

People-Centered Care: Concept Analysis

Aya Nitamizu¹, Noyuri Yamaji¹, Erika Ota^{1,2}

¹Department of Global Health Nursing, Graduate School of Nursing Science, St. Luke's International University, Tokyo, Japan

²Tokyo Foundation for Policy Research, Tokyo, Japan

Email: 18dn012@slcn.ac.jp

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Abstract

Purpose: This study aims to clarify the definition, attributes, antecedents, and consequences of the concept of people-centered care (PCC). **Method:** Rogers and Knafl's evolutionary method was used to analyze the concept of People-centered care. The cords such as "Attributes," "Antecedent," and "Consequences" were extracted on the coding sheet. The extracted contents of each of the "Attributes," "Antecedent," and "Consequences" from the created coding sheets were summarized as codes, and similar codes were categorized. **Result:** We included 33 studies in the analysis. As a result of the analysis, we identified four attributes (the subject is people, approaches to improving and enhancing health issues, relationships as a basis for partnership building, and behavioral attitudes for building partnerships), four antecedents (changes in social conditions, increasing people's ownership of their health, health issues in modern society, and care in a variety of settings), and three consequences (achieving goals set by the people themselves, self-transformations of both people and healthcare providers, and social transformations). **Discussion:** Based on the analysis results, PCC was defined as "an initiative in which people step forward and partner with health care providers to improve and enhance health issues in individuals and communities." In various social and individual changes, the realization of PCC is expected to result in the achievement of goals set by the people themselves together with health care providers and the transformation of individuals and society.

Keywords

People-Centered Care, Community Members, Health Care Providers, Partnership, Concept Analysis

1. Introduction

The realization of people-centered care (PCC) is said to be an essential element for achieving universal health coverage, and it is one of the concepts that have

been attracting attention worldwide [1]. Several initiatives based on the PCC have been reported. For example, in response to the problem of high maternal mortality, the government of El Salvador has worked with various national and international partners since 2006 to implement a people-centered approach to improve maternal and neonatal health [2]. The importance of patient and public involvement in the development of medical practice guidelines is also widely recognized internationally. The Guidelines International Network (G-I-N) Public Working Group has published its ideas in the G-I-N Public Toolkit, which provides practical advice to guideline developers and others on involving patients and the public in guideline activities [3]. The National Health Service in England also emphasizes the importance of patient and public participation [4]. There are many similar terms, such as patient-centered care, person-centered care, population-centered care, and integrated people-centered health services. However, their meanings and usage are unclear. The authors decided to re-examine the concept of PCC in light of recent global efforts and social conditions and see if it can be used as a concept that serves as a basis for practicing problem solving in the health care field. Therefore, this study clarifies the attributes, antecedents, and consequences of the concept of PCC.

2. Method

2.1. Data Collection

The references were obtained from PubMed, EBSCO (CINAHL Plus with Full Text), Medline, EMBASE, PsycINFO, Japan Medical Abstracts Society (JAMAS), and Citation Information by the National Institute of Informatics (CiNii). The search terms were “people-centered care” or “people-centered.” Furthermore, there were no restrictions on language or the year of publication. The search dates were from the oldest searchable year in each database to June 6, 2021. The titles and abstracts were checked to avoid duplication, and those that did not focus on PCC were excluded. As for the types of articles, original articles, research reports, practical reports, and commentaries were included, while published conference proceedings, including abstracts of research presented at conferences, were excluded. A manual search was performed to identify articles and various types of reports. In the selection of literature, two nursing researchers worked independently and discussed before making decisions when there were differences.

2.2. Data Analytics

Rogers and Knaff’s evolutionary method [5] was used to analyze the concept of PCC. The analyzed literature was read carefully, and “Attributes,” which indicate the characteristics of PCC, “Antecedents,” which indicate the changes and contexts in which PCC occurs, and “Consequences,” which are the events that occur consequently, were extracted on the coding sheet. The extracted contents of each of the “Attributes,” “Antecedent,” and “Consequences” from the created coding

sheets were summarized as codes, and similar codes were categorized. To improve the validity of the analysis, the authors received supervision from a researcher who had been conducting research and practice on PCC.

3. Result

The initial search yielded 392 articles. The titles and abstracts of the 392 articles were checked to avoid duplication, and those that did not focus on PCC were excluded. Four articles were identified through a manual search. Finally, 33 studies were included in the analysis; the outline of the effort and country of the included studies (selected) is listed in **Table 1**. The final 33 included studies used in the analysis identified four attributes, four antecedents, and three consequences.

3.1. Attributes

Four attributes were extracted from this concept of PCC: the subject is people, approaches to improving and enhancing health issues, relationships as a basis for partnership building, and behavioral attitudes for building partnerships. [] indicates the attributes and [] indicates the subcategory. **Table 2** presents the attributes of the PCC along with the literature from which they were extracted.

[The subject is people] In PCC, the priority is [people are respected as subjects of health]. This approach is [based on partnerships between people and healthcare providers], and [access to health information that meets people's needs] is an essential element in various approaches. Various forms of [collaboration with communities] also occurred. Respecting people's autonomy means keeping the [presence of people from all social, economic, and cultural backgrounds] in mind.

[Approaches to improving and enhancing health issues] Approaches to improving and enhancing health issues included [approaches to improving and enhancing health issues for individuals], [approaches to improving and enhancing health issues for the community], and [approaches to improving the health system].

[Relationships as a basis for partnership building] To build a partnership, the first step is [mutual understanding]. To continue working together, it is necessary to have [mutual trust]. The relationship between trust and trust continues based on [mutual understanding]. [Mutual respect] is also essential for building partnerships in activities.

[Behavioral attitudes toward building partnerships] As the activities continue, both people and healthcare providers are [taking on each other's roles] that are appropriate to their positions and situations. While fulfilling their roles, they are [growing together]. People come into various decision-making situations, and each has the right and duty to participate in decision-making and [shared decision-making]. It is also important to [use each other's strengths] as equals, share the current situation and issues, think together, and [overcome problems] together.

Table 1. Outlines of efforts of included studies (selected).

Year	Country	Outlines of Efforts
2004	Japan	Center of Excellence program to establish the foundation of nursing for people-centered initiatives in health care and health promotion. [6]
2005	Japan	Conducting symposia on the themes of “How do you want to spend the end of life?” “Let’s talk about health care!” “Patients are part of the team” and “Living the life of your choice.” [7]
2005	Japan	To document collaboration between healthcare practitioners and community members in the process of organizing a series of symposia as a means of realizing “people-Centered Care.” [8]
2005	Japan	Establish and manage a community-based health information service center. [9]
2005	Japan	Center of Excellence program to establish the foundation of nursing for people-centered initiatives in healthcare and health promotion. [10]
2006	Japan	Conducting a symposium on the theme of “Patient-Centered Approaches to Breast Cancer Team Care.” [11]
2006	Japan	Conducting a symposium on the theme of “Sharing Wisdom, Courage, and Experiences: Women Supporting Each Other in Society.” [12]
2006	Japan	Developing a health education program for five-year-olds: “Let’s learn about our body!” [13]
2007	Japan	Conducting a symposium on the theme of “Let’s Learn about Our Body with Children!” [14]
2007	Japan	Conducting a health education program for five-year-olds: “Let’s learn about our body!” [15]
2007	Japan	Conducting a community-based health information service center. [16]
2008	Japan	Center of Excellence program to establish the foundation of nursing for people-centered initiatives in healthcare and health promotion. [17]
2008	Japan	Center of Excellence program to establish the foundation of nursing for people-centered initiatives in healthcare and health promotion. [18]
2009	Japan	Center of Excellence program to establish the foundation of nursing for people-centered initiatives in healthcare and health promotion. [19]
2009	Japan	Center of Excellence program to establish the foundation of nursing for people-centered initiatives in healthcare and health promotion. [20]
2013	Japan	Management of a venue for school-age children with Down syndrome and their families, professionals, nursing students, and volunteers to develop, implement, and evaluate a program for the development of children with Down syndrome. [21]
2017	N/A	A systematic method that nutrition and dietetics practitioners use to provide nutrition care. [22]
2017	Japan	Conducting multi-generational exchange day programs in urban areas to support the social participation of the elderly. [23]
2017	Japan	Conducting multi-generational exchange day programs in urban areas to support the social participation of the elderly. [24]
2017	Japan	The development of a Nursing Professional Practice Model that graphically describes the theories, phenomena, and systems that serve as a guide for driving nursing care in organizations. [25]
2018	China	Healthy China 2030 was drafted to deal with the emerging challenges of China’s rapidly aging population and its increasing burden of non-communicable diseases. [26]
2018	N/A	Integrated, patient-centered tuberculosis care and prevention. [27]
2020	India	A person-centered system of holistic healthcare, based on India’s own culture and ethos, has been developed by optimally integrating strengths from modern science, biomedicine, and AYUSH systems. [28]
2020	Japan	A specialized nursing consultation service. [29]

Table 2. Attributes of the concept of people-centered care.

Attributes	Category	Contents
The subject is people	People are respected as subjects of health	<ul style="list-style-type: none"> • The main character of health is the person himself/herself. • The subject of care is not only the person himself/herself but also his/her family, friends, and the community. • Care that respects the wishes of the people. • The role of healthcare providers is to coordinate and support the care. [2] [6] [8] [9] [14] [16] [20] [22] [24] [25] [27] [30] [31] [32]
	Based on partnerships between people and healthcare providers	<ul style="list-style-type: none"> • Partnership between people and healthcare providers. • Equal and two-way relationships. [2] [7] [8] [9] [12] [17] [18] [20] [21] [22] [24] [29] [30] [33]
	Access to health information that meets people's needs. Collaborate with communities	<ul style="list-style-type: none"> • Words that people can understand. • Generate and provide appropriate information that meets people's needs and demands. • Systematic involvement of the community. • Involve community health workers and trained volunteers. • Involving the community in policy making. • Expansion and development of organized care. [2] [7] [14] [16] [17] [18] [26] [30] [31] [32] [33] [34]
	Presence of people from all social, economic, and cultural backgrounds	<ul style="list-style-type: none"> • Understand people's social, economic, and cultural backgrounds and values. • Consideration for non-medical and spiritual aspects. • Be accessible to everyone. [16] [24] [27] [28] [30] [32] [35]
Approaches to improving and enhancing health issues	Approaches to improving and individual enhancing health issues	<ul style="list-style-type: none"> • Symposium on health. [2] [8]-[16] [20] [21] [22] [23] [24] [25] [26]
	Approaches to improving and enhancing health issues for the community	<ul style="list-style-type: none"> • Group activities of parties concerned. [2] [19] [20] [21] [37]
	Approaches to improve the health system	<ul style="list-style-type: none"> • Formulate health policy at the national level. [2] [28] [30] [35]
Relationships as a basis for partnership building	Mutual understanding	<ul style="list-style-type: none"> • People and healthcare providers understand each other. [7] [12] [14] [36] [37] [38]
	Mutual trust	<ul style="list-style-type: none"> • People and healthcare provider trust each other without anxieties. [7] [36] [37] [38]
	Mutual respect	<ul style="list-style-type: none"> • People and healthcare providers respect each other. [36] [37] [38]
Behavioral Attitudes for Building Partnerships	Taking on each other's roles	<ul style="list-style-type: none"> • People and healthcare providers play a role in each other. [36] [37]
	Growing together	<ul style="list-style-type: none"> • People and healthcare providers grow and learn from each other. [8] [11] [36] [37] [38]
	Shared decision-making	<ul style="list-style-type: none"> • People and healthcare providers have the right and obligation to participate in decision-making and to share in decision-making. [23] [30] [36] [37] [38]

Continued

Using each other's strengths	<ul style="list-style-type: none"> • People and healthcare providers make the most of each other's strengths on an equal footing. [36] [37] [38]
Overcoming problems together	<ul style="list-style-type: none"> • People and healthcare providers share the current situation and challenges, think together, and overcome the challenges together. [7] [11] [14] [36] [37] [38]

3.2. Antecedent

Four antecedents were extracted from PCC: changes in social conditions; increasing people's ownership of their health; health issues in modern society; and care in a variety of settings indicates the antecedent and indicates the category. **Table 3** presents the antecedents of PCC along with the literature from which they were extracted.

Changes in social conditions and medical conditions] have been intense, and non-communicable diseases are on the rise worldwide, resulting in a significant increase in the burden of disease. [Changes in population structure] are also advancing.

[Increasing people's ownership of their health] and [Diversification of subjective health views] are also advancing as advances in medical technology have made it possible to diversify options to maintain and improve health while living with a disease. There are also [changes in the way people interact with healthcare] in this diversification. However, there is a [gap between people and health care providers]. Consequently, there are [communication challenges between people and healthcare providers].

3.3. Consequences

Three consequences were extracted from the concept of PCC: achieving goals set by the people themselves, self-transformation of both people and healthcare providers, and social transformations. [] indicates the consequence and [] indicates the category. **Table 4** presents the consequences of PCC along with the literature from which they were extracted.

[Achieving goals set by the people themselves] PCC enables [access to healthcare with respect to autonomy]. Achieving this goal also ensures that [people can take the actions they want to realize].

[Self-transformations of both people and healthcare providers] [Changing people's mindset] enables them to take a more proactive view of their health and make decisions that are important to them in a way that makes sense to them. [Improving people's competence] includes improving health literacy, health knowledge, self-efficacy, and changes in health behaviors. People are not the only people whose competence is enhanced. To deliver care that meets people's needs is [improve the competence of healthcare providers]. It also means improved patient safety and satisfaction, and enhanced satisfaction for healthcare providers.

Table 3. Antecedent of the concept of people-centered care.

Antecedent	Category	Contents
Changes in social conditions	Changes in medical conditions	<ul style="list-style-type: none"> Increasing burden of disease because of global rise in non-communicable diseases Development of advanced medicine [12] [26] [30]-[35]
	Changes in population structure	<ul style="list-style-type: none"> Aging in developed countries Rapid aging in Asian countries [9] [11] [13] [16] [23] [26] [28] [29] [33] [38]
Increasing people's ownership of their health	Diversification of subjective health views	<ul style="list-style-type: none"> Diversification of options through the evolution of medical technology Aims to maintain and promote health in society while having a disease Growing concern and interest in health [2] [7] [9] [14] [16] [18] [23] [29] [30] [33] [34]
	Changes in the way people interact with health care	<ul style="list-style-type: none"> The movement to take care of one's own health Many people want to be more actively involved in their healthcare [7] [8] [9] [11] [13] [18] [24]
	Gap between people and healthcare providers	<ul style="list-style-type: none"> Differences in perception of health problems between people and healthcare providers. Differences in knowledge and information between people and healthcare providers Difficulty for people to understand terms used by healthcare providers [2] [8] [9] [16] [25]
	Communication challenges between people and healthcare providers	<ul style="list-style-type: none"> Miscommunication between people and healthcare providers. Many people do not feel like they are part of a team in healthcare [8] [11] [22]
Health issues in modern society	Remained challenges despite advances in medical care	<ul style="list-style-type: none"> Some people have difficulty accessing healthcare. Variability in quality of care Patient safety may be at risk. Difficult for medical institutions to provide adequate individualized support [12] [28] [29] [30]
	People's emerging needs for health and healthcare	<ul style="list-style-type: none"> Needs for health counseling Needs for support in decision-making Care needs for elderly people living in the community Needs of people with diseases and disabilities [2] [16] [20] [21] [23] [24] [29]
Care in a variety of settings	Expanding the role of healthcare providers	<ul style="list-style-type: none"> Care for non-diseased subjects Ability to assist with issues that were not covered by medical institutions Function of connecting to medical institutions New ways to interact with people in clinical settings [13] [14] [15] [16] [25] [37]
	Diversification of fields of activity for healthcare providers	<ul style="list-style-type: none"> Care in non-medical settings Encounters between people and healthcare providers in the community [7] [8] [9] [11] [13] [14] [15] [16] [25] [37]

Table 4. Consequence of the concept of people-centered care.

Antecedent	Category	Contents
Achieving goals set by the people themselves	Access to healthcare with respect for autonomy	<ul style="list-style-type: none"> • People can make their own decisions with which they are comfortable. • Ensure that people have access to healthcare that meets their needs [12] [24] [28] [30] [31] [34] [37] [38]
	People can take the actions they want to realize	<ul style="list-style-type: none"> • People can transmit the voice of the party to society. • People can maintain and improve their social health. • People can continue to live where they want. [8] [21] [23] [25] [30]
Self-transformations of both people and healthcare providers Category	Changing people's mindset	<ul style="list-style-type: none"> • People can think proactively about their own health. • People make decisions that are important to them in a way that makes sense to them. [6] [7] [15] [19] [29] [32]
	Improving people's competence	<ul style="list-style-type: none"> • Improving people's health literacy • Improving people's knowledge about health • Improving people's self-efficacy • Transformation of people's health behavior [7] [12] [13] [14] [19] [21] [24] [26] [27] [29] [32] [33] [37]
	Improving the competence of healthcare providers	<ul style="list-style-type: none"> • Care will be tailored to people's needs. • Improve patient safety and satisfaction • Improving the self-efficacy of healthcare providers. • Improve satisfaction of healthcare providers. [2] [7] [11] [17] [21] [24] [25] [27] [30] [31] [37]
Social transformations	Community empowerment	<ul style="list-style-type: none"> • The entire community is empowered to build on, expand, and develop their activities. [8] [12] [13] [14] [21] [24] [31] [33]
	Transformation of the social system	<ul style="list-style-type: none"> • Leading to an increase and expansion of socially relevant capital for health • Restructure the healthcare delivery system to focus on meeting the healthcare needs of individual patients and their families. • Benefiting people and health systems in countries of all income levels worldwide [17] [19] [26] [28] [30] [33] [34] [35] [37] [38]
Care in a variety of settings	Expanding the role of healthcare providers	<ul style="list-style-type: none"> • Care for non-diseased subjects • Ability to assist with issues that were not covered by medical institutions • Function of connecting to medical institutions • New ways to interact with people in clinical settings [13] [14] [16] [20] [25] [37]
	Diversification of fields of activity for healthcare providers	<ul style="list-style-type: none"> • Care in non-medical settings • Encounters between people and healthcare providers in the community [7] [8] [9] [11] [13] [14] [15] [16] [25] [37]

[Social transformations] The transformation of the individual comes [community empowerment]. As the community accumulates activities, they expand and develop. The increase and expansion of social capital for health leads to the [transformation of the social system]. The development of health policies at the national level based on PCC can be reorganized to meet

people's needs. These social transformations benefit people and the health system.

4. Discussion

Based on the analysis results, PCC was defined as “an initiative in which people step forward and partner with health care providers to improve and enhance health issues in individuals and communities.” In various social and individual changes, the realization of PCC is expected to result in the achievement of goals set by the people themselves together with healthcare providers, as well as the transformation of individuals and society. This definition does not deviate from the conceptual diagram of PCC constructed by Takahashi *et al.* [39] and is thought to be captured in reports from overseas published after 2017, without significant differences in the central idea.

Patient-centered care is a concept associated with PCC. The most distinguishing feature of PCC from patient-centered care is that it does not limit its target to the patient. The focus is on the whole person, not just the person with the disease [2], and the target group includes not only the patient but also their family, friends, and community [22] [27]. The emphasis is on respecting the wishes of these people [8].

The need for a broader view of the target population is also influenced by the diversification of health problems due to changes in social conditions [12] [35]. Even with the development of medicine, many health problems remain [12] [28] [29] [30], and new needs of people regarding health and healthcare [2] [16] [20] [21] [23] [24] [29]. In response to these, the expansion of the role of healthcare professionals [13] [14] [15] [16] [25] [37] and diversification of activity sites [8] [9] [10] [11] [13] [14] [15] [16] [25] [37] are advancing based on the concept of PCC. In some cases, PCC has been introduced into healthcare systems through a top-down process as a national policy; in others, it has been introduced as a small demonstration project and subsequently spread to other parts of the country [2]. Integrating PCC into existing healthcare systems is important through diverse approaches. Such a trend would lead to improved patient safety and satisfaction.

In this analysis, the authors emphasized the inclusion of the subcategory [presence of people from all social, economic, and cultural backgrounds] in the attributes. This content could have been included in the subcategory [people are respected as subjects of health]. However, it is categorized as an independent subcategory because the authors believe that, due to the diversification of the population, consideration of social, economic, and cultural backgrounds is becoming more important. Through PCC-based practices, people receive care that meets their needs and enables them to achieve goals based on their will. Personal change occurs for citizens and healthcare providers, leading to social change toward improving community empowerment and health issues [37].

This study was peer reviewed to ensure that the validity of the results was

supported. However, researchers' conceptual biases and rigor are limited. This concept is dynamic and does not provide a permanent definition [5].

While the concept of PCC is especially important in terms of people's ownership of their health, it is presumed that ownership of health is also highly influenced by healthcare circumstances and cultural background. The significance of the concept of PCC has been noted for many years [30], and it is expected that it will continue to be used in healthcare initiatives. It is important to validate this concept through PCC-based care.

5. Conclusion

The concept of PCC was analyzed using Rogers and Knaf's evolutionary method [5]. This concept was defined as "an initiative in which people step forward and partner with health care providers to improve and enhance health issues in individuals and communities." The realization of PCC is expected to achieve the goals set by the people themselves, together with healthcare providers, and to transform individuals and society.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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