Who is at the centre of what? A scoping review of the conceptualisation of ‘centredness’ in healthcare

Elizabeth Ann Sturgiss 1, Annette Peart 2, Lauralie Richard 3, Lauren Ball 4, Liesbeth Hunik 5, Tze Lin Chai 1, Steven Lau 6, Danny Vadasz 7, Grant Russell 8, Moira Stewart 9

ABSTRACT

Objectives We aimed to identify the core elements of centredness in healthcare literature. Our overall research question is: How has centredness been represented within the health literature published between 1990 and 2019?

Methods A scoping review across five databases (Medline (Ovid), PsycINFO, CINAHL, Embase (Ovid) and Scopus; August 2019) to identify all peer-reviewed literature published since 1990 that focused on the concept of centredness in any healthcare discipline or setting. Screening occurred in duplicate by a multidisciplinary, multinational team. The team met regularly to iteratively develop and refine a coding template that was used in analysis and to discuss the interpretations of centredness reported in the literature.

Results A total of 23 006 title and abstracts, and 499 full-text articles were screened. A total of 159 articles were included in the review. Most articles were from the USA, and nursing was the disciplinary perspective most represented. We identified nine elements of centredness: Sharing power; Sharing responsibility; Therapeutic relationship/bond/alliance; Patient as a person; Biopsychosocial; Provider as a person; Co-ordinated care; Access; Continuity of care. There was little variation in the concept of centredness no matter the preceding word (eg, patient-/person/-client-), healthcare setting or disciplinary lens. Improving health outcomes was the most common respect was the predominant driving value of the research. Conclusions Centredness is consistently conceptualised, regardless of the preceding word, disciplinary lens or nation of origin. Further research should focus on centring the patient perspective and prioritise research that considers more diverse cultural perspectives.

Introduction

High-quality, effective, evidence-based healthcare places the recipient at the centre of care. The concept of patient-centred or person-centred or client-centred care has been explored by researchers across several countries, and has resulted in numerous models that have attempted to explain the concept. Most of this literature begins by lamenting the lack of a universal definition for centredness, and it is commonly proposed that the application and implementation of patient/person/client centredness is hampered by this uncertainty.

This lack of consensus regarding a definition is, we suggest, a result of a similar lack of consensus about the constructs underlying the concept of centredness. The fuzziness of the concept makes teaching and research more difficult and could well contribute to some of the variability observed in interventions based on centredness. A common understanding of the constructs of centredness would help clarify the definition, and better focus clinical teaching, professional development and evaluation approaches. It may even offer a road away from the endless esoteric debates that have occupied the literature for decades.

There is a large body of literature devoted to differences between patient centredness, person centredness, or client centredness in healthcare. Many authors have spent time and energy defining the different types of centredness, patient/person/client etc, under the assumption that they are differing concepts. However, among these different qualifier terms for centredness that are often used in different healthcare settings, it remains unclear how and to what extent centredness is conceptualised in the literature, and who

Strengths and limitations of this study

We included all healthcare disciplines, settings and qualifier terms for centredness.
We are a multidisciplinary team from five healthcare disciplines, from four countries.
Consumer involvement has been included from the start of the project through to coauthorship.
We were unable to include papers in languages other than English.
is the focus of centredness. This scoping review aims to explore the conceptualisation of centredness in the healthcare literature with a view to identify core elements, approaches to the study of centredness, and key contextual factors in the conceptualisation of centred care.

Centredness is a multidimensional concept, that can operate at different levels of healthcare (eg, health system, organisation, provider/individual level), and the concept has evolved in time across diverse disciplines and contexts. Centredness is not a linear, static, and simple concept. In this review, we adopt a view of centredness as a complex system. This particular lens broadens the focus of our review from not only the what and why of centredness, but also the how. Using this lens of a complex system, we bring our attention to the constitutive components (or dimensions) of centredness (the what) alongside the intentions (or justifications) and values that underpin the concept as described in the literature (the why). It also brings the focus of our search onto how centredness comes to unfold in different contexts, with specific consideration given to its processes and relationships (how it works, with whom).

Based on this, our specific questions are:

How has centredness been described within the peer-reviewed health literature published between 1990 and 2019?

- In these descriptions, what is reported in terms of:
  - Elements of centredness.
  - Underpinning values.
  - Level of analysis (for a situated view of centredness across contexts).
  - Justification for the concept as a component of healthcare delivery.
- What approaches (study types) have been used to generate these descriptions of centredness?
- What key contextual factors are associated with these descriptions, including disciplinary approach, country and year of publication, and included perspectives?

**METHODS**

We conducted a scoping review using a prospective protocol available online at the Open Science Framework (https://osf.io/v9hdx/). Our aim was best served by the scoping review method as we mapped the literature base across a broad range of disciplines to explore the concept of centredness. Our protocol was based on methodological guidance from the Joanna Briggs Institute. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews has guided the reporting of this review.

We included peer-reviewed publications reporting on the concept of ‘centredness’ within any healthcare setting. No restriction was made on the setting or discipline, but we limited papers to those published since 1990, given the early definitions of patient centred care arose in the mid to late 1980s. No restriction was made on the setting or discipline, but we limited papers to those published since 1990, given the early definitions of patient centred care arose in the mid to late 1980s. We only included publications in English due to our language ability, and excluded papers solely about implementation of centredness-based programmes or interventions. We did not include grey literature as our research question is focused on how centredness is conceptualised within peer-reviewed literature.

Our search strategy targeted all terms that could be used to refer to ‘centredness’, including patient, person, user, client, relationship, woman, family; there was no limitation on the word placed prior to ‘centredness’ in the title or abstract.

In August 2019, we searched Medline (Ovid), PsycINFO, CINAHL, Embase (Ovid) and Scopus using the terms centredness, centeredness, ‘centered-care’, ‘centred-care’, the MeSH term ‘patient-centred care’, concept, concept formation, phenomena, framework, model, theory, pathway, mechanism, review and context (box 1). The search strategy was reviewed by an academic librarian at the Royal Australian College of General Practitioners.

We used Covidence to facilitate independent, duplicate screening for title and abstracts (EAS, TLC, SL, AP, LH, LR, LB and GR); and again for full text articles (AP, EAS, TLC, SL, LH, GR and LB). We initially screened 20 manuscripts and then met to refine the criteria and ensure our screening practices were aligned. Any conflicts were resolved by a third author (GR and MS).

We extracted the following data: country of authorship, year, healthcare discipline and study type. We also extracted whether the original authors reported centredness at the level of the provider, multidisciplinary team, discipline or organisation. We extracted the elements or dimensions of centredness described in the paper, the justification for reporting on centredness, and any underlying values. We were also interested in who’s perspective was represented in the paper: academic or researcher, patient, policy-maker or healthcare providers.

When considering the dimensions of centredness, we used the Mead and Bower framework of patient centredness and the categories from the Langberg review to contextualise our work and develop initial codes by taking the categories already identified in these papers to begin the coding tree. We chose to split ‘Sharing power and responsibility’ that typically are presented together as we were interested in mapping power sharing in its own right.

We developed a detailed code book to guide the extraction process that we added to as new elements arose, iteratively during discussions in team meetings. Elements were added to the coding tree as they arose in
each paper, similar to a coding process used commonly in qualitative research. We mapped all items that were raised in the papers and did not attempt to attach more or less importance to each element.

Approximately half of the papers were extracted by two independent authors (AP, EAS, LB, LH, LR and TLC), with a third author determining consensus on the extraction (SL). The team met regularly throughout the project, increasing in frequency for key milestones and discussion of new concepts and observations. A formal assessment of methodological quality was not part of this scoping review.

We used excel to visually display our data extraction with colour coding to highlight the features of each article and discussed the descriptive findings with the authorship team.

To enhance the rigour of our approach, we are a multidisciplinary team covering five healthcare disciplines, from four countries. We value the contribution of our consumer representative (DV). Our team has varied disciplinary knowledge, personal, and professional experiences which allows us to have a broad view of the concept and characterisation of centredness. We brought our distinctive approaches to centredness to this project with a view to answering the research questions. Our regular meetings included reflexive elements to consider how we were to analyse the data and where data best fit within each of our conceptualisations of centredness.

**Patient and public involvement**

Author, DV, was involved in the study from the start of the study and had input into the methods. DV was involved in the final analysis and interpreting the findings.

**RESULTS**

A total of 23,006 title and abstracts were screened, and 499 full text articles. 159 articles were included in the extraction (83 papers extracted by two authors) (figure 1).

---

**Figure 1** PRISMA flow chart with reasons for exclusions in a scoping review of the concept of centredness in healthcare. PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-Analyses.
Fifty-three papers were from the USA, and the most common disciplinary perspective was nursing (52 papers) (table 1). There were few papers explicitly originating from primary care (three papers), and most papers were from other specialty disciplines and tertiary care (table 1).

The most common terms to qualify ‘centredness’ were patient (59 papers), person (38 papers), and family (33 papers), with family mostly limited to the papers from paediatric settings (table 2). The Dutch (six papers), Belgian (one) and German (three) authors only used ‘patient’ centredness and did not use any other preceding word.

Most papers described centredness from the perspective of a discipline or healthcare organisation. The patient perspective was represented in 15.7% of the papers (25 papers, table 2). There were 13 papers reporting on centredness from a non-Western perspective using a specific cultural lens (online supplemental table 1).

We found nine major categories of elements of centredness described across the different papers (table 3). From the initial coding tree (informed by Mead and Bower plus the Langberg review), we added access and continuity of care as major categories. We also added a number of more specific, but related categories to the existing coding frame, including compassion, emotional engagement, person as part of a collective, spirituality, strengths based, social determinants of health, professional clinical responsibilities and advocate for the patient (table 4).

| Table 1 Country of authors, year of publication, discipline and study type; total papers n=159 |
|------------------------------------------|-----------------|-----------------|
| Country               | n (%)           | Country               | n (%)           |
| USA                    | 53 (33.3)       | UK                       | 27 (17.0)       |
| Canada                 | 20 (12.6)       | Australia              | 15 (9.4)        |
| Australia              | 15 (9.4)        | Netherlands             | 6 (3.8)         |
| NZ                     | 3 (1.9)         | Multiple countries      | 6 (3.8)         |
| Other                  | 29 (18.2)       | Year of publication     |                |
| 1990–2000              | 14 (8.8)        | 2001–2010                | 40 (25.2)       |
| 2011–2019              | 105 (66.0)      | Discipline              |                |
| Nursing                | 52 (32.7)       | Medicine                | 22 (13.8)       |
| Paediatrics            | 13 (8.2)        | Occupational therapy    | 6 (3.8)         |
| Physiotherapy          | 4 (2.5)         | Primary care            | 3 (1.9)         |
| Neonatal               | 2 (1.3)         | Other                   | 58 (36.5)       |
| Study type             |                |                          |                |
| Empirical—qualitative  | 22 (13.8)       |                          |                |
| Empirical—quantitative | 3 (1.9)         |                          |                |
| Literature review      | 46 (28.9)       |                          |                |
| Opinion                | 28 (17.6)       |                          |                |
| Systematic review      | 13 (8.2)        |                          |                |
| Other                  | 47 (29.6)       |                          |                |

| Table 2 The number of papers with each qualifier, justification, values, perspective represented; total papers n=159 |
|------------------------------------------|-----------------|-----------------|
| Qualifying word                    | n (%)           | Qualifying word                    | n (%)           |
| Patient                      | 59 (37.1)       | Person                      | 38 (23.9)       |
| Person                       | 38 (23.9)       | Family                      | 33 (20.8)       |
| Family                       | 33 (20.8)       | Client                      | 9 (5.7)         |
| Client                       | 9 (5.7)         | Relationship                | 3 (1.9)         |
| Relationship                 | 3 (1.9)         | Other                       | 17 (10.7)       |
| Level of analysis             |                |                          |                |
| Provider                     | 30 (18.9)       | Team                       | 24 (15.1)       |
| Team                         | 24 (15.1)       | Discipline                 | 58 (36.5)       |
| Discipline                   | 58 (36.5)       | Organisation               | 47 (29.6)       |
| Organisation                 | 47 (29.6)       | Justification              |                |
| Justification                |                | Efficiency                  | 34 (21.4)       |
| Efficiency                   | 34 (21.4)       | Humanistic/moral            | 44 (27.7)       |
| Humanistic/moral             | 44 (27.7)       | Patient satisfaction        | 34 (21.4)       |
| Patient satisfaction         | 34 (21.4)       | Improved health outcomes    | 90 (56.6)       |
| Improved health outcomes     | 90 (56.6)       | Underpinning values         |                |
| Underpinning values          |                | Respect                     | 104 (65.4)      |
| Respect                      | 104 (65.4)      | Equity                      | 22 (13.8)       |
| Equity                       | 22 (13.8)       | Social justice              | 35 (22.0)       |
| Social justice               | 35 (22.0)       | Cultural practices          | 11 (6.9)        |
| Cultural practices           | 11 (6.9)        | Autonomy                    | 41 (25.8)       |
| Autonomy                     | 41 (25.8)       | Who’s perspective           |                |
| Who’s perspective            |                | Academic                    | 132 (83.0)      |
| Academic                     | 132 (83.0)      | Patient/person              | 25 (15.7)       |
| Patient/person               | 25 (15.7)       | Healthcare provider         | 27 (17.0)       |
| Healthcare provider          | 27 (17.0)       | Policy-makers               | 8 (5.0)         |

1. Sturgiss EA, et al. BMJ Open 2022;12:e059400. doi:10.1136/bmjopen-2021-059400
DISCUSSION

We identified nine core elements of centredness across the literature with the most common being sharing responsibility, therapeutic relationship and patient as a person. There were many qualifier terms used in the literature, but we found little difference in the elements of centredness no matter what the preceding word. There were few papers that explicitly included the patient perspective in their analysis. By using a complex systems approach, we were able to identify the justification and values that underly conceptualisations of centredness.

We found there were few descriptions of centredness in the published literature that used anything other than a Western perspective. The 13 papers that did use a specific cultural or ethnic group often had a different way of bringing together the elements of centredness, but still the elements were similar to the majority of papers. For example, a description of Maori centred nursing practice used an image of two hands to explain how nursing practice and Maori practice interacted in the nurse’s work. The papers from more culturally diverse perspectives had a stronger emphasis on the person as part of a collective, that is seeing people as part of their family, community or wider society.

Access and continuity of care were the two major elements that were added to our initial list drawn from Mead and Bower and the Langberg review. These two additions, both based on the elements described in the literature, transform the list into one that resonates strongly with the ‘four Cs of primary care’ described by Starfield as comprehensiveness, first contact of care (or access), co-ordination and continuity of care. Many in our team have been, or are, involved in primary care research and synergies between the four Cs and this list of nine elements left us reflecting on the central place of centredness as an overarching principle in the provision of high-quality (primary) healthcare.

It is important to reflect on the justification and values that are driving the quest for centredness in healthcare. The most common justification for centredness was to improve health outcomes for patients, while the most common underlying value was respect for patients. We are left with a question as to whether centredness is an outcome in itself, or only part of the process to achieve better health outcomes? Is centredness a recognition of the right of patients to be involved in their own care or is it simply an organising principle intended to deliver greater care efficiency and better health outcomes? Is it possible (and morally acceptable) to have healthcare that is centred on the person/patient/client, when we are primarily interested in it as a means to improve outcomes (an instrumental purpose)? Perhaps further reflection on the values would assist in implementing care that better reflects the core elements of centred healthcare.

These reflections require the acknowledgement of the lack of the perspective of the patient in the vast majority of papers. This appears to be in direct conflict with the stated intentions of those interested in increasing centredness and leaves us wondering, whom is at the centre? When the patient perspective is not explicitly included, the void is filled by the perspective of academics, clinicians and other interested stakeholders. Future research on centredness should not proceed without the explicit and intentional inclusion of the patient perspective.

This review is unique as we included all healthcare disciplines and settings. Strength lies in the rigorous screening

| Table 3 | Elements of centredness described in the paper; total papers 159; note: each paper can have multiple elements described within the same paper |
|---|---|
| **n (%)** |  |
| 1. Sharing power* | 46 (28.9) |
| a) Seen as equals* | 50 (31.4) |
| b) Empowerment | 56 (35.2) |
| 2. Sharing responsibility | 103 (64.8) |
| 3. Therapeutic relationship/bond/alliance | 129 (81.1) |
| a) Compassion | 27 (17.0) |
| b) Emotional engagement | 38 (23.9) |
| 4. Patient as a person | 125 (78.6) |
| a) Person as part of a collective | 79 (49.7) |
| b) Spirituality, cultural needs | 25 (15.7) |
| c) Comprehensive care | 52 (32.7) |
| d) Strengths based | 38 (23.9) |
| 5. Biopsychosocial | 33 (20.8) |
| a) Social determinants of health | 16 (10.1) |
| 6. Provider as a person | 42 (26.4) |
| a) Professional clinical responsibilities | 27 (17.0) |
| b) Advocate for the patient | 15 (9.4) |
| 7. Co-ordinated care | 52 (32.7) |
| 8. Access | 39 (24.5) |
| 9. Continuity of care | 41 (25.8) |

See Table 4 for an explanation of each category.

*Papers were only coded to ‘Sharing power’ if they used the word power; other papers that included a similar concept, but without using the word power were coded as ‘Seen as equals’. Please see Table 4 for a fuller explanation of each element.

access and continuity than those with a different level (provider, team, discipline). Papers written after 2003 did not mention the ‘provider as a person’.

For the justification for centredness, we focused on four items—efficiency, patient satisfaction, improved health outcomes, the moral imperative of humanistic values—based on the justification given by the Institute of Medicine. The most frequent justification for focusing on centredness was improved health outcomes (table 2).

Some of the values reflected in the papers included respect, equity, social justice, cultural practices and autonomy. Many authors did not report the values that underpinned their work, but for those that did, respect for patients was the most frequent underlying value (table 2).
### Table 4: Description and explicit coding rules for the elements of centredness identified in the scoping review

| Element of centredness | Description | Explicit coding rules (if relevant) |
|------------------------|-------------|-------------------------------------|
| 1. Sharing power       | Between the patient/client and the practitioner | Only coded if the word ‘power’ is used |
| a) Seen as equals      | Balance in the consultation; not ‘paternalistic’; reduced medical authority; symmetrical relationship; mutual participation — have similar meaning, but the word ‘power’ is not used | |
| b) Empowerment         | Only coded if the word ‘empowerment’ is used | |
| 2. Sharing responsibility | Between the patient/client and the practitioner, includes collaboration, working together on tasks, each person having their own tasks to be responsible for | |
| 3. Therapeutic relationship/bond/alliance | Includes factors of empathy, respect, trust, rapport | |
| a) Compassion          | Only coded if the word ‘compassion’ is used | |
| b) Emotional engagement | Specifically recognises the emotional needs of the individual including emotional support, attending to the emotions of the patient | |
| 4. Patient as a person | Concerned with understanding the individual’s experience of illness; seeing the patient as more than just their ‘disease’ or problem; includes the personal meaning that people bring to illness; the importance of eliciting each patient’s expectations, feelings and fears about the illness; strive to understand the patient as an idiosyncratic personality within their unique context | |
| a) Person as part of a collective | Recognising that an individual is part of a larger community—for example, family, community, cultural group—and that this impacts management | |
| b) Spirituality, cultural needs | Recognising that the patient has spiritual needs that should be considered, these could be related to religious, cultural or other practices | |
| c) Comprehensive care | Includes care of the ‘whole person’, including ‘holistic care’ | |
| d) Strengths based | Recognising and building on the strengths of the individual/family/focus of care | |
| 5. Biopsychosocial     | Considering the complete picture of biological, social and psychological issues; it is about the issue that the patient/person is presenting with, rather than about its management | Only coded if the word ‘biopsychosocial’ is used |
| a) Social determinants of health | Factors such as housing, employment, poverty and minority status influence both the disease and the participation in treatment | |
| 6. Provider as a person | The influence of the personal qualities of the provider; recognising that the practitioner is also a person with multiple facets | |
| a) Professional clinical responsibilities | The clinician involved in the encounter has a set of professional responsibilities that need to be integrated into the approach to the patient | |
| b) Advocate for the patient | The clinician has a role outside the consultation to advocate for the needs of the patient | |
| 7. Co-ordinated care   | Care provided by a broader team that requires coordination | |
| 8. Access              | This is the ability of the patient to access care and will have different specifics depending on the level of analysis (person/practice/discipline/system): could include physical access to care; appointment systems (level of the practice); consultation specific issues, for example, language and translation | |
| 9. Continuity of care  | Care provided by a clinician/team/system that is familiar with the patient’s story; includes longitudinal care, care provided over time | |
process and, importantly, our multidisciplinary, multinational team that includes consumer representation as described in our methods. We view our team as a strength due to its ability to bring diverse perspectives to the understanding of centredness which is particularly important when focusing on a conceptual research question. Unfortunately, we were only able to include papers written in English and this means we would have missed concepts in other languages. We also only had two extractors for 50% of the papers, and while we ensured we had regular meetings and an agreed codebook, this lack of a second extractor for the second half of the papers represents a limitation. As our research question was based on peer-reviewed literature so we did not include grey literature. Therefore, concepts outside this body of work will not be included.

This scoping review provides reassurance that there are few discrepancies among the definitions of various types of centredness from varied disciplinary perspectives. Further work in the field of centredness would be worthwhile if it included strong patient perspective and/or the examination of centredness from more diverse cultural perspectives. We intend to further explore the elements of therapeutic alliance, sharing power, and ‘attending’ to the person. A central thread for framing these explorations is the varying contexts of healthcare and the influence of context on how the elements of centredness are enacted.

Author affiliations
1School of Primary and Allied Health Care, Monash University, Melbourne, Victoria, Australia
2Eastern Health Clinical School, Monash University, Melbourne, Victoria, Australia
3Department of General Practice and Rural Health, University of Otago, Dunedin, New Zealand
4Menzies Health Institute Queensland, Griffith University, School of Public Health, Southport, Queensland, Australia
5Department of Primary and Community Care, Radboud University Medical Center, Nijmegen, The Netherlands
6Department of Physiotherapy, Monash University, Melbourne, Victoria, Australia
7Health Issues Centre, Melbourne, Victoria, Australia
8Department of General Practice, School of Public Health and Preventive Medicine, Monash University, Melbourne, Victoria, Australia
9Department of Family Medicine, Centre for Studies in Family Medicine, Western University, London, Ontario, Canada

Twitter Elizabeth Ann Sturgiss @LizSturgiss, Lauren Ball @laurenbail01 and Grant Russell @grantrussell17

Contributors
EAS and MS conceived of the concept, EAS, AP, LR, LB, LH, SL, DV, GR and MS all contributed to the methods, SL performed the search, EAS, AP, LR, LB, LH, SL, TLC, GR and MS all contributed to the review of articles, EAS, AP, LR, LB, LH, TLC, SL extracted data, all authors were involved in the analysis. EAS and AP wrote the draft manuscript AP developed table 1, TLC referenced the paper, and all authors contributed to the final manuscript. The corresponding author attests that all listed authors meet authorship criteria and that no others meeting the criteria have been omitted.

Funding
There was no specific funding for this study. EAS and LB salaries are supported by National Health and Medical Research Council Investigator Grants.

Competing interests
None declared.

Patient and public involvement
Patients and/or the public were involved in the design, or conduct, or reporting, or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication
Not applicable.

Provenance and peer review
Not commissioned; externally peer reviewed.

Data availability statement
Data are available on reasonable request. The full data extraction and Covidence extraction file will be shared with researchers on appropriate request to the corresponding author.

Supplemental material
This content has been supplied by the author(s), it has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access
This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/.

ORCID iDs
Elizabeth Ann Sturgiss http://orcid.org/0000-0003-4428-4060
Annette Pearl http://orcid.org/0000-0002-2497-3857
Lauralie Richard http://orcid.org/0000-0002-2497-3857
Grant Russell http://orcid.org/0000-0003-3773-2355

REFERENCES
1 Institute of Medicine. Crossing the quality chasm: a new health system for the 21st century. Washington, DC: National Academy Press (US), 2001.
2 Mead N, Bower P. Patient-centredness: a conceptual framework and review of the empirical literature. Soc Sci Med 2000;51:1087–110.
3 Stewart M. Towards a global definition of patient centred care: the patient should be the judge of patient centred care. Br Med J 2001;322:445–5.
4 Starfield B. Is patient-centred care the same as person-focused care? Perm J 2011;15:83–9.
5 Langberg EM, Dyhr L, Davidsen AS. Development of the concept of patient-centredness - A systematic review. Patient Educ Couns 2019;102:1229–36.
6 Burgers JS, van der Weijden T, EWMA. Challenges of research on Person-Centered care in general practice: a scoping review. Front Med 2021;8:1–9.
7 Dwamena F, Holmes-Rovner M, Gaulden C, et al. Interventions for providers to promote a patient-centred approach in clinical consultations (review), Cochrane Database Syst Rev 2012;12:1–7.
8 Eriksson DM. A principal exposition of Jean-Louis Le Moigné’s systemic theory. Cybern Hum Knowing 1997;4:33–77.
9 The Joanna Briggs Institute. The Joanna Briggs Institute Reviewers’ Manual 2015: Methodology for JBI scoping reviews, 2015 edition/ Supplement. Adelaide, South Australia: The Joanna Briggs Institute, 2015: 1–24.
10 Tricco AC, Lillie E, Zarin W, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. Ann Intern Med 2018;169:467–73.
11 Veritas Health Innovation. Covidence systematic review software [Internet]. Melbourne. www.covidence.org
12 Al-Motlaq MA, Shields L. Family-centered care as a Western-centric model in developing countries: luxury versus necessity. Holist Nurs Pract 2017;31:343–7.
13 McCormack B, McCance TV. Development of a framework for person-centred nursing. J Adv Nurs 2006;56:472–9.
14 McCormack B, Karlsson B, Dewing J, et al. Exploring person-centredness: a qualitative meta-synthesis of four studies. Scand J Caring Sci 2010;24:620–34.
15 McMillan F, Kammers D, Traynor V. Person-Centred care as caring for country: an Indigenous Australian experience. Dement Int J Soc Res Pract 2010;9:163–6.
16 Mikkelsen G, Frederiksen K. Family-centred care of children in hospital - a concept analysis. J Adv Nurs 2011;67:1152–62.
17 Miles A. Science, Humanism, judgement, ethics: person-centered medicine as an emergent model of modern clinical practice. Folia Med 2013;55:5–24.
18 Mills I, Frost J, Kay E. Person-centred care in dentistry-the patients’ perspective. Br Dent J 2015;413.

Elizabeth Ann Sturgiss, et al. BMJ Open 2022;12:e059400. doi:10.1136/bmjopen-2021-059400
78 Atwhal M, Marchuk B, Lafort-Flissser Y, et al. Adaptation of a best practice guideline to strengthen client-centered care in public health. Public Health Nutr 2011;14:377–84.
79 Bamm EL, Rosenbaum P. Family-centered care: origins, development, barriers, and support to improve reimbursement. Arch Phys Med Rehabil 2008;89:1618–24.
80 Barbosa MAM, MMFG B, Pettenigil MAM. Family-centered care in the context of children with disabilities and their families: a reflective review. Texto Context Enferm 2012;21:194–9.
81 Barton P, Wilson D, Te Kapunua Putohe (the restless hands): a Maori centered nursing practice model. Nurs Prax NZ 2008;24:6–15.
82 Basteimejer CM, Voogt L, van Eijk JP, et al. What do patient values and preferences mean? A taxonomy based on a systematic review of qualitative papers. Patient Educ Couns 2017;100:871–81.
83 Beach MC, Inui T, Frankel R. Relationship-Centered Care Research Network. Relationship-centered care. A constructive reframing. J Gen Intern Med 2006;21 Suppl 1:3–8.
84 Behrens LL, McGahan G, Abbott KM, et al. Mapping core concepts of person-centered care in long-term services and supports. J Gerontol Nurs 2019;45:7–13.
85 Bensing J. Bridging the gap. The separate worlds of evidence-based medicine and patient-centered medicine. Patient Educ Couns 2000;39:17–25.
86 Berghout M, van Exel J, Leensvaart L, et al. Healthcare professionals’ views on patient-centered care in hospitals. BMC Health Serv Res 2015;15:385.
87 Bergman AA, Connaughton SL. What is patient-centered care really? Voices of Hispanic prenatal patients. Health Commun 2013;28:789–99.
88 Bertmess G, Nyman A, Letremi I, et al. A person-centered integrated care quality framework, based on a qualitative study of patients’ evaluation of care in light of chronic care ideals. BMC Health Serv Res 2018;18:479.
89 Berry LL, Seiders K, Wilder SS. Innovations in access to care: a patient-centered approach. Ann Intern Med 2003;139:568–74.
90 Adams T, Sarnak D, Lewis J, et al. What do clinicians who deliver maternity services think patient-centered care is and how is that different for vulnerable women? A qualitative study. J Pregnancy 2018;5853235.
91 Black RM. Intersections of care: an analysis of culturally competent care, client centered care, and the feminist ethic of care. Work 2005;24:409–22.
92 Brady S, Lee N, Gibbons K, et al. Woman-centred care: an integrative review of the empirical literature. Int J Nurs Stud 2019;94:107–11.
93 Bright FAS, Boland P, Rutherford SJ, et al. Implementing a client-centred approach in rehabilitation: an autoethnography. Disabil Rehabil 2012;34:997–1004.
94 Britten N, Moore L, Lydall D, et al. Elaboration of the Gothenburg model of person-centred care. Health Expect 2017;20:407–18.
95 Brooker D. What is person-centred care in dementia? Rev Clin Gerontol 2003;13:215–22.
96 Brown M, Choulla R, MacArthur J, et al. The perspectives of stakeholders of intellectual disability liaison nurses: a model of compassionate patient-centred care. J Clin Nurs 2015;25:972–82.
97 Byczkowski TL, Gillespie GL, Kennebec SS, et al. Family-Centered Pediatric Emergency Care: A Framework for Measuring What Parents Want and Value. Acad Pediatr 2016;16:327–35.
98 Castro EM, Van Regenmortel T, Vanhaecht K, et al. Patient empowerment, patient participation and patient-centeredness in hospital care: a concept analysis based on a literature review. Patient Educ Couns 2016;99:1923–39.
99 Cheng L, Leon V, Liang A, et al. Patient-centered care in physical therapy: definition, operationalization, and outcome measures. Physical Therapy Reviews 2016;21:109–23.
100 Constand MK, MacDermid JC, Dal Bello-Haas V, et al. Scoping review of patient-centered care approaches in healthcare. BMC Health Serv Res 2014;14:271.
101 Agrell HF, Peduzzi M, Silva MC. Patient centred care in interprofessional collaborative practice. Interface - Comun Saúde Educ 2016;20:905–16.
102 Cooper K, Smith BH, Hancock E. Patient-centredness in physiotherapy from the perspective of the chronic low back pain patient. Physiotherapy 2008;94:244–52.
103 Cooper M, McLeod J. Person-centered therapy: a pluralistic perspective. Pers Exp Psychother 2011;10:210–23.
104 Couye I, Holmström I, Söderbäck M. Centeredness in healthcare: a concept synthesis of Family-centered care, Person-centred care and child-centred care. J Pediatr Nurs 2018;42:45–56.
105 Davis K, Schoenbaum SC, Audeit A-M. A 2020 vision of patient-centered primary care. J Gen Intern Med 2005;20:953–7.
106 Dewing J, McCormack B. Editorial: tell me, how do you define person-centredness? J Clin Nurs 2017;26:2509–10.
107 Duggan PS, Geller G, Cooper LA, et al. The moral nature of patient-centredness: is it “just the right thing to do?” Patient Educ Couns 2006;60:629–35.
108 Eichner JM, Betts JM, Chitkara MB, et al. Patient- and family-centered care and the pediatrician’s role. Pediatrics 2012;129:394–404.
109 Entwistle VA, Watt IS. Treating patients as persons: a capabilities approach to support delivery of patient-centered care. Am J Bioeth 2013;13:29–39.
110 Epley P, Summers JA, Turnbull A. Characteristics and trends in Family-Centered Conceptualizations. J Fam Soc Work 2010;13:269–85.
111 Fallerdeau M, Durand MJ. Negotiation-centred versus client-centred: which approach should be used? Can J Occup Ther 2002;69:135–42.
112 Ahmann E. Family-centered care: the time has come. Pediatri Nurs 1994;20:52–3.
113 Fazio S. Person-centred care in residential settings: taking a look back while continuing to move forward. Alzheimers care today 2008;9:155–61.
114 Fazio S, Pace D, Finner J, et al. The fundamentals of person-centered care for individuals with dementia. Gerontologist 2018;58:S10–19.
115 Fix GM, VanDeusen Lukas C, Bolton RE, et al. Patient-centred care is a way of doing things: how healthcare employees conceptualize patient-centred care. Health Expect 2018;21:300–7.
116 Ford P, McCormack B. Keeping the person in the centre of nursing. Nurs Stand 2000;14:39–46.
117 Ford K, Dickinson A, Water T, et al. Child centred care: challenging assumptions and repositioning children and young people. J Pediatri Nurs 2018;43:e39–43.
118 Franck LS, Callery P. Re-thinking family-centred care across the continuum of children’s healthcare. Child Care Health Dev 2004;30:265–77.
119 Gabrielson S, Såvenstedt S, Zirngibl K. Person-centred care: clarifying the concept in the context of inpatient psychiatry. Scand J Caring Sci 2015;29:55–62.
120 Gachoud D, Albert M, Kuper A, et al. Meanings and perceptions of patient-centredness in social work, nursing and medicine: a comparative study. J Interprof Care 2012;26:484–90.
121 Greenness C, Hickson L, Laplante-Lévesque A, et al. Patient-centred audiological rehabilitation: perspectives of older adults who own hearing AIDS. Int J Audiol 2014;53 Suppl 1:568–75.
122 Guion WK, Mishoe S, Passmore GG, et al. Development of a concept map to convey understanding of patient and family-centered care. J Healthc Qual 2010;32:37–22.
123 Ahmann E. Examining assumptions underlying nursing practice with children and families. Child Pediatr Nurs 2002;25:28–34.
124 Hughes JC, Bamford C, May C. Types of centredness in health care: themes and concepts. Med Health Care Philos 2008;11:455–62.
125 Håkansson Eklund J, Holmström IK, Kumlin T, et al. “Same same or different?” A review of reviews of patient-centred and patient-centred care. Pediatr Nurs 2019;45:3–11.
126 Hammell KRW. Client-centred occupational therapy in Canada: refocusing on core values. Can J Occup Ther 2013;80:141–9.
127 Hobbs JL. A dimensional analysis of patient-centered care. Nurs Stand 2009;23:52–62.
128 Holmström I, Röing M. The relation between patient-centredness and patient empowerment: a discussion on concepts. Patient Educ Couns 2010;79:167–72.
129 Hostler SL. Family-centered care. Pediatr Clin North Am 1991;38:1545–60.
130 Hudson C, Fortin M, Haggerty J, et al. Patient-centered care in chronic disease management: a thematic analysis of the literature in family medicine. Patient Educ Couns 2012:88:170–6.
131 Hughes JC. Bamford C, May C. Types of centredness in health care: themes and concepts. Med Health Care Philos 2008;11:455–62.
132 Hutchfield K. Family-centred care: a concept analysis. J Adv Nurs 1999;29:1178–87.
133 Illingworth R. What does ‘patient-centred’ mean in relation to the consultation? Clin Teach 2010;7:116–20.
134 Alabdaluz H, Moss C, Copnell B. Paediatric nurses’ perceptions and practices of family-centred care in Saudi hospitals: a mixed methods study. Int J Nurs Stud 2017;69:66–77.
135 Irlam LK, Bruce JC. Family-centred care in paediatric and neonatal nursing—a qualitative study. J Pediatr Nurs 2002:25:28–34.
136 Jakimowicz S, Perry L. A concept analysis of patient-centred nursing in the intensive care unit. J Adv Nurs 2015;71:1499–517.
Jayadevappa R, O'hare S. Patient centered care - A conceptual model and review of the state of the art. Open Health Serv Policy J 2011;4:15–25.

Kamei T, Takahashi K, Omori J, et al. Toward advanced nursing practice along with people-centered care partnership model for sustainable universal health coverage and universal access to health. Rev Lat Am Enfermagem 2017;25:e2839.

Khajeh M, Dehghan Nayeri N, Bahramnezhad F, et al. Family centered care of hospitalized children: a hybrid concept analysis in Iran. Health Promot Perspect 2017;7:210–5.

Kibiço J, Owczarzak J. A patient-centered pharmacy services model of HIV patient care in community pharmacy settings: a theoretical and empirical framework. AIDS Patient Care STDS 2012;26:20–8.

Kidd MO, Bond CH, Bell ML. Patients’ perspectives of patient-centeredness as important in musculoskeletal physiotherapy interactions: a qualitative study. Physiotherapy 2011;97:154–62.

King G, Chiarello L. Family-centered care for children with cerebral palsy: conceptual and practical considerations to advance care and practice. J Child Neurol 2014;29:1046–54.

Khajeh M, Dehghan Nayeri N, Bahramnezhad F, et al. Family centered care of hospitalized children: a hybrid concept analysis in Iran. Health Promot Perspect 2017;7:210–5.

Kibiço J, Owczarzak J. A patient-centered pharmacy services model of HIV patient care in community pharmacy settings: a theoretical and empirical framework. AIDS Patient Care STDS 2012;26:20–8.

Kidd MO, Bond CH, Bell ML. Patients’ perspectives of patient-centeredness as important in musculoskeletal physiotherapy interactions: a qualitative study. Physiotherapy 2011;97:154–62.

King G, Chiarello L. Family-centered care for children with cerebral palsy: conceptual and practical considerations to advance care and practice. J Child Neurol 2014;29:1046–54.

Kibiço J, Owczarzak J. A patient-centered pharmacy services model of HIV patient care in community pharmacy settings: a theoretical and empirical framework. AIDS Patient Care STDS 2012;26:20–8.

Kidd MO, Bond CH, Bell ML. Patients’ perspectives of patient-centeredness as important in musculoskeletal physiotherapy interactions: a qualitative study. Physiotherapy 2011;97:154–62.

King G, Chiarello L. Family-centered care for children with cerebral palsy: conceptual and practical considerations to advance care and practice. J Child Neurol 2014;29:1046–54.

Kibiço J, Owczarzak J. A patient-centered pharmacy services model of HIV patient care in community pharmacy settings: a theoretical and empirical framework. AIDS Patient Care STDS 2012;26:20–8.

Kidd MO, Bond CH, Bell ML. Patients’ perspectives of patient-centeredness as important in musculoskeletal physiotherapy interactions: a qualitative study. Physiotherapy 2011;97:154–62.

King G, Chiarello L. Family-centered care for children with cerebral palsy: conceptual and practical considerations to advance care and practice. J Child Neurol 2014;29:1046–54.

Kibiço J, Owczarzak J. A patient-centered pharmacy services model of HIV patient care in community pharmacy settings: a theoretical and empirical framework. AIDS Patient Care STDS 2012;26:20–8.

Kidd MO, Bond CH, Bell ML. Patients’ perspectives of patient-centeredness as important in musculoskeletal physiotherapy interactions: a qualitative study. Physiotherapy 2011;97:154–62.

King G, Chiarello L. Family-centered care for children with cerebral palsy: conceptual and practical considerations to advance care and practice. J Child Neurol 2014;29:1046–54.

Kibiço J, Owczarzak J. A patient-centered pharmacy services model of HIV patient care in community pharmacy settings: a theoretical and empirical framework. AIDS Patient Care STDS 2012;26:20–8.

Kidd MO, Bond CH, Bell ML. Patients’ perspectives of patient-centeredness as important in musculoskeletal physiotherapy interactions: a qualitative study. Physiotherapy 2011;97:154–62.

King G, Chiarello L. Family-centered care for children with cerebral palsy: conceptual and practical considerations to advance care and practice. J Child Neurol 2014;29:1046–54.

Kibiço J, Owczarzak J. A patient-centered pharmacy services model of HIV patient care in community pharmacy settings: a theoretical and empirical framework. AIDS Patient Care STDS 2012;26:20–8.

Kidd MO, Bond CH, Bell ML. Patients’ perspectives of patient-centeredness as important in musculoskeletal physiotherapy interactions: a qualitative study. Physiotherapy 2011;97:154–62.

King G, Chiarello L. Family-centered care for children with cerebral palsy: conceptual and practical considerations to advance care and practice. J Child Neurol 2014;29:1046–54.

Kibiço J, Owczarzak J. A patient-centered pharmacy services model of HIV patient care in community pharmacy settings: a theoretical and empirical framework. AIDS Patient Care STDS 2012;26:20–8.

Kidd MO, Bond CH, Bell ML. Patients’ perspectives of patient-centeredness as important in musculoskeletal physiotherapy interactions: a qualitative study. Physiotherapy 2011;97:154–62.

King G, Chiarello L. Family-centered care for children with cerebral palsy: conceptual and practical considerations to advance care and practice. J Child Neurol 2014;29:1046–54.

Kibiço J, Owczarzak J. A patient-centered pharmacy services model of HIV patient care in community pharmacy settings: a theoretical and empirical framework. AIDS Patient Care STDS 2012;26:20–8.

Kidd MO, Bond CH, Bell ML. Patients’ perspectives of patient-centeredness as important in musculoskeletal physiotherapy interactions: a qualitative study. Physiotherapy 2011;97:154–62.

King G, Chiarello L. Family-centered care for children with cerebral palsy: conceptual and practical considerations to advance care and practice. J Child Neurol 2014;29:1046–54.

Kibiço J, Owczarzak J. A patient-centered pharmacy services model of HIV patient care in community pharmacy settings: a theoretical and empirical framework. AIDS Patient Care STDS 2012;26:20–8.

Kidd MO, Bond CH, Bell ML. Patients’ perspectives of patient-centeredness as important in musculoskeletal physiotherapy interactions: a qualitative study. Physiotherapy 2011;97:154–62.

King G, Chiarello L. Family-centered care for children with cerebral palsy: conceptual and practical considerations to advance care and practice. J Child Neurol 2014;29:1046–54.

Kibiço J, Owczarzak J. A patient-centered pharmacy services model of HIV patient care in community pharmacy settings: a theoretical and empirical framework. AIDS Patient Care STDS 2012;26:20–8.

Kidd MO, Bond CH, Bell ML. Patients’ perspectives of patient-centeredness as important in musculoskeletal physiotherapy interactions: a qualitative study. Physiotherapy 2011;97:154–62.

King G, Chiarello L. Family-centered care for children with cerebral palsy: conceptual and practical considerations to advance care and practice. J Child Neurol 2014;29:1046–54.

Kibiço J, Owczarzak J. A patient-centered pharmacy services model of HIV patient care in community pharmacy settings: a theoretical and empirical framework. AIDS Patient Care STDS 2012;26:20–8.

Kidd MO, Bond CH, Bell ML. Patients’ perspectives of patient-centeredness as important in musculoskeletal physiotherapy interactions: a qualitative study. Physiotherapy 2011;97:154–62.

King G, Chiarello L. Family-centered care for children with cerebral palsy: conceptual and practical considerations to advance care and practice. J Child Neurol 2014;29:1046–54.

Kibiço J, Owczarzak J. A patient-centered pharmacy services model of HIV patient care in community pharmacy settings: a theoretical and empirical framework. AIDS Patient Care STDS 2012;26:20–8.

Kidd MO, Bond CH, Bell ML. Patients’ perspectives of patient-centeredness as important in musculoskeletal physiotherapy interactions: a qualitative study. Physiotherapy 2011;97:154–62.

Kidd MO, Bond CH, Bell ML. Patients’ perspectives of patient-centeredness as important in musculoskeletal physiotherapy interactions: a qualitative study. Physiotherapy 2011;97:154–62.