



To improve care for patients, we need to make the clinic a more supportive and empowering space for healthcare providers

Piloting a provider-focused person-centred care model: Insights and lessons from a study in KwaZulu-Natal, South Africa

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Background

Person-centred care (PCC) models often focus on auditing the behaviour of healthcare providers and holding them accountable for any lapses in quality of care. The implicit hypothesis is that providers are not committed to providing consistently high-quality care and must therefore be closely monitored for bad behaviour.

Based on earlier formative research that found providers to be intrinsically motivated but also overburdened and under-capacitated, we tested an alternative hypothesis: *that a model focused primarily on empowering and supporting providers could improve quality of care while being more feasible and acceptable to providers than traditional approaches.*

Measurement and learning approach

Our measurement approach has looked at provider experience in addition to patient experience and clinical outcomes. With providers, we have conducted surveys (n=59 each round) and in-depth interviews (n=32 and 28, respectively) at baseline and mid-pilot, to assess their experience of the model as well as changes in attitudes and behaviours.

Topics explored have included motivation, job satisfaction, sense of accomplishment, team functioning, supportive supervision, recognition, learning and growth, patient interaction, and feasibility of person-centred care approaches.

Results

At baseline, providers reported being supportive of person-centred care but often hindered by inadequate resources and support and challenging team dynamics. Mid-intervention, providers characterized the intervention as highly acceptable and reported improvement across a range of indicators.

Intervention

Designed and piloted with eight clinics in KwaZulu-Natal, South Africa, in partnership with the Department of Health, the Ngiyakuzwa (“I feel you” in isiZulu) model employs an ongoing cycle of on-the-job training, coaching, and mentoring provided by roving nurse mentors during weekly visits through both group and individual interactions.

Support focuses on topics identified by providers themselves as enablers of person-centred care, including empathy, patient insights, communication, teamwork, stress management/mental health, and supportive supervision.

Survey responses (n=59 per survey, % who agree or strongly agree)	Baseline	Mid-intervention
I feel motivated to work as hard as I can	69%	85%
I feel good about the team I work with.	78%	83%
I can talk openly with my supervisor about my feelings and challenges.	34%	70%
Suggestions on how to improve things in this clinic are taken seriously.	37%	63%
I have access to the training I need to perform well in my role.	57%	70%
Person-centred care is not really possible given my work conditions.	28%	17%
The patient needs to listen to me more than I need to listen to them.	18%	8%
I find it difficult to understand some of my male patients.	41%	20%

"I like Ngiyakuzwa because finally someone cares about us and is willing to listen. Usually, it's about numbers. However, Ngiyakuzwa puts us first, empowering us to understand others."

"Let me say that this clinic was not right. There were tensions. When this program started, it really helped us. We are working much better as a team."

"It made me realize that I'm dealing with a human being, besides everything, but this is a human being. Regardless of their sickness, this is a human being."

"It's the first project that talks to workers rather than talking to the patients only. It's talking to the workers and the patients. I like it."

"Team building really helped us a lot. Other nurses are willing to assist now. Before we were working in silos."

"We are learning that we must draw up a strategy with the client. We cannot just tell them do this and do that. We must hear their perspective too."

Conclusions

A person-centred care model focused on provider support and empowerment can be effective in improving quality of care while being more feasible and acceptable to providers.