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# BMJ Open Person-centred care (PCC) research in Ghana: a scoping review protocol

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## ABSTRACT

**Introduction** Person-centred care (PCC) is provision of care that is respectful of and responsive to individual patient preferences, needs and values, and ensures that patient values guide all clinical decisions. While there is a large body of evidence on the benefits of PCC in high-income countries, little research exists on PCC in Ghana and Sub-Saharan Africa at large. Most studies on PCC have focused on maternity care as part of the global movement of respectful maternity care. The few studies on patient experiences and health system responsiveness beyond maternal health also highlight gaps in patient experience and satisfaction as well as discrimination in health facilities, which leads to the most vulnerable having the poorest experiences. The protocol for this scoping review aims to systematically map the extent of literature focused on PCC in Ghana by identifying patient expectations and preferences, barriers and facilitators, and interventions.

**Methods and analysis** The protocol will be guided by the Arksey and O'Malley methodological framework and recommendations by Levac *et al.* A comprehensive search strategy will be used to search for published articles in PubMed, EMBASE, Web of Science and the African Journals Online from their inception to August 2022. Grey literature and reference lists of included studies will also be searched. Two independent reviewers will perform the literature search, eligibility assessments and study selection. Any disagreements will be resolved through discussion with a third reviewer. A Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram for the scoping reviews will be used to outline the study selection process. Extracted data from the included articles will be synthesised and reported under key concepts derived from the outcomes of the scoping review.

**Ethics and dissemination** This scoping review does not require ethical approval. The findings will be disseminated through publications and conference presentations.

**Scoping review registration** OSF Registration DOI 10.17605/OSF.IO/ZMDH9.

## INTRODUCTION

Person-centred care (PCC)—which refers to providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions—is a key component of quality of care.<sup>1</sup> Research

## STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ This scoping review will use Preferred Items for Systematic reviews and Meta-analyses extension for Scoping Reviews checklist to guide the reporting of the findings.
- ⇒ An inclusive approach was used in developing the research questions and search strategy for this protocol.
- ⇒ A transdisciplinary team who bring both clinical and research experience from various fields of medicine and public health as well as in-depth knowledge of healthcare in Ghana will conduct this review.
- ⇒ Two independent reviewers will conduct the screening of all articles according to a prespecified set of inclusion and exclusion criteria.
- ⇒ Articles included in this scoping review will not be subjected to quality assessment.

indicates that there is a discrepancy between the healthcare sought by patients and the care patients receive.<sup>2–4</sup> PCC is an approach aimed at accommodating patients' desired care to minimise this discrepancy, and emphasises treating patients with dignity and respect and involving them in all decisions about their health.<sup>5</sup> In addition, PCC involves providing people with the education and support they need to make decisions and participate in their own care. It also focuses on the patient's experience of illness and healthcare and on the systems that work or fail to meet individual patient's needs.<sup>6</sup>

PCC requires that care is organised around the health needs and expectations of people rather than diseases: that is, focusing more on the patient's problem than on his or her diagnosis and shifting away from asking, 'what is the matter with you' to 'what matters to you'.<sup>6</sup> For providers, it requires qualities of compassion, empathy, communication and responsiveness to the needs, values and expressed preferences of each patient.<sup>1</sup>

There is a large body of evidence in high-income countries such as the USA and Canada on the impact of PCC on outcomes, including



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health literacy, patient engagement, adherence to recommended prevention and treatment processes, emotional health, physiologic measures (such as blood pressure and blood sugar levels), pain control, symptom resolution, functional status and lower mortality.<sup>7–9</sup> PCC is also associated with increased preventive health screening, fewer emergency department and urgent care visits and fewer readmissions leading to higher healthcare effectiveness and lower cost.<sup>10</sup> In addition, PCC is associated with better patient safety and trust and higher patient as well as provider satisfaction.<sup>9–11</sup>

### Study rationale

Despite the benefits of PCC, little research exists on PCC in Ghana and most of Sub-Saharan Africa.<sup>12</sup> Most studies on PCC have focused on maternity care as part of the global movement of respectful maternity care. These studies have highlighted disrespect and abuse of women, poor communication and lack of respect for women's autonomy, and lack of supportive care during childbirth.<sup>13–15</sup> The few studies on patient experiences and health system responsiveness beyond maternal health also highlight gaps in patient experience and satisfaction. Furthermore, these studies point out discrimination in health facilities, which leads to the most vulnerable having the poorest experiences.<sup>16–19</sup> From unpublished observations, patients and their carers' in large health facilities in Ghana, such as the Korle Bu Teaching Hospital, continue to express their dissatisfaction for the care received in most of the hospital's departments. The media in Ghana has also highlighted the state of PCC in Ghana, some of which we have witnessed as clinicians. There is, however, a dearth of systematic research on the extent of PCC in Ghana. We seek to bridge this gap by conducting a scoping review on PCC in Ghana to assess the extent of PCC in Ghana and to inform interventions to address it. From our preliminary database search, there is no prior scoping review in Ghana that addresses our study's objectives.

### Study objectives

The objectives of this scoping review are to:

1. Assess the extent of PCC research in Ghana.
2. Assess person-centeredness of care documented in Ghana.
3. Identify documented patient expectations and preferences for PCC in Ghana.
4. Identify documented barriers to PCC in Ghana.
5. Identify facilitators to PCC in Ghana.
6. Identify documented PCC interventions that have been implemented in Ghana and their effectiveness.
7. Identify gaps in PCC research in Ghana.

## METHODS AND ANALYSIS

### Protocol design

This is a protocol for a scoping review of literature reporting on PCC in Ghana. A scoping review method is appropriate as it aims to delineate various types of

evidence about the subject of interest and identify gaps for further research in Ghana. The review will be guided by the methodological framework proposed by Arksey and O'Malley and recommendations on the framework by Levac *et al.*<sup>20–21</sup> This scoping review will, therefore, follow these five steps: (1) identifying the research question, (2) identifying relevant studies, (3) selection of eligible studies, (4) charting the data, and (5) collating, summarising and reporting results. Quality appraisal will not be performed since the objective of this review is to get a scope of all research activities concerning PCC in Ghana.

### Identifying the research question

The review questions are:

1. How is PCC provided in Ghana?
2. What are patients' expectations and preferences regarding PCC in Ghana?
3. What are the barriers and facilitators to PCC in Ghana?
4. Are there PCC interventions that have been implemented in Ghana and how effective were they?

This study will use the Population, Intervention, Comparison and Outcome (PICO) format to align the study selection with the research question.

### Identifying relevant studies

The search strategy will be designed in collaboration with an information specialist using methods previously used by other authors of systematic reviews on PCC.<sup>22–23</sup> Both keywords developed from core concepts and index terms Medical Subject Headings and Embase Thesaurus will be developed for the theme, PCC, and subsequently combined with Ghana in a search strategy. The search strategy for PubMed will be adapted for the other databases. The developed search strategy will be piloted to ascertain the appropriateness of keywords, which may be refined to include relevant new keywords. A proposed search strategy for PubMed is found in [table 1](#).

The databases that will be searched for published studies include PubMed, EMBASE and Web of Science. Online supplemental appendix I provides the search strategies for PubMed, Embase and Web of Science databases. There will be no search restrictions such as publication date range, type of material or language. The databases will be searched from their inception to August 2022. The African Journals Online will be hand searched for relevant articles. Authors of retrieved studies and experts in the review's topic area will be contacted by email to help identify additional relevant published articles and grey literature for the review. To increase the yield, backward searching of references of key articles already retrieved will be done. In addition, Google scholar will be used to identify papers that have cited identified key references in a forward search.

### Selection of eligible studies

The title and abstract screening will be guided by the PICO format ([tables 2–5](#)).

**Table 1** Search strategy for PubMed

Search strategy	<b>PubMed:</b> (person-centered OR patient-centered OR people-centered OR client-centered OR patient-centred OR person-centred OR client-centred OR patient-oriented OR person-oriented OR client-oriented OR patient-focused OR person-focused OR client-focused OR "experience of care" OR "patient care" OR "Patient Care"[Mesh] OR "patient satisfaction" OR "Patient Satisfaction"[Mesh] OR "Physician-Patient Relations"[Mesh] OR "physician-patient relations" OR "professional-patient relations" OR "professional-family relations" OR "interpersonal quality of care" OR "physician-patient communication" OR "provider-patient communication" OR "respectful maternity care" OR "health system responsiveness" OR "patient participation" OR "patient care planning" OR "skilled companionship" OR "compassionate care") AND ghana
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#### Inclusion criteria:

The review is interested in all PCC in Ghana and will consider all quantitative, qualitative and mixed method studies that reported primary research findings on the review objectives. Also, grey literature with relevant findings will be included if they report on the review's objectives and quality will not be used as a basis for inclusion or otherwise, just as for peer-reviewed articles. There will be no language restriction and translations will be sought for studies that are not published in English. Studies focused on PCC at all healthcare levels, medical specialties and health conditions in Ghana are eligible. Reviews which present primary study findings not reported elsewhere will be included. The review is interested in studies that focus on aspects of PCC such as satisfaction, perceived quality, communication, disrespect, supportive care, discrimination/stigma and abuse.

#### Exclusion criteria

Studies not conducted in Ghana or that do not include participants from Ghana, and studies whose full-text article cannot be obtained will be excluded.

Studies retrieved from the various databases will be exported to Covidence, 'a web-based collaboration software platform that streamlines the production of systematic and other literature reviews'.<sup>24</sup> This tool will be used to remove duplicates, for title/abstract screening, full-text screening and data abstraction. Two authors will screen both titles and abstracts independently and exclude studies that do not satisfy the inclusion criteria. Two authors will then screen the full texts of the selected

potentially eligible studies against the eligibility criteria. Any disagreements will be resolved through discussion with a third reviewer. Reasons for exclusion will be given for studies excluded at this stage. The selection process will be guided by the recommendations in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) checklist, and a PRISMA flow diagram will be used to demonstrate the study selection process.<sup>25</sup> Included studies will be exported to Zotero reference manager for in-text citations. Online supplemental appendix II provides the completed PRISMA protocols 2015 statement for this protocol.<sup>26</sup>

#### Charting the data

A predesigned data charting form will be used to extract relevant data from the included studies. The data charting form will first be piloted on two randomly selected studies by the two reviewers; the feedback will then be incorporated in a revision and adopted for the other included studies. The data charting form will be modified and revised during the data charting process as necessary. Data will be charted in three broad forms: qualitative studies, quantitative studies and intervention studies. Data tables will be used to summarise the relevant extracted information from the included studies. The extracted data will include, but not limited to, study ID, title of study, lead author, date of publication, study aims, geographical location, type of facility, specialty, study design, population characteristics, specific aspects or focus of PCC, instruments used, intervention and control group as well as outcomes of study. A draft extraction form is provided in online supplemental appendix III. Two authors will independently conduct the data charting process. The extracted data from the two independent authors will be

**Table 2** PICO for person-centredness of care in Ghana (objective 1)

PICO for objective 1	
P	Patients receiving care at any level of the healthcare delivery chain in Ghana or stakeholders in the health system (managers, healthcare workers, etc)
O	1. Patient reports of the person-centredness of care received 2. Stakeholder reports of person-centredness of care provided in their facilities
PICO, Population, Intervention, Comparison and Outcome.	

**Table 3** PICO for patient expectations and preferences regarding PCC in Ghana (objective 2)

PICO for objective 2	
P	Patients receiving care at any level of the healthcare delivery chain in Ghana
O	1. Patient expectations with regards to PCC 2. Patient preferences with regards to PCC
PCC, person-centred care; PICO, Population, Intervention, Comparison and Outcome.	

**Table 4** PICO for barriers and facilitators to PCC in Ghana (objective 3)

PICO for objective 3	
P	Patients receiving care at any level of the healthcare delivery chain in Ghana or stakeholders in the health system (managers, healthcare workers, etc)
O	1. Barriers to PCC in Ghana 2. Facilitators to PCC in Ghana
PICO, Population, Intervention, Comparison and Outcome; PICO, person-centred care.	

compared and any differences will be resolved through consensus. Authors of studies with missing data or unclear information will be contacted for additional data or clarification through the contact details (email, phone) of the corresponding author. If this is not possible, the extent of the missing data and its potential impact on the review's findings will be described.

### Collating, summarising and reporting results

A descriptive summary of extracted data will be produced based on the following outcomes:

#### Primary outcomes

1. Person-centeredness of care (regardless of measurement approach).
2. Patient expectations and preferences with regards to PCC in Ghana.
3. Barriers and facilitators to PCC in Ghana.
4. Effectiveness of available interventions aimed at improving person-centred care in Ghana

#### Secondary outcomes

1. Reported health outcomes from interventions.

**Table 5** PICO for available interventions for improving PCC in Ghana (Objective 4)

PICO for objective 4	
P	Stakeholders in the health system receiving an intervention aimed at improving person-centred care (managers, healthcare workers, patients)
I	Interventions aimed at improving person-centred care at any level of healthcare delivery (ie, primary, secondary and tertiary levels)
C	Comparator group will be usual care, alternative intervention or no intervention
O	Primary outcomes: 1. Effectiveness of available interventions aimed at improving person-centred care in Ghana Secondary outcomes: 1. Reported health outcomes from interventions 2. Stakeholder satisfaction with interventions 3. Unintended adverse events from interventions
PCC, person-centred care; PICO, Population, Intervention, Comparison and Outcome.	

2. Stakeholder satisfaction with interventions.
3. Unintended adverse events from interventions.

A thematic analysis will be done for both included qualitative and quantitative studies. This will involve summarising the findings of included studies under thematic headings based on the research questions.<sup>27</sup>

### Patient and public involvement

We did not involve patients in the development of this protocol.

### Ethics and dissemination

This scoping review aims to identify and describe PCC research in Ghana, identify multilevel facilitators and barriers of PCC across health contexts in Ghana as well as identify gaps in PCC research in the country. Identification of documented person-centeredness of care according to providers and patients and patient expectations and preferences with regards to PCC will help with advocacy to improve PCC and inform the development of interventions to improve PCC. Additionally, this review will provide evidence that can assist policymakers in implementing healthcare policies that centre patient needs and preferences. Furthermore, identification of various barriers and facilitators and evidence of effective PCC interventions will influence policy, practice and further research in Ghana. Therefore, the findings of this review will be disseminated among relevant Ghanaian stakeholders such as the Ministry of Health and Ghana Health Service. The findings of this study will also be published in a peer-reviewed journal and presented at conferences. The study does not require ethical approval since data will be sourced from published literature and will not involve human participants.

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**Contributors** PAA conceptualised the study. GKAA and AKA led the development of the protocol and writing of the manuscript under the supervision of VAE and PAA. PT developed the search terms. OO, PT, MG, RAA, AE, AEY, VAE, PAA reviewed and provided critical feedback during the protocol development. All authors read and approved the final manuscript.

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