

Patient-centred care (PCC): reality or rhetoric?



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A NODE FOR AFRICAN THOUGHT

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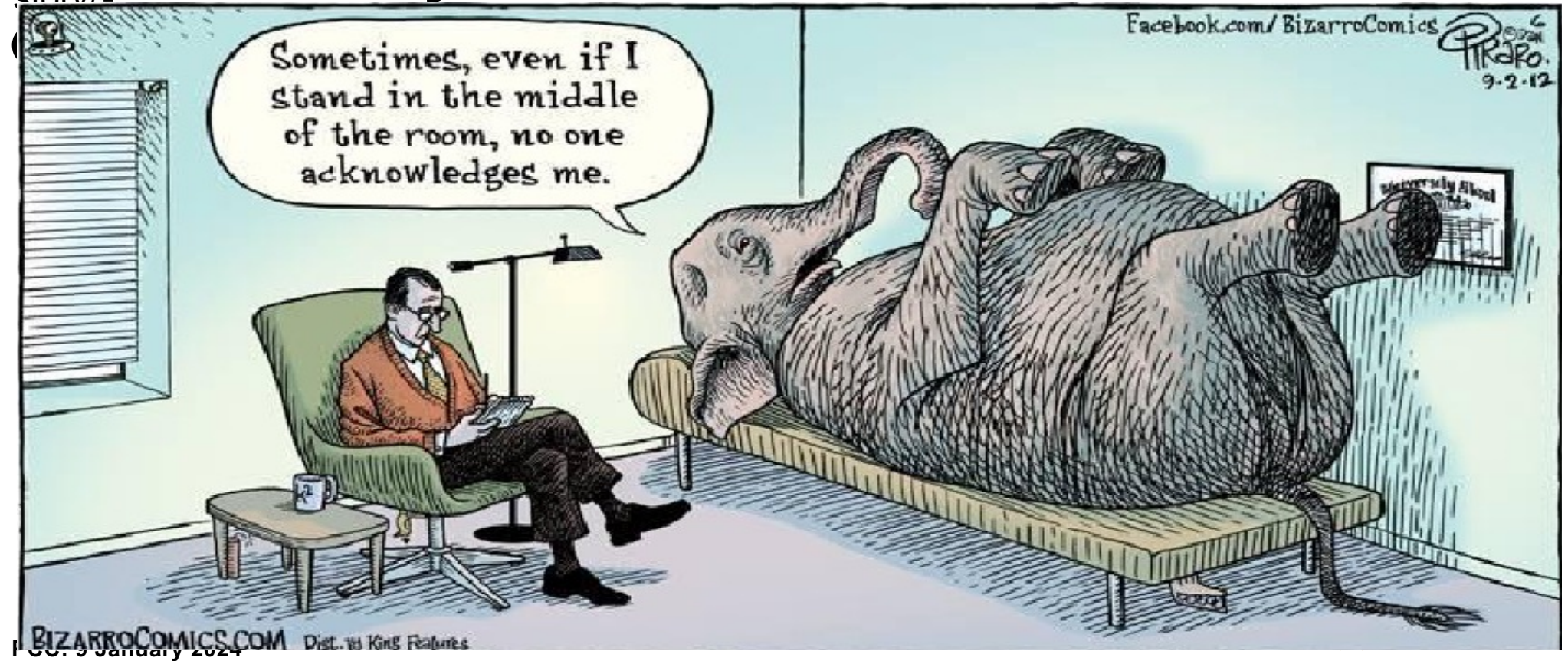
To contextualise my positionality,

Let's just



BY ADDRESSING THE ELEPHANT IN THE ROOM – POSITIONALITY

<https://www.youtube.com/watch?v=7tfXiXIMde>



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PATIENT/RESEARCHER/SUPERVISOR

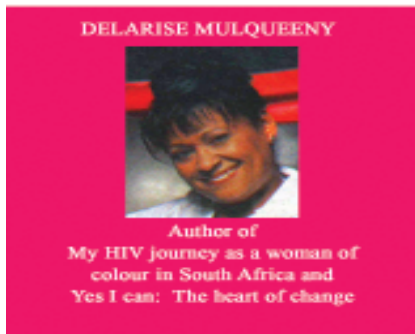
???



IS SHE / ISN'T SHE???

Yes, I am???

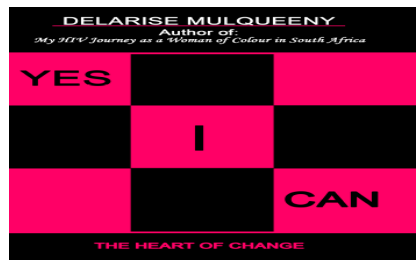
- **HIV-SEROPOSITIVE SINCE 1999 – WOW!!! 24 YEARS AGO**



STILL ALIVE TO TELL THE TALE



- **INTIMATE PARTNER VIOLENCE (IPV) – 18 - 29**



**DO WOMEN
REALLY NEED MEN
IN THEIR LIVES?**





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DILIGENTIA CRESCO
CORPUS AN THO

So, what is PCC?



Patient-centred care - arose from the nine definitions - five pilot patients together with the 400 (100 from each of the 4 public hospitals) participants responses:

Patient-centred care is the holistic process whereby patients are consciously placed at the epicentre of their medical journey through the provision of quality facilities and service delivery, respectful partnerships and a warm nurturing healthcare environment which is conducive to comprehensively addressing patients' needs, values, concerns, expectations and preferences and their medical empowerment (Mulqueeny, 2018)

Patients' experiences:

Includes patients observations, interactions, successes and challenges with policies, processes and systems, staff and the facility.

Patients' needs:

What patients require from clinics and hospitals in terms of healthcare, support and the services provided to improve and sustain their health and wellbeing.



**Lack of an universal definition
Picker Institute among others**



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Patient-Centered Care



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Let's look at the reality

Constitution, Batho Pele Principles, Nurses Pledge, Policies, Guidelines, ..., ..., ...,

So, if we have all that in place

**Are our patients, clients,
students empowered, health literate....**



Infrastructure

Holistic Approach – See patients as whole people

Service – Open door, confidentiality, time management, staff turnover, communication, stockouts, signage, operation times, labels

Health Providers – (gender, age, race, culture, religion, attitudes, skill set, stigma, prejudice)

Dependency/Empowerment/Developmental

Patient is a recipient not a partner –

family, children and partners ignored



Where to from here?
Is PCC doable/achievable???
Is PCC achievable



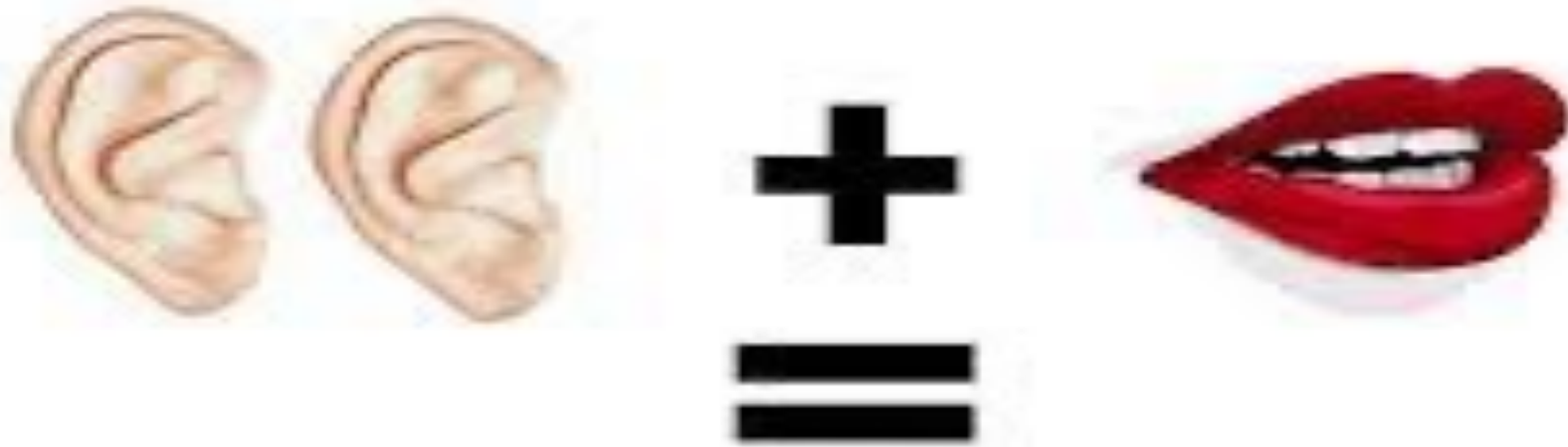
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Patient is the expert of their journey

- **Acknowledge**
- **Apologise**
- **Inform**
- **Educate**
- **Uplift**
- **Respect**
- **Probe**
- **Show up**



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LISTEN

We have two ears and one mouth so that we can
listen twice as much as we speak.
Epictetus



**PATIENTS REMEMBER HOW U MAKE
THEM FEEL**



STAND TO LOSE ???

RUN the risk of HIV or health-related stigma/career sabotage, career/medical backlash, per indifference.

However, our social responsibility to patients, and research populations, is to provide platforms for patients' experiences to be enhanced and articulated by service providers, research teams who have walked or walk a similar walk. This far outweighs the risk of any potential academic, career, medical or personal backlash.

Everyday, we are provided with an opportunity for a synergistic outcome for our patients, clients and students which is greater than us being othered.

In landing - Be Bold

Dare to go bare by putting your client/patient/student first
Understand them holistically

Stop kissing our clients/patients/students by telling them we care.
How about showing them we care about them.

Why – because showing (action) is a doing word.

References

Mulqueeny, D. (2018). *HIV positive patients experiences of the ART programme at ARV clinics in public hospitals within the eThekweni District, KwaZulu-Natal*. [PhD Thesis, University of KwaZulu-Natal]

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KISS & TELL ®

Patient-centred care: reality or rhetoric?

**That is the question
that only YOU have the answer to**

KISS & TELL ®

THANK YOU

PLEASE ENJOY YOUR DAY FURTHER

SMILE BE GRATEFUL, SHOW UP, BE SAFE