guideline for patient-centred care in public hospitals.

Scope and purpose

The objective of the guideline, the integrative literature review question and defining the target population are discussed in this section.

Guideline objective

The objective of the guideline is to provide best practice recommendations to render patient-centred care in public hospitals in order to enhance patient care.

Review question

The review question to search for relevant literature on patient-centred care was: "Which patient-centred care practices for adult patients in public hospitals should be included in a guideline to enhance patient care?"

Target group

The guideline is intended for use by professional nurses rendering care to patients in public hospitals in South Africa.

Stakeholder Involvement

Owing to the scope of this research study, the guideline was developed by the first author under guidance of the second, third and fourth authors rather than by a recommended guideline development group. Experts were consulted to comment and make recommendations on the guideline construction and content.

Rigour of Development

This best practice guideline was developed and based on the data derived from an integrative literature review using a comprehensive search including various databases. The draft guideline was reviewed by five expert reviewers who recommended the guideline for use.

Clarity and Presentation of Recommendations

The recommendations, based on the evidence found and appraised, are presented in this section.

Recommendations

The data pertaining to patient-centred care were categorised into nine sets of recommendations related to practice, education, organisation and policy.

Practice Recommendations

Embrace Values and Beliefs Foundational to Patient-centred Care

Recommendations regarding values and beliefs that are foundational to patient-centred care and that are outlined by the National Clinical Guideline Centre (NCGC 2012), the National Collaborating Centre for Mental Health (NCCMH 2012), and the Registered Nurses' Association of Ontario (RNAO 2015) are the following:

- Values such as respect for patients' wishes, concerns, values, priorities, perspectives, strengths, health beliefs and privacy, and for maintaining patient dignity and confidentiality are embraced as foundational values to patient-centred care and must be used in all interactions with patients.
- Beliefs such as that patients are the best experts about their own lives, that patients' goals are considered when coordinating care by the healthcare team, that there should be continuity and consistency of care and the caregiver, and that timeliness, responsiveness and universal access to care are foundational to patient-centred care and are to be enacted in interactions with patients.
- All staff should treat patients with kindness, dignity, compassion, understanding, courtesy and honesty.

Rationale

In the obtained guidelines used for the development of the guideline, the importance of incorporating the above values and beliefs when rendering care to the patient was emphasised. An attitude of respect for the patient, and behaviours of kindness, courtesy, confidentiality and compassion were identified as fundamental to enabling a good patient-provider relationship (NCCMH 2012; NCGC 2012; RNAO 2015).

Optimal Communication in all Facets of Care

Recommendations identified as important regarding optimal communication facilitating patient-centred care were identified from the Hartford Institute for Geriatric Nursing (2012), the National Collaborating Centre for Primary Care (NCCPC 2009), the NCGC (2012), and the RNAO (2015) as follows:

- Good communication between healthcare professionals and patients, and also their families (if applicable), is needed for the involvement of patients in decisions.
- Engaged and culturally appropriate communication skills must be used, such as maintaining eye contact with the patient (if culturally appropriate), being positioned at the same level as the patient and ensuring that the patient is appropriately covered (if applicable).
- The most effective way of communicating with each patient must be established, jargon must be avoided and positive, motivating language must be used.
- Communication needs of all patients, including those of people with learning disabilities, sight or hearing problems or language difficulties, should be taken into account, and independent interpreters or communication aids (such as using pictures, symbols, large print, Braille, different languages or sign language) should be provided if required.
- Carers should listen with openness to what is being said by the patients or their family members.

Rationale

Good communication between healthcare professionals and patients and their families enhances the patients' understanding of treatment options (Hartford Institute for Geriatric Nursing 2012), increases the involvement of patients in decisions about medicines, and supports adherence to treatment (NCCPC 2009). Careful listening and validation are therefore required. Positive and strength-based language should be used to discuss patients and patients should not be labelled or referred to as diagnoses or problems (RNAO 2015).

Rendering of Basic Nursing Care Practices

The following basic nursing care practices, as highlighted by the NCGC (2012), are recommended to facilitate patient-centred care:

- Patients' needs in relation to continence care, nutrition, personal hygiene, and prevention and management of pain should be met.
- Healthcare professionals should ensure that food and fluids of adequate quantity and quality are provided in an environment conducive to eating, and appropriate support should be provided for people who are unable to feed themselves.
- Hospital menus should include a choice of foods, which are acceptable to patients from a range of ethnic, cultural and religious backgrounds and with specific physical health problems.

Rationale

A number of basic nursing care practices reflect the core concepts of patient care and include meeting patients' needs in relation to continence care, nutrition, and personal hygiene. While the meeting of such nursing care practices could be viewed as a basic component of care that should not be included in a guideline, reported lapses in care and complaints data suggest that it is vital to reinforce understanding of the importance of these essential requirements for a good patient experience (NCGC 2012).

Family Involvement

Recommendations identified to promote family involvement are supported from a number of sources in the literature, including the Michigan Quality Improvement Consortium (2012), the NCCMH (2012), the NCGC (2012), the Psychology Oncology Expert Panel (2010), and the RNAO (2015). The recommendations include the following:

- Clarify at the first point of contact with the patients whether they would like to have another person involved in key decisions about the management of their condition and who this might be, and who would make decisions on their behalf if they did not have decision-making capacity.
- If the patients cannot indicate their agreement to share information, ensure that family members and/or carers are kept involved and appropriately informed, but be mindful of any potentially sensitive issues and the duty of confidentiality.
- Work with patients and families to develop a plan of care.

Rationale

The guidelines used to develop the guideline in this study generally agree on the involvement of the family or surrogate in patient care as they possibly provide valuable insights into the preferences of the patients and provide a form of patient support. Patients, however, may vary about whether or not they wish family and friends to be involved in their healthcare encounters and how much involvement they want their family and friends to have. The patients' wishes should always be honoured and confidentiality upheld (Michigan Quality Improvement Consortium 2012; NCCMH 2012; NCGC 2012; RNAO 2015).

Awareness of the Importance of Culture in Patient-centred Care

It is recommended that the healthcare provider be sensitive to the culture of the patients when caring for the patients by allowing them to voice their views on the preferred culturally sensitive care, by recording and communicating this with other healthcare professionals and by adhering to the patients' wishes during providing such care (American Geriatric Society Expert Panel 2010; Hyun 2008).

Rationale

Both the American Geriatric Society Expert Panel (2010) and Hyun (2008) recommend cultural sensitivity on the part of the provider, which results in improved patient-provider communication and, thereby, supports quality-of-care initiatives and improves adherence and patient outcomes. This is especially important if the patient has a different ethnic background from that of the healthcare professional.

Education Recommendations

Education recommendations are statements of educational requirements and educational approaches or strategies for patient-centred care (RNAO 2015).

Staff and Patient Education

Recommendations with regard to staff education, identified through a review of the RNAO (2015), are the following:

- The principles of patient-centred care should be included in the basic education of nurses in their core curriculum and provided in orientation programmes, and awareness of the principles should be promoted through professional development and made available to all health and social care professionals working in the public hospitals.
- All health and social care professionals who work in a hospital setting should be trained, as a team, to use the same patient-centred approach to treatment and care.

- In-service training and education are needed regarding the attitudes of nurses and compassionate caregiving.
- Professionalism should be taught to nurses, which should include information on the independent role of the nurse and assertiveness training.
- There should be specific training for nurse managers on how to implement patient-centred care in hospital settings.

Recommendations with regard to patient education, identified through a review of the RNAO (2015) are as follows:

- Patient information or teaching should be relevant to the patients' condition and personal circumstances, be easy to understand and free from jargon.
- Education programmes for patients should be evidence-based, have specific aims and learning objectives, meet the needs of the patient (taking into account cultural, linguistic, and cognitive and literacy considerations), and promote the patients' ability to manage their own health (if appropriate).
- When appropriate evidence-based patient education programmes are available, patients should be offered the opportunity to take part in them.

Rationale

Recommendations regarding education for staff are crucial to the successful implementation of patient-centred care best practices. Effective patient education programmes have the potential to improve patients' health and reduce healthcare resource use (RNAO 2015).

Organisation and Policy Recommendations

Patient-centred care is expressed through individual practitioners' behaviours and actions. These behaviours and actions happen within and are conditioned by the particular organisational context in which the nurse-patient interaction takes place. The culture, administrative style, and model of care delivery, therefore, have a profound effect on the nature of the interaction that professionals and patients experience (RNAO 2015). In the RNAO (2015) guideline, it is recommended to have organisational and managerial support, organisational champions, a positive work environment and organisational structures that promote interprofessional collaborative practice that facilitates patient-centred care.

Organisational and Managerial Support

To facilitate patient-centred care in an organisation, a review of the RNAO (2015) led to the following being recommended:

- Support should be provided from the board and senior administration of the healthcare institution for patient-centred care.

- Organisational policies should be planned to encourage patient-centred care practices.
- Adequate resources should be allocated for facilitating patient-centred care.
- Departmental input should be included in strategic and operational plans focusing on the priorities and knowing the shortfall of budgets.

Rationale

The RNAO (2015) recommends explicit endorsement from the board and senior administration of the healthcare institution for patient-centred care. The allocation of adequate resources is necessary for facilitating the organisational changes and for development or review of organisational policies, as well as for obtaining the required knowledge and skills to adopt patient-centred care and to encourage patient-centred care practices.

Organisational Champions

The recommendations regarding organisational champions for patient-centred care are as follows:

- Nurse leaders, in collaboration with other health professional team members, should implement patient-centred care in an organisation.
- Nurse leaders should be role models of the behaviours they expect to see, setting standards for team performance, and promptly redressing any lapses in patient care (RNAO 2015).

Rationale

In the RNAO (2015) guideline, the guideline development group state that nurses are pivotal players in patient-centred care and that new initiatives require leaders who will transform an idea into a lived reality. They recommend that the senior nurse leader and key clinical nursing staff, in collaboration with other team members, facilitate patient-centred care. Such a commitment from nursing leaders will ensure that patient-centred care becomes a priority, serving as a vital linkage to senior management, and fosters synergy with broader organisational goals.

Positive Work Environment

The recommendations for establishing a positive work environment to facilitate patient-centred care are as follows:

- Promote respect, and provide recognition and opportunities for professional development and continuing education, which are achieved by sharing knowledge and skills, adequate staffing and involvement of participatory and responsive management (RNAO 2015).

Rationale

Patient-centred care practices require motivated and professionally fulfilled nurses, key ingredients of which adequate staffing with appropriate levels of full-time nurses are paramount to achieving continuity of caregivers. By establishing a positive work environment, it ensures that nurses are equipped to provide patient-centred care (RNAO 2015).

Organisational Structures that Promote Interprofessional Collaborative Practice

Recommendations to promote interprofessional collaborative practice in facilitating patient-centred care within an organisation are derived from the American Geriatric Society Expert Panel (2010), the NCCMH (2012), the NCCPC (2012), the Psychosocial Oncology Expert Panel (2010), and the RNAO (2015). They propose:

- Scheduling regular interprofessional patient case discussions or presentations and problem-solving sessions to ensure congruent practices and shared understanding.
- Overall coordination and management of care at regularly held interprofessional meetings.
- Good communication between healthcare professionals to ensure that fragmentation of care does not occur.
- Partnerships between government agencies, professional organisations and academic institutions to develop the ability to care for patients with multi-morbidities.
- Using interprofessional collaborative care models in organisations for the delivery of comprehensive and holistic care.

Rationale

Interprofessional collaborative practice is important for both patients and caregivers. For the patient, it means a seamless experience with reduced service duplication and better coordination of care, consistent communication, and higher responsiveness to his/her needs. For caregivers, it means better understanding of one another's role, resulting in enhanced care for the patient and higher respect and trust among various healthcare disciplines. It also means shared understandings of patient-centred care and congruent practices (RNAO 2015; NCCMH 2012). Interprofessional collaborative practice is promoted by good communication about care through interprofessional meetings and partnerships as well as interprofessional collaborative practice models (American Geriatric Society Expert Panel 2010; NCCPC 2012; Psychosocial Oncology Expert Panel 2010).

Editorial Independence

The second, third and fourth authors of the study assisted in the conception and the design of the guideline, and the fifth author assisted with the critical appraisal. Although funding was received from the institution where the study was conducted, this guideline is editorially independent of the funding body.

Discussion

Patient-centred care has received global emphasis as this approach to care has been shown to have multiple benefits, including potential health benefits for patients as a result of enhanced adherence to prescribed treatment, improved recovery, decreased length of stay, improved psychological adjustments and mental health, a decrease in medical errors, and improved self-management of chronic illness (Keene 2018; Paparella 2016; WHO 2015). This global emphasis was reflected in the variety of guidelines obtained to develop the guideline for patient-centred care in this study. Not all included guidelines went into depth on all the developed recommendations in this guideline on patient-centred care. Guidelines that were obtained generally focused on patient-centred care as part of care but not as an entire guideline on the topic. Only one guideline was found that was explicitly developed for patient-centred care (RNAO 2015). However, no published guidelines or best practice standards could be found on patient-centredness in the hospital setting in African countries. The developed guideline is therefore believed to be the first contextualised guideline that can be used as a basis by nurses rendering care to patients in public hospitals in South Africa.

Effective communication is crucial to promote and provide patient-centred care in hospitals. Communication with patients and, if appropriate, their family or surrogates regarding their health preferences and options often requires multiple conversations and time (Ricci-Cabello et al. 2017). Further, in order to better organise services around the needs of the individual patient, time is also required for clinical leadership within the organisation, including staff training, mentoring and teambuilding and collaboration with members of the multidisciplinary team to promote patient-centred care (Keene 2018). As population growth and costs increasingly put a strain on resources and increase the workloads of health professionals, including professional nurses, time has become a scarce resource. Evidence-based, innovative ways should, therefore, be developed to conduct daily care duties that are more integrative, effective and efficient so that more time becomes available to communicate with all stakeholders involved in patient-centred care.

Furthermore, in order to facilitate patient-centred care, the developed guideline must be endorsed by the National and Provincial Department of Health and implemented and supported by the management of public hospitals in South Africa. However, before implementation can be done, the guideline should be piloted at public hospitals to ensure its relevance for a particular context.

A context analysis should preferably be done in the pilot hospitals to identify what is required, beyond what is already in place, to implement the guideline. Further, in order for professional nurses to implement and use the guideline optimally, a health system change is required as patient-centred care needs an individual and holistic approach to care (Keene 2018). After implementation, a cost analysis could also be done in each hospital to assess the impact of the guideline on quality of care. This is especially important as studies have shown that patient-centred care results in better clinical outcomes and improved cost-effectiveness (Olsson et al. 2009).

Some limitations in the guideline should be noted. Firstly, it was developed as part of a PhD study. A team of guideline developers could have provided more perspectives in the developed guideline. However, the guideline was developed under the guidance of the second, third and fourth authors. Furthermore, experts did contribute to the guideline. Secondly, the guideline has not been pilot tested. This should preferably be done in order for it to be implemented. A third limitation is that the guideline does not give clear instructions on how it should be implemented.

Conclusion

One way to ensure quality healthcare is to base nursing care practices on the best available evidence. The development of a best practice guideline, based on evidence, is one of the initiatives that can ensure that the evidence is transferred to practice. This research study therefore aimed at and succeeded in developing a guideline for patient-centred care in public hospitals, focusing on South Africa, where about 80 per cent of the population use public health services. A best practice guideline was developed since no evidence-based best practice guideline on the topic is currently available in public hospitals in South Africa.

The developed guideline encompasses nine sets of recommendations related to practice, education, organisation and policy. These recommendations relate to the values and beliefs foundational to patient-centred care, communication, basic nursing care practices, and family involvement; the importance of culture, organisational and managerial support, and organisational champions; and the promotion of a positive work environment and interprofessional collaborative practice. The guideline could be used by professional nurses rendering care to patients in public hospitals in South Africa.

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