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Discussion

Differentiation between two healthcare concepts: Person-centered and patient-centered care

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1. Background

Engel's biopsychosocial model, which was constructed in 1977, was considered a momentous breakthrough from the traditional biomedical model of medicine that regards the person as a disease-carrier requiring diagnosis and treatment [1] towards recognition of the whole person and furnish customized care. This model argues that health should not be considered solely on biological factors but on a combination of biological, psychological, and social factors [2]. This idea of considering individuals as a whole and respecting their rights to self-determination has led to a shift in the care model from disease-centered care to patient-centered or person-centered care. The latter two care models are both abbreviated as PCC. Ensuring that people are involved in and central to the healthcare process is now recognized as a key component in developing high-quality care. Studies have revealed that both concepts of care can help improve people's health condition and lower health service burdens. Thus, countries and healthcare organizations have been paying close attention to the patients' concerns. The National Health Service in England has made person-centered care as one of its seven core principles [3]. A series of healthcare initiatives have been implemented in Canada within the last decade, and these initiatives focus on establishing the person at the center of the health system reform and improving the quality of care. Some of these initiatives were the *Local Health System Integration Act* in 2006, *Alberta Health Act Consultation Report—Putting People First* in 2010, *Health Care Transformation in Canada* by the Canadian Medical Association (CMA) in 2010, and *Principles to Guide Health Care Transformation in Canada* by CMA and Canadian Nurses Association (CAN) in 2011. The WHO had also released a document, *People-Centered Health Care: A Policy Framework*, in 2007 to guide governments on health reform and re-establishment of the focus on health and well-being of people and their communities [4]. Person- and patient-centered concepts of care are highly recommended at present.

Multiple terms have been utilized by healthcare institutes and in the literature to refer to individual care, such as patient, consumer, client, person, and individual. Several terms are also used to describe the attributes of care delivery, such as -oriented, -directed, -focused, or -centered care [5]. Person- and patient-centered concepts of care are interchangeably and extensively used without clear definitions and

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clarification, which results in ambiguity. The two words, *person* and *patient*, even if they are only alternative terms, may convey different connotations. Thus, both terms will give rise to distinct meanings of care within a healthcare context and will consequently affect concept clarification and the development of a clear theory that supports research conclusions [6]. Hence, this paper attempts to differentiate these two frequently used healthcare terms, namely, person- and patient-centered care, to provide references for future researchers, practitioners, and authors.

2. Literature review

2.1. Person-centered care

Person-centered care has not been consistently defined yet. Kitwood defined this case as "a standing or status that is bestowed upon one human by others, in the context of relationship and social being. This care implies recognition, respect, and trust" [7]. "Person-centered care is a holistic approach to deliver a respectful and individualized care, allowing negotiation of care and offering choice through a therapeutic relationship in which persons are empowered to be involved in health decisions. This care consists of four characteristics, namely, holistic, individualized, respectful, and empowering" [8]. This term is also defined as "healthcare providers selecting and delivering interventions or treatments that are respectful of and responsive to the characteristics, needs, preferences, and values of the person or individual" [9]. McCormack et al. defined person-centered care as "an approach to practice established through the formation and fostering of therapeutic relationships between all care providers, patients and other individuals significant to them in their lives. This type of care is reinforced by values of respect for persons, individual right to self-determination, mutual respect, and understanding. Person-centered care is enabled by cultures of empowerment that foster continuous approaches to practice development" [10]. Furthermore, McCormack considered the results from the review of literature and definition provided by Kitwood and found four core concepts of person-centered nursing, namely, being in relation, in social world, in place, and being with self. These various definitions, though not consistent with each other, share similarities and overlaps. For instance, respecting individuals' rights on decision-making considers multiple factors (preferences, values, characteristics, needs, etc.), not purely the physical condition, when providing care. Some of these definitions, such as whether the relationship constructed between healthcare providers and a person is only a therapeutic relationship, remain controversial and need to be reconsidered.

Person-centered care is highly favored and frequently used in the literature and during international conferences. Moreover, this concept of care has also been highlighted in medical students' education and increasingly being advocated and incorporated into the training of healthcare providers [11]. Person-centered care has become an essential component of quality healthcare delivery and utilized in the understanding of patients' perceptions [12] and nurses' experiences [13]. This concept of care involves specific medical fields [14] and explores the care of intellectually disabled persons [15]. Furthermore, the terms are constantly used in nursing care for the elderly, especially those with dementia [16].

2.2. Patient-centered care

Patient-centered care also has no globally accepted definition, and this limitation has evidently hampered patient-centered practice and care delivery [17]. This concept of care has been defined as "treating the patient as a unique individual" [18] or "a standard of practice that demonstrates respect for the patient as a person" [19]. Patient-centered care considers the patient's standpoint and circumstances during the decision-making process and extends beyond simply setting goals with the patient [20]. This care could also be referred to as a style of doctor–patient encounter characterized by responsiveness to patient needs and preferences using the patient's informed wishes to guide activity, interaction, and information-giving and share decision-making [21]. Patient-centered care "is an approach of viewing health and illness that affects a person's general well-being and an attempt to empower the patient by expanding his or her role in the patient's health care. Enhancing the patient's awareness and providing reassurance, support, comfort, acceptance, legitimacy, and confidence are the basic functions of patient-centered care" [22]. The Institute of Medicine (IOM), in its landmark 2001 report, *Crossing the Quality Chasm*, named patient-centered care as one of the six fundamental goals of the US health care system [23]. Moreover, the IOM has established a relatively unanimous definition on patient-centered care as "health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients' wants, needs, and preferences. Moreover, patients have the education and support they need to make decisions and participate in their own care" [24]. These definitions emphasize the involvement of patients in the medical decision-making process. However, some definitions seem ambiguous on patient's preferences, that is, whether patient's preferences are just one consideration or the ultimate decisive factor in care provision. The last definition as proposed by IOM is apparently more informed compared with the therapeutic relationship discussed in the definition of person-entered care. IMO wants to establish the partnership relationship between healthcare providers and patients. This definition is much more acceptable and can help facilitate mutual trust and understanding, avert, or alleviate the conflict between two sides and finally make satisfying medical decision together. Thus, therapeutic partnership relationship, which combines the patients' healthcare with harmonious relationship, is apparently more comprehensive if integrated in the definition of patient-centered care.

Numerous studies have reported on patient-centeredness. Several studies have focused on the core element or attribute analysis [25–29]. Gerteis et al. (1993) proposed seven dimensions of patient-centered approach. Stewart et al. (2000) incorporated six interactive components of patient-centered concepts. Little et al. (2001) raised five main domains of patient-centered care, Mead and Bower (2000, 2002) developed

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five key dimensions of patient-centeredness. McCormack (2003) identified a conceptual framework for person-centered care with five attributes. Kitson et al. (2013) performed a narrative review and synthesis of the literature and introduced three core elements of patient-centered care, namely, patient, participation, and involvement, which simplified and clarified the concept. In addition, this concept is also studied in primary care [26] or the care for specific illness or diseases, such as those suffering from intellectual disabilities, stroke, etc. [17,30]. Several reports have also attempted to analyze the benefits and drawbacks in practicing patient-centered care [28].

3. Differentiation between the two concepts of care

As we can see from the definition of both PCCs, they overlap each other in certain traits but nuances still exist. A concept is an abstraction expressed as a statement that recognizes attributes. Attributes are the main points determining the concept, and if attributes are ambiguous, the concept may not benefit knowledge [31]. Hence, differentiating the attributes between those two frequently used concepts is significant. This paper proposes four key aspects to distinguish patient-centered care from person-centered care.

3.1. *Person-centered or patient-centered care*

The object of care is one of the most apparent distinctions between those two concepts. A patient is one who is sick or being treated for an illness or injury or a person under medical treatment. By contrast, a person is a human being, an individual or the body of a human being. Center means the midpoint of anything [6]. Thus, "patient" and "person" literary differ in their connotations, such that these two concepts of care emphasize different objects of care. Second, the word "person" shall be interpreted as possessing a will that enables rational deliberation on action. Consequently, the concept of freedom is an imperative aspect of personhood, that is, being free to do things and take responsibilities for choices made [32]. Thus, designation of the primary decision-maker differs between those two concepts of care. Person-centeredness views the individual as central to the decision-making process, while patient-centered care extends the focus to not only the individual but also to all the relevant members in the whole family. Furthermore, patient-centered is arguably the term that focuses primarily on the recipient of care, while person-centered is apt to reflect a much broader orientation that allows for context and other relationships existing in the environment [33].

There is a trend in describing illness or disabilities nowadays with people-first language, which conveys the notion that we should recognize the whole person, not just his/her physical condition. For instance, instead of naming "demented patients," the new approach refers to these individuals as "people with dementia". Similarly, "diabetics" are "people with diabetes" [34]. Healthcare professionals regarding the individuals as people with certain illness often cannot view the person in an integrated way. Thus, crucial information on a person which may be significant in realizing the person's goals may sometimes be omitted. Rogers once argued that human competence for growth does not fade with age, nor does the need for growth become less relevant as we age [35]. Even people with Alzheimer's disease, or those in the terminal stage of life shall make their preferences known, have their voice heard, and enjoy the human rights to determination, we shall never take it for granted that aggressive care or treatment is the best option for them.

3.2. *Health-promotion or disease-treatment emphasis*

Both concepts of care require the recognition of health problems experienced by people [36]. Person-centered or patient-centered care has distinct emphasis or inclination on individual conditions, that is, health-inclined or disease-treatment-inclined. Health is "a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity" [37]. From this definition, we may perceive that health is an ideal goal we all yearn to achieve and more often than not, difficult to achieve completely. So not just with medical needs but also with social, mental, emotional, and spiritual needs, we cannot define a person patient if he/she is not healthy, but with the expression that"the person can be healthier"or "the person is not healthy enough". While a patient is someone suffering from diseases (a particular abnormality or a disorder of a structure or function that may partially or totally affect an individual) mainly in physiological and psychological fields and often requiring medical help. Person-centered concept is more of a health-promotion concept, while the patient-centered concept is likely a disease-treatment process. Starfield argued that patient-centered care focuses on the management of diseases and pays close attention to the evolution of patients' diseases. While person-centered care views episodes as part of life-course experiences with health, regarding diseases as interrelated phenomena and concerns with the evolution of people's experienced health problems as well as with their diseases [36]. Thus, person-centered care not only attaches importance on those 3%–5% patients but also cares for these 90%–95% sub-health and health groups [38].

3.3. *Holistic or partial view*

Admittedly, both concepts of care consider one's values, preferences, and needs, while differences still exists in their views and practices of care. First, a "patient" is only a part, principally the physical and mental damaged parts, of an intact "person." Patient-centered care that regards individuals as people with certain diseases may often miss critical information on the whole person and may just be oriented on the receiver of care. Person-centered care involves not only personal needs but also the context and surroundings nearby. Second, people involved in these two concepts of care, to some extent, differ. Patient-centered care settings are usually hospitals, communities, and long-term care institutes, where physicians, nurses, patients, and family members are the main participants. However, the intention of person-centered care is congruous among all people, and care is individualized and customized to the person regardless of the healthcare

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settings [8]. Thus, person-centered care basically needs a healthcare system, in which all health-related society members, such as healthcare professionals, social workers, lawyers, insurance companies, medical instruments companies, and hospices, are connected and involved. This system is an ideal society state and conceivably hard to achieve, but it is a trend of health management. Third, distinctions exist in the perception of the two concepts of care in viewing the body system. Patient-centered care generally views body systems as distinct, while person-centered care views them as interrelated [36]. Health care in US has once been described as fragmented, even impersonal [23]. This situation has considerably changed although still existent to some extent and has hindered the comprehensive understanding of the whole condition of patients. Person-centered care requires team work with interdisciplinary experts' involvement, and treating the patient as a whole person is important from a broader, more integrated, and interrelated perception. Joint efforts are entailed to determine an optimal treatment plan based on the whole health condition of a patient.

3.4. *Continuous or visit care*

Most patient-centered studies have been conducted in settings involving visits in which communication or interaction with healthcare professionals apparently play an important role [36]. Visit-based care concept builds a relatively short-term relationship, which is unfavorable for mutual trust and medical decision-making. However, person-centered care attaching importance on the prevention and management of patients' problems over time provides a different and complementary way to the visit-oriented approach [36]. Person-centered care furnishes a more accessible, comprehensive, and continuous care over time. Healthcare professionals considering this concept try to provide one package service and tackle the problems a person is confronted with. Person-centered concept implies a time focus rather than a visit focus and extends beyond communication to a long-standing relationship, in which healthcare professionals and clients work together to reach mutual decisions [39]. Patients are more inclined to adhere to the prescription and medical regimens if they share their physicians' belief about causes of health outcomes [40]. This phenomenon is unlikely to be the case when patients and doctors are not familiar with each other and long-standing relationship is not built.

4. Conclusion

Person- and patient-centered concepts of care have gained increasing prominence as goals of healthcare systems. And there is growing recognition on the importance of individual care among healthcare providers. Admittedly, the emphasis of both concepts of care differs. It's still a big challenge to totally distinguish one from another because the key elements of the two care philosophies are quite similar. Understanding the similarities and differences between the two concepts and their connotations can lead to the decision on the kind of care that is most suitable for an individual, the kind of care an individual prefers, and the health-related goals individuals are eager to achieve. Identifying these issues and practicing care based on these concepts have been directing the development and improvement of a general health care system.

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