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PATIENT-CENTERED COMMUNICATION IN HEALTHCARE: PRINCIPLES AND BENEFITS.

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Purpose: to emphasise the importance and benefits of patient-centred communication in healthcare, based on the research of international scientists.

Materials and Methods. The study used general scientific and special research methods: theoretical generalisation, comparative analysis, classification and grouping, statistical comparison and generalisation

Results. The article emphasizes how patient-centered communication enhances the quality of care by focusing on patients' individual needs, values, and preferences. The role of effective communication in improving treatment outcomes, patient satisfaction, and the decision-making process while addressing common barriers and misconceptions about patient-centered communication is discussed. It advocates for integrating patient-centered communication into medical training and tailoring communication styles to align with patient preferences for better healthcare experiences The article also highlights challenges in implementing patient-centered communication and advocates for training healthcare professionals to develop these communication skills while adapting their style to meet the diverse preferences of patients.

Conclusions. Patient-centered communication is vital for improving the quality of healthcare by fostering better relationships between patients and healthcare providers. It emphasizes the importance of understanding patients' individual needs, preferences, and values to enhance satisfaction, adherence to treatment, and overall outcomes. Patient-centered communication requires healthcare professionals to refine communication skills, adapt to patients' preferred interaction styles, and involve patients in decision-making. Despite challenges like time constraints or discomfort with emotional engagement, patient-centered communication can lead to cost-effective care and improved patient recovery and trust.

KEY WORDS: **patient-centered communication; needs and preferences; communication; satisfaction; barriers; miscommunication; chronic illness; flexibility.**

Long-term care is a relatively new health sector, a sector that fills a gap created in the system. Longer life expectancy on average and the concomitant increase in people with disabilities, chronic illnesses means that a build-up of health and social problems are shaping the long-term care patient.

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In recent years, increasing attention has been paid to the quality of health care services, emphasising the importance of feeling safe and treating patients and their families as individuals, in addition to improving health and managing symptoms. In 2001, the American Institute of Medicine (IoM) singled out patient-centredness among the six elements that should characterise quality care, in addition to safety or effectiveness. This patient-centredness means that care should take into account the needs and preferences of the individual, and all clinical decisions should be in line with the individual's values. The patient should also be able to make choices that best suit his or her individual life situation. A key element of patient-centred care is therefore appropriate communication [1]. This is because it allows the patient's needs and life circumstances to be discerned as well as relevant information to be communicated in a way that the patient understands, enabling them to make informed decisions in accordance with their own values and beliefs. Research shows that patient-centred communication has a positive impact on satisfaction [2], as well as on adherence to medication and treatment outcomes [3; 4]. In turn, misunderstandings and communication difficulties are strongly associated with an increased likelihood of the inclusion of inappropriate treatment [5]. One of the reasons for communication problems in the health care field may be that health professionals focus too much on the diseases themselves and coping with them, putting people and their life situation in the background [6]. It is also known that the most common complaints from patients are that doctors do not pay due attention to their concerns and do not provide enough information

regarding treatment [7]. It therefore appears that the patient-centred communication patient-centered communication model can bring many benefits to patients and their relatives, as well as to doctors and other healthcare professionals themselves, who will be able to choose more appropriate treatment methods, which can not only shorten the patient's recovery process, but also reduce treatment costs. An important issue is also the social changes taking place, which should be reflected in the area of health care. Until some time ago, it was considered satisfactory if the patient could ask the doctor questions. The predominant approach was a biomedical one, in which the doctor had a directive role and focused primarily on the patient's medical problems. Today, however, this model of care does not seem to be sufficient. The patient-centred care model, on the other hand, goes much further, as here the doctor, as it were, invites the patient to collaborate and exchange ideas [8].

Results. Epstein and Street define patient-centred communication in terms of the process and outcome of the interaction taking place between clinician and patient and include:

– obtaining information (regarding concerns, feelings, expectations etc.), understanding and validating the patient's perspective,

– understanding the psychological and social context of the patient,

– achieving a shared understanding of the patient's problem and treatment options,

– helping the patient to share power by offering meaningful involvement in their health choices [8].

It is worth noting that many of the elements written about in the context of patient-centred communication are simply attributes of effective communication. Indeed, in the area of non-verbal behaviour, the following are mentioned here: maintaining eye contact, leaning towards the patient to show interest, nodding the head, avoiding movements that could distract or indicate impatience (e.g. fidgeting in the chair). In the case of verbal behaviour, on the other hand, it is emphasised the need to use clear language that the patient understands language, providing necessary explanations without resorting to specialist jargon, making sure that the patient has understood what the doctor wanted to communicate, asking questions about the family and social context of the patient's functioning, obtaining information about the patient's values, needs and beliefs [8]. It is also important to remember not to overwhelm the patient with too much information. It is better to give him or her data in smaller 'portions' in repeated cycles consisting of asking, giving information and asking again (concerning, for example, the patient's reaction to the message just received) (ask – tell – ask) [9].

Platt and colleagues, on the other hand, distinguished five main areas that should be of interest to a clinician who wants to get to know their patient as a person. The first area relates to who the patient is, what is most important to them in life/what is the essence of their life [10]. The doctor should also obtain information about where the patient works, what important relationships they have in their life, what they are passionate about and what concerns they have. The second important area is the patient's expectations and values. What the patient would like to achieve during the current encounter, as well as what they hope for the future. The third area concerns the patient's experience of the illness. The doctor should focus on whether/and how the patient's functioning has changed, whether the illness has affected, for example, his or her close relationships. The fourth area is the patient's beliefs about the illness – how he or she perceives it, how he or she understands its causes and what treatment seems appropriate for his or her situation. The fifth area concerns the patient's emotions – what they feel when thinking about their illness. Researchers point out that here the doctor should look at the patient's experience particularly in terms of the five most common emotional reactions, i.e. fear, distrust, anger, sadness and ambivalence. It seems that in their contact with the patient, doctors usually raise at least some of the aforementioned themes, but often do so in a superficial way, without looking at them more closely. Some doctors may find it somewhat unnatural and problematic to ask questions about particular areas, so Platt and colleagues have developed sample questions/phrases that may be helpful in having such a conversation with a patient [10].

Although some clinicians may find it cumbersome and time-consuming to extend the interview to include information about the patient's persona and understanding of the situation, research findings indicate the opposite – allowing the patient to express concerns and doubts does not significantly increase the length of the examination at all, and may not only increase patient satisfaction but also provide data useful in the diagnostic and therapeutic process. Another concern that health professionals may have is that this mode of communication may lead to an overly close relationship between doctor and patient, and thus the relationship becomes somehow unprofessional. This concern, however, is based on the erroneous assumption that a clinician can only make good clinical decisions in a situation where he or she is not emotionally involved and even remains distanced [10]. Research indicates that a certain level of emotional 'intimacy' between doctor and patient has a motivating effect on patients and promotes the healing process [11]. At the same time, it is worth emphasising that patient-centred communication does not mean that the doctor should give in to all the patient's requests. For it is not difficult to imagine a situation in which what the patient wants (e.g. the doctor prescribing an antibiotic) is not at all what he or

she needs at that moment. Writing a prescription with an unnecessary medicine, although it may respond to certain needs expressed by the patient and contribute to his or her sense of satisfaction, cannot be regarded as the realisation of the postulate of patient-centredness [8].

Patient-centred communication, on the one hand, reinforces autonomy and empowers patients to make decisions in line with their values and beliefs, but at the same time, as it were, 'requires' the patient to be open and committed. This raises the question of whether all patients have within them the willingness to participate in such conversations with healthcare professionals. Data on cancer patients indicate that approx. 90 per cent of them say that they would like to be actively involved in their care and that they value honesty and sensitivity when doctors discuss quality of life, prognosis and treatment options [12; 13]. However, as the research results show, patients are often reluctant to ask questions, ask for clarification, express their emotions, opinions or state their own preferences directly [14]. It can be assumed that this is due, among other things, to the fact that some patients are, in their opinion, not competent enough to enter into a conversation with the doctor or are not aware that they have the right to their own opinion also in the context of treatment. On the other hand, the individual differences that exist between individuals, e.g. with regard to the need for information, should also be taken into account. For cancer patients, the need for information changes over time [15], but is also determined, for example, by the type and stage of cancer. Some patients also do not want to have too much information, as avoidance is a coping mechanism for them to deal with a difficult situation [16]. Others, however, declare that they want as much information as possible about the disease itself as well as possible treatment options [17]. Although research shows that the vast majority of people prefer patient-centred communication, arguing, among other things, that they like the doctor's behaviour, which indicates an interest in the patient as a person and listening to their needs [18; 19], it cannot be ignored that a certain percentage of patients feel much more secure and safe when the doctor is more directive and presents a biomedical communication style ([19; 20]. Factors influencing the preference for a more directive communication style include: age – older people will rate directive doctors better [21; 22], educational level – people with lower levels of education prefer a directive, biomedical communication style, socio-economic status – lower status is associated with a preference for a directive style of communication [22] and level of disease severity – patients with a more severe condition also value directivity more highly [23; 44]. An important factor in determining which communication style may be more desirable to the patient is also the type of problem with which the patient presents to the doctor. It seems that patient-centred communication is particularly rewarding in the case of chronic illnesses, as well as depression or other psychiatric disorders [25; 22].

Conclusions. The idea of patient-centred communication is undoubtedly worthy of consideration and can bring many benefits to both the patient and members of the medical staff, who, by learning about the patient's preferences, will be able to make more informed decisions about the patient's care. However, it should be emphasised that this style of communication requires doctors and other healthcare professionals to be more self-aware and sensitive, and to improve and expand their communication skills, which is a real challenge. It is increasingly being argued that elements of patient-centred communication should be an integral part of the training of doctors, who in most cases have very limited training when it comes to skills related to effective communication [1; 9]. It seems that for the idea of patient-centred communication to be fully realised, it is also necessary to increase patients' awareness of the possibility of their active participation in the medical decision-making process. However, it is worth emphasising that for doctors, flexibility and the ability to adapt to the patient's preferred style of communication is also extremely important. This entails the need for them to discern the patient's needs in this respect, which in many situations is not easy, and doctors are also not adequately prepared for this. As research shows, doctors often inadequately anticipate patient preferences, and more than half adopt a single communication style during most of their encounters with patients. However, even single, simple questions, indicating the doctor's interest in the patient as a person and not just a medical case, his emotions and needs, or listening attentively as he talks about how he understands situations and shares his concerns, can significantly improve the doctor-patient relationship.

Prospects for further research. The article provides a strong foundation for further research on enhancing patient-centered communication (PCC) in healthcare, especially: designing and assessing targeted PCC training programs for healthcare professionals; exploring how digital tools (e.g., telemedicine) can support PCC; investigating the influence of cultural differences on PCC preferences and outcomes; studying patient willingness and barriers to active participation in PCC; measuring long-term effects of PCC on patient outcomes and healthcare costs.

Bibliography

1. Levinson W., Lesser C.S., Epstein R.M. Developing physician communication skills for patient-centered care. *Health Affairs (Millwood).* 2010. Vol. 29. P. 1310–1318.
2. Yeh J., Nagel E.E. Patient Satisfaction in Obstetrics and Gynecology: Individualized Patient-centered Communication. *Clinical Medicine Insights: Women's Health*. 2010. Vol. 3. P. 23–32.
3. Stewart M., Brown J.B., Donner A., McWhinney I.R., Oates J., Weston W.W. The impact of patient-centered care on outcomes. *Journal of Family Practice*. 2000. Vol. 49 (9). P. 796–804.
4. Arora N.K. Interacting with cancer patients: the significance of communication behaviour. *Social Science & Medicine*. 2003. Vol. 57 (5). P. 791–806.
5. Levinson W., Roter D.L., Mullooly J.P., Dull V.T., Frankel R.M. Physician-patient communication: the relationship with malpractice claims among primary care physicians and surgeons. *Journal of the American Medical Association*. 1997. Vol. 277 (7). P. 553–559.
6. Damena F., Holmes-Rovner M., Gaulden C.M., Jorgenson S., Sadigh G., Sikorskii A., Lewin S., Smith R.C., Coffey J., Olomu A., Beasley M. Interventions for providers to promote a patient-centred approach in clinical consultations. *Cochrane Database of Systematic Reviews*. 2012. 12, nr art. CD003267.
7. Hickson G.B., Clayton E.W., Entman S.S., Miller C.S., Githens P.B., Whetten-Goldstein K., Sloan F.A. Obstetricians' prior malpractice experience and patients' satisfaction with care. *Journal of the American Medical Association*. 1994. Vol. 272 (20). P. 1583–1587.
8. Epstein R.M., Street R.L. The values and value of patient-centered care. *Annals of Family Medicine*. 2011. Vol. 9. P. 100–103.
9. Hashim M.J. Patient-Centered Communication: Basic Skills. *American Family Physician*. 2017. Vol. 95 (1). P. 29–34.
10. Platt F.W., Gaspar D.L., Coulehan J.L., Fox L., Adler A.J., Weston W.W. "Tell me about yourself": The patient-centered interview. *Annals of Internal Medicine.* 2001. Vol. 134. P. 1079–1085.
11. Coulehan J.L. Tenderness and steadiness: emotions in medical practice. *Literature and Medicine*. 1995. Vol. 14. P. 222–236.
12. Hagerty R.G., Butow P.N., Ellis P.M., Lobb E.A., Pendlebury S.C., Leighl N., MacLeod C., Tattersall M.H. Communicating with realism and hope: incurable cancer patients' views on the disclosure of prognosis. *Journal of Clinical Oncology*. 2005. Vol. 23. P. 1278–1288.
13. Wright A.A., Zhang B., Ray A., Mack J.W, Trice E., Balboni T., Mitchell S.L., Jackson V.A., Block S.D., Maciejewski P.K., Prigerson H.G. Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustmen. *Journal of the American Medical Association*. 2008. Vol. 300 (14). P. 1665–1673.
14. Frosch, D.L., May, S.G., Rendle, K.A., Tietbohl, C., Elwyn, G. Authoritarian physicians and patients' fear of being labeled "difficult" among key obstacles to shared decision making. *Health Affairs (Millwood).* 2012. Vol. 31 (5). P. 1030–1038.
15. Information needs and sources of information among cancer patients: a systematic review of research (1980–2003). L.J. Rutten, N.K. Arora, N. Aziz Bakos, J. Rowland. *Patient Education and Counseling*. 2005. Vol. 57. P. 250–261.
16. Case D.O., Andrews J.E., Johnson J.D., Allard S.L. Avoiding versus seeking: the relationship of information seeking to avoidance, blunting, coping, dissonance, and related concepts. *Journal of the Medical Library Association*. 2005. Vol. 93. P. 353–362.
17. Jenkins V., Fallowfield L., Saul J. Information needs of patients with cancer: results from a large study in UK cancer centers. *British Journal of Cancer*. 2001. Vol. 84. P. 48–51.
18. Krupat E., Yeager C.M., Putnam S.M. Patient role orientations, doctor – patient fit, and visit satisfaction. *Psychology & Health*. 2000. Vol. 15. P. 707–719.
19. Swenson S.L., Buell S., Zettler P., White M., Ruston D.C., Lo B. Patient-centered communication: do patients really prefer it? *Journal of General Internal Medicine*. 2004. Vol. 19. P. 1069–1079.
20. Parker P.A., Baile W.F., Moor C., Lenzi R., Kudelka A.P., Cohen L. Breaking bad news about cancer: patients' preferences for communication. *Journal of Clinical Oncology*. 2001. Vol. 19. P. 2049–2056.
21. Krupat E., Rosenkranz S.L., Yeager C.M., Barnard K., Putnam S.M, Inui T.S. The practice orientations of physicians and patients: the effect of doctor-patient congruence of satisfaction. *Patient Education and Counseling*. 2000. Vol. 39. P. 49–59.
22. McKinstry B. Do patients wish to be involved in decision making in the consultation? *A cross sectional survey with video vignettes, BMJ*. 2000. Vol. 321. P. 867–871.
23. Banebassat J., Pilpel D., Tidhar M. Patients' preferences for participation in clinical decision making: a review of published surveys. *Behavioral Medicine*. 1998. Vol. 24. P. 81–88.
24. Krupat E., Bell R.A, Kravitz R.L., Thom D., Azari R. When physicians and patients think alike: patient-centered beliefs and their impact on satisfaction and trust. *Journal of Family Practice*. 2001. Vol. 50. P. 1057–1062.
25. Savage R., Armstrong D. Effects of general practitioner's consulting style on patients' satisfaction: a controlled study. *BMJ*. 1990. Vol. 301. P. 968–970.
26. Yeboah C., Afriyie OJ. A qualitative assessment of perceived barriers to effective therapeutic communication among nurses and patients. *Afriyie BMC Nurse*. 2019. Vol. 18 (4), 1–8. 10.1186/s12912-019-0328-0.
27. Al-Kalaldeh M., Amro N., Qtait M. Barriers to effective nurse-patient communication in the emergency department. Emerg Nurse. 2021. Vol. 29 (2). DOI: 10.7748/en.2020.e1969.
28. Papadopoulos I., Lazzarino R., Koulouglioti C., Aagard M., Akman O., Alpers L-M., Apostolara P., Araneda Bernal J., Biglete-Pangilinan S., Eldar-Regev O., Gonzalez-Gil M.T., Kouta C., Zorba A. Obstacles to compassion-giving among nursing and midwifery managers: An international study. Int Nurs Rev. 2020. Vol. 11. P. 1–13.

29. Camara B.S., Belaid L., Manet H., Kolie D., Guilard E., Bigirimana T., Delamou A. What do we know about patient-provider interactions in sub-Saharan Africa? A scoping review. Pan Afr Med J. 2020. Vol. 88 (88). P. 1–13. DOI: 10.11604/pamj.2020.37.88.24009.
30. Mead N., & Bower P. Patient-Centered Communication in Chronic Disease Management. *Social Science & Medicine*. 2022. Vol. 298, 114787. DOI: 10.1016/j.socscimed.2022.114787.

References

1. Levinson, W., Lesser, C.S., Epstein, R.M. (2010). Developing physician communication skills for patient-centered care. *Health Affairs (Millwood)*, 29, 1310–1318.
2. Yeh, J., Nagel, E.E. (2010). Patient Satisfaction in Obstetrics and Gynecology: Individualized Patient-centered Communication. *Clinical Medicine Insights: Women's Health*, 3, 23–32.
3. Stewart, M., Brown, J.B., Donner, A., McWhinney, I.R., Oates, J., Weston, W.W. (2000). The impact of patient-centered care on outcomes. *Journal of Family Practice*, 49 (9), 796–804.
4. Arora, N.K. (2003). Interacting with cancer patients: the significance of communication behavior. *Social Science & Medicine*, 57 (5), 791–806.
5. Levinson, W., Roter, D.L., Mullooly, J.P., Dull, V.T., Frankel, R.M. (1997). Physician-patient communication: the relationship with malpractice claims among primary care physicians and surgeons. *Journal of the American Medical Association*, 277 (7), 553–559.
6. Damena, F., Holmes–Rovner, M., Gaulden, C.M., Jorgenson, S., Sadigh, G., Sikorskii, A., Lewin, S., Smith, R.C., Coffey, J., Olomu, A., Beasley, M. (2012). Interventions for providers to promote a patient-centred approach in clinical consultations. *Cochrane Database of Systematic Reviews*, 12, nr art. CD003267.
7. Hickson, G.B., Clayton, E.W., Entman, S.S., Miller, C.S., Githens, P.B., Whetten-Goldstein, K., Sloan, F.A. (1994). Obstetricians' prior malpractice experience and patients' satisfaction with care. *Journal of the American Medical Association*, 272 (20), 1583–1587.
8. Epstein, R.M., Street, R.L. (2011). The values and value of patient-centered care. *Annals of Family Medicine*, 9, 100–103.
9. Hashim, M.J. (2017). Patient-Centered Communication: Basic Skills. *American Family Physician*, 95(1), 29–34.
10. Platt, F.W., Gaspar, D.L., Coulehan, J.L., Fox, L., Adler, A.J., Weston, W.W. (2001). "Tell me about yourself": The patient-centered interview. *Annals of Internal Medicine*, 134, 1079–1085.
11. Coulehan, J.L. (1995). Tenderness and steadiness: emotions in medical practice. *Literature and Medicine*, 14, 222–236.
12. Hagerty, R.G., Butow, P.N., Ellis, P.M., Lobb, E.A., Pendlebury, S.C., Leighl, N., MacLeod, C., Tattersall, M.H. (2005). Communicating with realism and hope: incurable cancer patients' views on the disclosure of prognosis. *Journal of Clinical Oncology*, 23, 1278–1288.
13. Wright, A.A., Zhang, B., Ray, A., Mack, J.W, Trice, E., Balboni, T., Mitchell, S.L., Jackson, V.A., Block, S. D., Maciejewski, P.K., Prigerson, H.G. (2008). Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. *Journal of the American Medical Association*, 300 (14), 1665–1673.
14. Frosch, D.L., May, S.G., Rendle, K.A., Tietbohl, C., Elwyn, G. (2012) Authoritarian physicians and patients' fear of being labeled "difficult" among key obstacles to shared decision making. *Health Affairs (Millwood)*, 31 (5), 1030–1038.
15. Rutten, L.J., Arora, N.K., Bakos, A.D., Aziz, N., Rowland, J. (2005). Information needs and sources of information among cancer patients: a systematic review of research (1980–2003), *Patient Education and Counseling*, 57, 250–261.
16. Case, D.O., Andrews, J.E., Johnson, J.D., Allard, S.L. (2005). Avoiding versus seeking: the relationship of information seeking to avoidance, blunting, coping, dissonance, and related concepts. *Journal of the Medical Library Association*, 93, 353–362.
17. Jenkins, V., Fallowfield, L., Saul, J. (2001). Information needs of patients with cancer: results from a large study in UK cancer centers. *British Journal of Cancer*, 84, 48–51.
18. Krupat, E., Yeager, C.M., Putnam, S.M. (2000). Patient role orientations, doctor – patient fit, and visit satisfaction. *Psychology & Health*, 15, 707–719.
19. Swenson, S.L., Buell, S., Zettler, P., White, M., Ruston, D.C., Lo, B. (2004). Patient-centered communication: do patients really prefer it? *Journal of General Internal Medicine*, 19, 1069–1079.
20. Parker, P.A., Baile, W.F., Moor, C., Lenzi, R., Kudelka, A.P., Cohen, L. (2001). Breaking bad news about cancer: patients' preferences for communication. *Journal of Clinical Oncology*, 19, 2049–2056.
21. Krupat, E., Rosenkranz, S.L., Yeager, C.M., Barnard, K., Putnam, S.M, Inui, T.S. (2000). The practice orientations of physicians and patients: the effect of doctor-patient congruence of satisfaction. *Patient Education and Counseling*, 39, 49–59.
22. McKinstry, B. (2000). Do patients wish to be involved in decision making in the consultation? *A cross sectional survey with video vignettes, BMJ*, 321, 867–871.
23. Banebassat, J., Pilpel, D., Tidhar, M. (1998). Patients' preferences for participation in clinical decision making: a review of published surveys. *Behavioral Medicine*, 24, 81–88.
24. Krupat, E., Bell, R.A, Kravitz, R.L., Thom, D., Azari, R. (2001). When physicians and patients think alike: patient-centered beliefs and their impact on satisfaction and trust, *Journal of Family Practice*, 50, 1057–1062.
25. Savage R., Armstrong D. (1990). Effects of general practitioner's consulting style on patients' satisfaction: a controlled study, *BMJ*, 301, 968–970.
26. Yeboah C., Afriyie O.J. (2019) A qualitative assessment of perceived barriers to effective therapeutic communication among nurses and patients. *BMC Nurs.* Dec; 18 (4), 1–8. 10.1186/s12912-019-0328-0.

27. Al-Kalaldeh M., Amro N., Qtait M. (2021) Barriers to effective nurse-patient communication in the emergency department. Emerg Nurse. Mar 2; 29 (2). DOI: 10.7748/en.2020.e1969.
28. Papadopoulos I., Lazzarino R., Koulouglioti C., Aagard M., Akman O., Alpers L-M., Apostolara P., Araneda Bernal J., Biglete-Pangilinan S., Eldar-Regev O., Gonzalez-Gil M.T., Kouta C., Zorba A. (2020) Obstacles to compassion-giving among nursing and midwifery managers: An international study. Int Nurs Rev. Aug; 11: 1–13.
29. Camara B.S., Belaid L., Manet H., Kolie D., Guilard E., Bigirimana T., Delamou A. (2020) What do we know about patient-provider interactions in sub-Saharan Africa? A scoping review. Pan Afr Med J. 88 (88): 1–13. DOI: 10.11604/pamj.2020.37.88.24009.
30. Mead, N., & Bower, P. (2022) Patient-Centered Communication in Chronic Disease Management. *Social Science & Medicine*, 298, 114787. DOI: 10.1016/j.socscimed.2022.114787.

ПАЦІЄНТОЦЕНТРИЧНА КОМУНІКАЦІЯ В ОХОРОНІ ЗДОРОВ'Я: ПРИНЦИПИ ТА ПЕРЕВАГИ

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Мета: підкреслити важливість та переваги пацієнтоорієнтованої комунікації в охороні здоров'я, спираючись на дослідження міжнародних науковців.

Матеріали та методи. У дослідженні використано загальнонаукові та спеціальні методи дослідження: теоретичне узагальнення, порівняльний аналіз, класифікація та групування, статистичне порівняння й узагальнення.

Результати. У статті підкреслено, як комунікація, орієнтована на пацієнта, підвищує якість медичної допомоги, зосереджуючись на індивідуальних потребах, цінностях і вподобаннях пацієнтів. Обговорюється роль ефективної комунікації в поліпшенні результатів лікування, задоволеності пацієнтів і процесу прийняття рішень, а також усунення поширених бар'єрів і помилкових уявлень про комунікацію, орієнтовану на пацієнта. Стаття закликає до інтеграції комунікації, орієнтованої на пацієнта, в медичну підготовку й адаптації стилів спілкування до вподобань пацієнтів для покращення їхнього досвіду в сфері охорони здоров'я. Стаття також висвітлює виклики у впровадженні комунікації, орієнтованої на пацієнта, і закликає до навчання медичних працівників розвивати ці комунікативні навички, адаптуючи їхній стиль до різноманітних вподобань пацієнтів.

Висновки. Пацієнтоцентрична комунікація є життєво важливою для покращення якості охорони здоров'я шляхом налагодження кращих стосунків між пацієнтами й медичними працівниками. Вона підкреслює важливість розуміння індивідуальних потреб, уподобань і цінностей пацієнтів для підвищення задоволеності, прихильності до лікування і загальних результатів. Пацієнтоцентрична комунікація потребує від медичних працівників удосконалення комунікативних навичок, адаптації до бажаних стилів взаємодії з пацієнтами та залучення пацієнтів до процесу прийняття рішень. Незважаючи на такі виклики, як брак часу або дискомфорт, пов'язаний з емоційною залученістю, комунікація, орієнтована на пацієнта, може призвести до економічно ефективної медичної допомоги й покращити одужання та довіру пацієнта.

КЛЮЧОВІ СЛОВА: **комунікація; пацієнтоорієнтованість; потреби та вподобання; спілкування; задоволеність; бар'єри; непорозуміння; хронічні захворювання; гнучкість.**

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