

Relationship between Patient-Centered Care and Nurse-Patient Communication Skills in Port-Said Hospital

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ABSTRACT

Background: The Patient-Centered Care (PCC) approach is vital in fostering positive care outcomes and enhancing perceptions of care quality. It emphasizes the importance of delivering healthcare services that respect and address the needs of both patients and caregivers. Effective communication between healthcare providers and patients is fundamental for ensuring high-quality care, promoting recovery, and improving overall patient satisfaction. **Aim:** This study aimed to investigate the relationship between Patient-Centered Care and nurses' communication skills when interacting with their patients. **Subjects and Method:** A descriptive cross-sectional research design was employed in this study, conducted across all patient units at Al-Salam Hospital. The study sample consisted of 324 nursing staff members. Two instruments were utilized for data collection: the Nurses' Knowledge of Patient-Centered Care Questionnaire and the Nurse-Patient Communication Skills Assessment Questionnaire. **Results:** the current study revealed that 65% of the studied nurses knew moderately about patient-centered care. Also, 67.0% had insufficient information about communication skills, and 56.0% had inadequate nurse-patient communication practice. **Conclusion:** there was a highly statistically significant relation between nurses' information about communication skills, nurse-patient communication practice, and patient-centered care. **Recommendations:** Conduct an educational program for nurses to improve the effect of Patient-Centered care training programs on nurse-patient communication skills.

Keywords: Patient-Centered Care, and Nurse-Patient Communication

INTRODUCTION

Patient-centered care (PCC) is universally regarded as a cornerstone of high-quality healthcare delivery. Healthcare systems worldwide increasingly recognize the importance of tailoring care to the unique needs, preferences, values, and lived experiences of individual patients (Sullivan, 2017). The PCC model emphasizes active patient participation in the decision-making process, fostering collaboration between patients and healthcare providers.

In 2001, the Institute of Medicine (IOM) identified PCC as one of the six essential aims for improving healthcare. The IOM defined PCC as “care that is respectful of and responsive to individual patient preferences, needs, and values, ensuring that patient values guide all clinical decisions.” Alongside PCC, the other key healthcare objectives highlighted by the IOM include safety, effectiveness, timeliness, efficiency, and equity.

PCC prioritizes addressing the holistic needs of patients rather than focusing solely on their medical conditions. This approach encourages healthcare providers to integrate the patient’s perspective into care decisions, creating a more individualized and meaningful care experience (**Alshahrani et al., 2022**). Transitioning to a PCC framework enhances alignment between patients and healthcare professionals, promoting better adherence to treatment plans and higher patient satisfaction. Evidence shows that implementing PCC practices empowers patients to take an active role in managing their health, resulting in improved outcomes (Delaney, 2018).

The term PCC also refers to "patient-centered communication," a critical element of the model that fosters trust and strengthens the provider-patient relationship. This communication style supports shared decision-making, improves patient understanding, and nurtures empathy (**Drossman & Ruddy, 2020**). It is essential for ensuring patients feel heard and respected, which enhances engagement and collaboration in the care process.

Communication is a foundational component of nursing care, serving as a key factor in building trust and addressing patients' concerns, preferences, and needs (**Abukari & Pammla, 2021**). Effective clinical communication facilitates patient-

centered care by enabling open, reciprocal dialogue between patients and providers. This interactive process allows for the exchange of information, clarification of misunderstandings, and mutual understanding of intentions (**Henly, 2016**). Research underscores the vital role of communication in improving patient disclosure and satisfaction, demonstrating its significance in achieving positive healthcare outcomes (**Ruben, 2016**).

Significance of the study

Providing healthcare services that prioritize and address the needs of both patients and their caregivers is essential for achieving positive care outcomes and enhancing perceptions of care quality. Clear, respectful communication between nurses and patients plays a pivotal role in reducing uncertainty, encouraging patient participation in decision-making, and promoting adherence to prescribed treatments and medication regimens. Furthermore, it strengthens social support, fosters a sense of safety, and enhances overall patient satisfaction. As a result, effective nurse-patient communication is integral to delivering patient-centered care and attaining optimal care outcomes (**Bello, 2021**).

Studies have indicated that the patient-centered approach enhances staff confidence and work output. Furthermore, it fosters improvement and public credibility for healthcare personnel and systems, stemming from a positive image due to endorsements by patients who receive patient-centered care. Patient-centered care also ensures that individuals receive optimum satisfaction and value for their money due to their inclusion in the decision-making when receiving health services (**Gover et al 2022**).

AIM OF THE STUDY

The study aims to investigate the relationship between Patient-Centered care and nurses' communication skills in their interactions with patients through the following objectives:

1. Analyzing the level of nurses' knowledge regarding patient-centered care.

2. Assessing the communication skills of staff nurses during their interactions with patients.
3. Finding out the relationship between Patient-Centered care and nurses' communication skills when engaging with patients.

Research Questions

1. What the level of nurses' knowledge regarding patient-centered care?
2. What the level communication skills of staff nurses during their interactions with patients?
3. Is there relationship between Patient-Centered care and nurses' communication skills when engaging with patients?

SUBJECTS AND METHOD

Research design

A descriptive cross-sectional research design was utilized in this study.

Study setting

The study was conducted in all patient units at AS-Salam Hospital affiliated with Universal Health Insurance in Port Said Governorate. The total hospital capacity is 274 beds.

Subjects

The study involved all nurses employed in the study setting who agreed to participate, totaling 324 nurses.

Tools of data collection

Two tools were used the Nurses' Knowledge of Patient-centered Care Questionnaire and A self-administered Nurse-Patient Communication Skills Assessment Questionnaire.

Tool I: Nurses' Knowledge of patient-centered care Questionnaire

The development of this tool was undertaken by researcher focusing on the Arabic language, following a comprehensive review of existing literature (**Epstein & Street, 2011; Zhou et al., 2016; Nkrumah & Abekah, 2019; Jogindra, 2020; Kwame & Petrucka, 2021**), to evaluate nurses' understanding of the patient-centered care (PCC) concept. It comprises a total of 34 statements organized into three primary categories: the first category addresses the Concept of PCC (1 item), the second encompasses dimensions of PCC, which are further divided into eight domains: Patient values & preferences (4 items), Coordination & integration of care (4 items), Patient education (4 items), Physical comfort (4 items), Emotional support (4 items), Involvement of family & friends (4 items), Continuity & transition (4 items), Access to care (4 items), and lastly, barriers to PCC (3 items).

Scoring system

Responses were measured on a three-point Likert scale ranging from (2=Agree,1=Disagree & 0=Don't Know). A score of 0-22 indicates low levels of patient-centered care; 23-45 indicates moderate level, and 46-68 indicates high of patient-centered care.

Tool II: A self-administered Nurse- Patient Communication Skills Assessment Questionnaire

This tool was created by a researcher focusing on the Arabic language following an extensive review of the literature (**Berma, 2010; Kourkouta & Paphansiou, 2014; Marhamati et al., 2016; Amoah, 2019; & Abdulla, 2022**) to evaluate the communication abilities of nurses. It comprises three parts: the first includes demographic and job-related information such as age, gender, marital status, work environment, educational background, years of experience, and any communication training undertaken. The second part features 20 questions assessing nurses' understanding of communication skills. The final part, the Nurse-Patient Communication Observational Checklist, includes 15 items that assess nurses' communication practices.

Scoring System

Responses were rated on a three-point Likert scale: (Always = 3, Sometimes = 2, Rarely = 1). A score equal to or above 55% reflects sufficient knowledge among nurses regarding communication skills while a score of 68% or more signifies adequate communication practices with patients based on statistical analysis.

II OPERATIONAL DESIGN

The operational design covers the preparatory phase including content validity, reliability, pilot study, and field work.

Preparatory Phase

During this stage, a comprehensive review of the literature related to patient-centered care was conducted. The Nurses' Knowledge of Patient-Centered Care Questionnaire and a self-administered Nurse-Patient Communication Skills Assessment Questionnaire were refined by the researcher using multiple resources, including PUBMED, GOOGLE SCHOLAR, MEDLINE, CINAHL, EBESCO, Cochrane Database, Scopus, scientific books, articles, periodicals, and nursing canters. This review helped the researcher gain a deeper understanding of the subject matter and develop appropriate tools for data collection. Additionally, the validity and reliability of the tools were tested.

Validity of the Tools

A group of five nursing experts assessed the content validity of the tools, confirming both the face and content validity of the Arabic translations. The Content Validity Index (CVI) was calculated as 88% for the Nurses' Knowledge of Patient-Centered Care Questionnaire, 90% for the Nurses' Information about Communication Skills Questionnaire, and 93% for the Nurse-Patient Communication Observational Checklist. These results indicate strong validity and ensure that the tools accurately measure the intended constructs.

Reliability

Cronbach's alpha coefficient was calculated to assess the reliability of the tools in terms of their internal consistency. The reliability of the Nurses' Knowledge of

Patient-Centered Care Questionnaire was found to be 0.707, indicating acceptable internal consistency. The reliability of the Nurses' Information about Communication Skills Questionnaire was 0.681, which is also considered acceptable, though slightly lower. Additionally, the reliability of the Nurse-Patient Communication Observational Checklist was 0.933, demonstrating excellent internal consistency. These results confirm that the tools are reliable for measuring the intended constructs.

Pilot study

The purpose of the pilot study was to assess the applicability, feasibility, and objectivity of the study tools before the main data collection and to estimate the time needed for questionnaire completion. To ensure consistent responses, the pilot study involved 32 nurses, representing 10% of the total sample. This group was distinct from the main sample and was excluded from it. The nurses provided clarification on the questionnaire items, indicating that no modifications were necessary. The average time taken to complete the questionnaires was about 20 minutes.

Fieldwork

- An official agreement was obtained from the hospital director.
- A meeting with the director of nursing services was conducted to explain the study's objectives and gain cooperation.
- Nurses completed the questionnaires during their morning and afternoon shifts, two days each week, after the purpose of the study was explained.
- Nurses' knowledge of patient-centered care was assessed using the Nurses' Perception of Patient-Centered Care Questionnaire.
- Nurses' communication skills were assessed through a self-administered Nurse-Patient Communication Skills Assessment Questionnaire.
- The study was conducted over a three-month period, from April to June 2023.

III. ADMINISTRATIVE DESIGN

Before conducting the study, an official letter from the dean of the Faculty of Nursing was sent to the medical and nursing directors of El-Salam Hospital to obtain their approval. The medical and nursing directors were contacted and

informed about the study, allowing permission to include the nurses in the research. During the data collection process, each participating nurse verbally agreed to take part after being clearly informed about the study's aims and objectives.

Ethical considerations

The study was approved by the Research Ethics Committee (REC) at the Faculty of Nursing, Port Said University (code number: NUR 10/10/2024–42), in accordance with the committee's standards. Verbal consent was obtained from all participants before data collection, ensuring they clearly understood the purpose and nature of the study. The nurses were informed that their participation was voluntary and that they could withdraw from the study at any time without any consequences. Measures were implemented to ensure the confidentiality of the collected data, and participants' anonymity was guaranteed.

IV. STATISTICAL DESIGN:

Data were entered into the IBM SPSS software package version 22.0 (Armonk, NY: IBM Corp) for analysis. The normality of data distribution was assessed using the one-sample Kolmogorov–Smirnov test. Qualitative data were presented using frequencies and percentages, while quantitative data were summarized using range (minimum and maximum), mean, standard deviation, and median. The reliability of the tools was evaluated using Cronbach's alpha coefficient, which showed internal consistency with values of 0.681 for the Nurses' Information about Communication Skills Questionnaire, 0.933 for the Nurse-Patient Communication Observational Checklist, and 0.707 for the Patient-Centered Care Questionnaire. Additionally, content validity was assessed using the Content Validity Index (CVI).

RESULTS

Table 1 illustrates the personnel and job characteristics of the nurses included in the study. As shown in the table, the highest percentage (48.0%) of the nurses were between the ages of 20 and 30 years, female, married, and had more than fifteen years of experience, with percentages of 66.0%, 71.0%, and 37.0% respectively, more than

one-third of the nurses held a bachelor's degree. Additionally, 66.0% of them completed training courses in communication skills.

Table 2 illustrates that 34.3% of nurses reported high-level knowledge about the concept of patient-centered care, while only 19% showed high-level knowledge regarding Barriers of Patient-Centered Care. As regards Patient-Centered Care Domains the highest mean score (6.31 ± 1.363) was for emotional support domain followed by access to care (6.26 ± 1.587), while the lowest mean score was for Involvement of Family & Friends domain (2.24 ± 1.69)

Figure 1 shows nurses' total knowledge levels regarding patient-centered care. It was observed that 65% of the studied nurses had a moderate level of patient-centered care. While 35% of them had a high level.

Table 3 describes Nurses' patient communication skills. As shown in the table, slightly more than two-thirds of them (67.0%) have insufficient information about communication skills. While 56.0% of them do not have sufficient nurse-patient communication practice.

Table 4 clarifies the Correlation between the total score of patient-centered care, nurses' information of communication skills, and nurse-patient communication practice. The table revealed that there were highly statistically significant between nurses' information about communication skills, and patient-centered care. Additionally, as shown in the table, there were highly statistically significant differences between nurses, information about communication skills, and nurse-patient communication practice.

Table 5 Illustrates the correlations between various factors in patient-centered care and nursing communication practices. According to the table, patient-centered care is positively correlated with "Coordination & Integration of Care" ($r = .287, p < .01$) and "Continuity & Transition" ($r = .286, p < .01$). However, it negatively correlates with "Involvement of Family & Friends" ($r = -.209, p < .01$) and the "Concept of Patient-Centered Care" ($r = -.117, p = .043$).

Patient values & preferences show a significant positive correlation with "Patient Education" ($r = .157, p < .01$), and a notable negative correlation with "Continuity & Transition" ($r = -.123, p = .033$). "Coordination & Integration of Care" strongly correlates positively with "Physical Comfort" ($r = .307, p < .01$), and "Continuity & Transition" ($r = .262, p < .01$).

"Patient Education" correlates positively with "Involvement of Family & Friends" ($r = .145, p = .012$), and "Access to Care" ($r = .276, p < .01$). "Physical Comfort" shows positive correlations with "Emotional Support" ($r = .126, p = .030$) and "Total Nurses' Information of Communication Skills" ($r = .206, p < .01$). "Emotional Support" correlates positively with "Access to Care" ($r = .153, p < .01$), and "Barriers of Patient Centered Care" ($r = .185, p < .01$), and exhibits a significant negative correlation with "Total Nurse-Patient Communication Practice" ($r = -.207, p < .01$). "Involvement of Family & Friends" correlates positively with "Access to Care" ($r = .155, p < .01$), and shows a significant negative correlation with "Continuity & Transition" ($r = -.172, p < .01$). "Continuity & Transition" correlates positively with "Barriers of Patient Centered Care" ($r = .140, p < .016$) and "Total Nurses' Information of Communication Skills" ($r = .218, p < .01$). "Access to Care" shows no significant correlations detected. "Barriers of Patient Centered Care" correlates positively with "Total Nurses' Information of Communication Skills" ($r = .250, p < .01$).

Table (1): Frequency and percentage distribution of nurses according to their personal & job characteristics (n = 300).

Demographic characteristic	N	%
Age groups		
< 20 years	0	0
20 : < 30 years	144	48.0
30 : < 40 years	87	29.0
≥ 40 years	69	23.0
Mean age ± SD	33.7600±9.16638	
Range	22-59	
Gender		
Male	102	34.0
Female	198	66.0
Educational levels		
Diploma Education	102	34.0
Technical Education	78	26.0
Bachelor Degree	117	39.0
Other	3	1.0
Years of experience		
< 5 years	84	28.0
5: 15 years	105	35.0
> 15 years	111	37.0
Mean age ± SD	13.0500±10.419	
Range	1-40	
Marital status		
Single	69	23.0
Married	213	71.0
Divorced	9	3.0
Widow	9	3.0
Training in the area of study(communication)		
Yes	198	66.0
No	102	34.0

Table (2): Percentage distribution of the nurses' knowledge level about the patient-centered care categories (n=300).

Patient-Centered Care Categories	Nurses' Knowledge Level						M	±SD
	Low level		Moderate level		High level			
	No.	%	No.	%	No.	%		
A. Concept of Patient _Centered Care	197	65.7	0	0	103	34.3	0.89	0.959
B. Patient-Centered Care Domains								
1. Patients' Values & Preferences	21	7	153	51	126	42	5.05	1.832
2. Coordination & Integration of Care	129	43	48	16	123	41	3.80	3.417
3. Patient Education	3	1	66	22	231	77	6.25	1.246
4. Physical Comfort	39	13	117	39	144	48	5.12	2.241
5. Emotional Support	6	2	69	23	225	75	6.31	1.363
6. Involvement of Family &Friends	114	38	129	43	57	19	2.24	1.169
7. Continuity& Transition	93	31	138	46	69	23	3.77	2.170
8. Access to Care	9	3	69	23	222	74	6.26	1.587
C. Barriers to Patient-Centered Care	177	59	66	22	57	19	2.38	2.309
Total	0.0	0.0	195	65	105	35	42.07	8.087

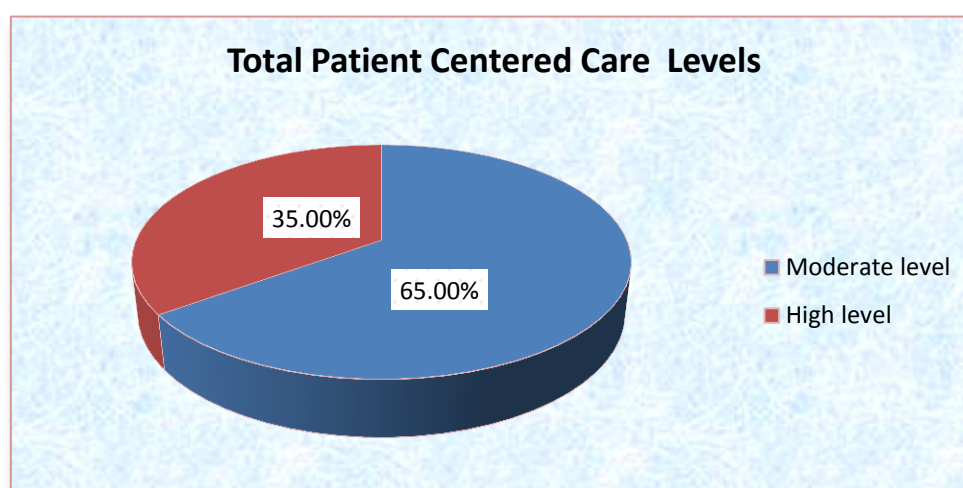
**Figure 1:** Distribution of the studied sample as regards their total knowledge levels regarding the patient-centered care (n=300).

Table (3): Frequency and percentage distribution of nurses' knowledge about Nurse-patient communication skills as reported by nurses (n=300).

Nurse's Patient Communication Skills	Communication Skills levels			
	Insufficient		Sufficient	
	N	%	N	%
Nurses' Information About Communication Skills	201	67.0%	99	33.0%
Nurse –Patient Communication Practice	168	56.0%	132	44.0%

Table (4): Correlation between total score of patient-centered care, nurses' information of communication skills, and nurse-patient communication practice (n = 300).

Study Variables	Sig	Nurses' Information on Communication Skills	Nurse –Patient Communication Practice
Total patient-centered care	r	.289**	-.015
	p	.000	.795
Total Nurses' Information on Communication Skills	r	-	.150**
	p	-	.009

** Correlation is significant at the 0.01 level (2-tailed).

Table (5): Correlation matrix between patient _centered care domains, nurses' information of communication skills, and nurse-patient communication practice (n = 300).

Study Variables	Sig	Concept of Patient-Centered Care	Patient, Values & Preferences	Coordination & Integration of Care	Patient Education	Physical Comfort	Emotional Support	Involvement of Family & Friends	Continuity & Transition	Access to Care	Barriers of Patient Centered Care
1- Concept of Patient Centered Care	r										
	p										
2-Patient, Values & Preferences	r	-.117*									
	p	.043									
3-Coordination & Integration of Care	r	.287**	.112								
	p	.000	.052								
4-Patient Education	r	-.162**	.157**	.111							
	p	.005	.006	.055							
5-Physical Comfort	r	.053	.072	.307**	.025						
	p	.362	.215	.000	.664						
6-Emotional Support	r	-.058	.054	.026	.037	.126*					
	p	.315	.351	.651	.524	.030					
7-Involvement of Family & Friends	r	-.209**	.051	.067	.145*	.058	.092				
	p	.000	.383	.245	.012	.318	.113				
8-Continuity & Transition	r	.286**	-.123*	.262**	.006	.041	-.030	-.172**			
	p	.000	.033	.000	.911	.482	.604	.003			

Table (5): Correlation matrix between patient-centered care domains, nurses' information of communication skills, and nurse-patient communication practice (n = 300). (Continued).

9-Access to Care	r	-.093	.016	.087	.276**	.062	.153**	.155**	.099		
	p	.108	.780	.131	.000	.287	.008	.007	.087		
10-Barriers of Patient-Centered Care	r	.087	.128*	.115*	-.012-	.098	.185**	-.090	.140*	.096	
	p	.133	.026	.046	.833	.091	.001	.121	.016	.097	
11-Total Nurses' Information on Communication Skills	r	.132*	.107	.173**	-.093	.206**	.013	-.051	.218**	.045	.250**
	p	.022	.064	.003	.109	.000	.827	.379	.000	.436	.000
12- Total Nurse –Patient Communication Practice	r	-.017	.071	-.018	-.004	-.042	-.207**	-.063	.111	.099	-.052
	p	.771	.220	.760	.941	.473	.000	.280	.055	.087	.370

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

DISCUSSION

Patient-centered care (PCC) emphasizes the pivotal role of effective communication between healthcare providers and patients, fostering active patient involvement in their treatment journey (Kwame & Petrucka, 2021). This approach is crucial for achieving optimal healthcare outcomes by reducing physical discomfort and emotional distress while improving patient satisfaction. Notably, the PCC model redefines patients' roles, transitioning them from passive recipients of care to empowered participants in decision-making processes (Ashcroft et al., 2018).

The demographic analysis of the surveyed nurses revealed that 48 participants were aged between 20 and 30, with a mean age of 33.76 ± 9.1 years. Nearly two-thirds were female and married, with one-third holding bachelor's degrees and possessing at least 15 years of professional experience. Over half of the participants reported having received training in communication skills. The study findings indicated that two-thirds of the nurses demonstrated a moderate understanding of patient-centered care (PCC), while one-third exhibited a strong grasp of the concept.

These results align with **Holzman et al. (2018)**, who highlighted the need for continuous training and updates on PCC principles for healthcare personnel. The findings also underscore the importance of ethical adherence by healthcare professionals. **Lotfi et al. (2019)** noted that inadequate knowledge and education regarding PCC pose significant barriers, potentially impeding the integration of patient preferences and the adoption of innovative practices.

The findings of this study align with those of **Amoah et al. (2019)**, which revealed insufficient communication knowledge among nurses in Ghana, resulting in weak nurse-patient relationships. The study emphasized that strong bonds between nurses and patients encourage patients to share their concerns more openly. Similarly, research from Jimma, Ethiopia, highlighted limited therapeutic communication skills among nurses (**Olana et al., 2019**). Additionally, this study demonstrated a significant positive relationship between nurses' communication skills and the provision of patient-centered care.

These results are supported by **Lateef and Mhlongo (2022)**, who underscored that effective nurse-patient interaction is a vital component of patient-centered care, with successful communication fostering robust relationships and enhancing patient-centeredness.

The outcomes of this research show a negative relationship between patient-centered care and the participation of family and friends. This underscores the difficulties related to the involvement of relatives in patient care. These results are consistent with the findings of **Alshahrani et al. (2018)**, who highlighted the need for explicit guidelines to define the roles of family members, particularly in situations where their involvement is unclear. The participation of patients' relatives, especially in obtaining at the hospital pharmacies, introduces an additional dimension to patient care that extends beyond the clinical setting.

Furthermore, there is a beneficial connection between patient-centered care and the coordination and integration of healthcare services. This finding aligns with the assertion made by **Pelletier and Stichler (2014)** that patient-centered care is "coordinated and integrated across a continuum of services, providers, and environments." Similarly, **Hudon et al. (2012)** regard coordination as essential to patient-centered care.

As a result, the findings of this study suggest that there is a strong positive correlation between "Coordination and Integration of Care" and "Physical Comfort." This aligns with the work of **Harvard Medical School (2020)**, which emphasizes that coordinating and integrating care services, ensuring accessibility, and enhancing physical comfort are essential components of patient-centered care.

Amoah et al. (2019) pointed out that an inappropriate care environment—marked by noisy conditions and insufficient ward amenities—adversely affects patients' psychological health and hampers the nurse-patient relationship and communication. Furthermore, when care services lack proper coordination, new patients and their caregivers face difficulties in navigating the healthcare system, such as locating offices for medical tests and consultations. This confusion can restrict both patient-centered care and effective communication.

The findings from the recent research demonstrate that challenges to patient-centered care are positively linked to the way nurses communicate with their patients. This result is consistent with the study by **Yoo et al. (2020)**, which revealed that healthcare practitioners frequently prioritize completing care tasks rather than focusing on the needs and preferences of patients and their families. This emphasis creates a barrier to attaining patient-centered care and fostering effective communication.

CONCLUSION

Based on the findings of the present study, it can be concluded that:

This research highlights the crucial link between patient-centered care and nurses' ability to communicate effectively with patients. Additionally, the results of this study indicate that nurses possess a moderate understanding of PCC, along with inadequate knowledge and implementation of nurse-patient communication.

RECOMMENDATIONS

Based on the results of the present study, it is recommended to:

- For educational institutions, enhancing the training of healthcare providers during pre-service education is essential for delivering healthcare that meets the needs, preferences, and expectations of individuals accessing services.
- Develop comprehensive communication training programs for nurses to equip them with essential skills and heightened awareness to navigate the diverse backgrounds and situations encountered in patient care effectively.
- Enhance healthcare facilities by incorporating patient-centered designs, focusing on cleanliness, accessibility, and physical layouts that foster a supportive and welcoming environment for patients.
- Implement recognition and reward systems to motivate nursing staff by establishing clear goals and acknowledging those who excel in delivering patient-centered care.
- Create a healthcare culture that prioritizes patient-centered care, ultimately improving patient satisfaction, outcomes, and overall healthcare experiences.

- Conduct further research to identify barriers hindering effective communication between nursing staff and patients. Future studies should adopt a multidisciplinary approach, engaging families and patients, and explore patient-specific factors influencing the successful implementation of patient-centered care.

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العلاقة بين المريض محور الرعاية ومهارات التواصل بين الممرض والمريض في مستشفى السلام ببورسعيد

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الخلاصة

الخلفية: يلعب استخدام مفهوم الرعاية التي تركز على المريض دورًا مهمًا في تعزيز نتائج الرعاية الإيجابية وتوفير جودة الرعاية الصحية التي تحترم وتلبي احتياجات المرضى ومقدمي الرعاية، أيضا التواصل الفعال بين مقدمي الرعاية الصحية والمرضى ضروري لرعاية المرضى والتعافي. **الهدف:** هدفت هذه الدراسة إلى تحديد العلاقة بين الرعاية التي تركز على المريض ومهارات التواصل بين الممرضة والمريض بين الممرضات. **الموضوعات والطريقة:** تم استخدام تصميم بحثي وصفي مقطعي في هذه الدراسة في جميع وحدات المرضى في مستشفى السلام - شملت الدراسة 324 من طاقم التمريض. تم استخدام أداتين لجمع البيانات: استبيان معرفة الممرضات بالرعاية التي تركز على المريض واستبيان تقييم مهارات التواصل بين الممرضة والمريض. **النتائج:** كشفت الدراسة الحالية أن 65% من الممرضات المدروسات يعرفن بشكل معتدل عن الرعاية التي تركز على المريض. 67% لديهم معلومات غير كافية حول مهارات الاتصال، وأيضا 56% لديهم ممارسات غير كافية للتواصل بين الممرض والمريض. الاستنتاج: كانت هناك علاقة ذات دلالة إحصائية عالية بين معلومات الممرضات حول مهارات الاتصال وممارسة التواصل بين الممرضة والمريض والرعاية التي تركز على المريض. **التوصيات:** إجراء برنامج تعليمي للممرضات لتحسين تأثير برنامج التدريب على الرعاية التي تركز على المريض على مهارات التواصل بين الممرضة والمريض.

الكلمات المرشدة: المريض محور الرعاية , التواصل بين المريض -الممرض