

# INTEGRATING PERSPECTIVES AND DEFINITIONS OF RELATIONSHIP-CENTRED CARE: A SYSTEMATIC REVIEW

Ana Virgolino<sup>1\*</sup>, Osvaldo Santos<sup>1</sup>, Ana Cristina Miranda<sup>1,2</sup>, Katya Sion<sup>3</sup>, Roy Haex<sup>3</sup>, António Vaz Carneiro<sup>1,4,5</sup>

<sup>1</sup> Universidade de Lisboa, Faculdade de Medicina, Instituto de Saúde Ambiental, Instituto Medicina Preventiva e Saúde Pública, Lisboa, Portugal, <sup>2</sup> USF AlbaSaude, ACeS de Sintra, Administração Regional de Saúde de Lisboa e Vale do Tejo, Portugal <sup>3</sup> Department of Health Services Research, CAPHRI School for Public Health and Primary Care, Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, The Netherlands, <sup>4</sup> Centro de Estudos de Medicina Baseada na Evidência, Faculdade de Medicina, Universidade de Lisboa, Lisboa, Portugal

\* Corresponding author: [avirgolino@medicina.ulisboa.pt](mailto:avirgolino@medicina.ulisboa.pt)



## Background

Therapeutic success of chronic diseases is facilitated by an active collaboration between health professionals and patients in a supporting environment<sup>1</sup>. The quality of doctor-patient relationship has direct impact on patients' treatment adherence<sup>1,2</sup>, satisfaction<sup>3,4</sup> and, ultimately, on clinical results<sup>1</sup>.

Despite the increasing interest in concepts like participatory healthcare<sup>5</sup>, patient-centred care (PCC)<sup>6</sup> or relationship-centred care (RCC)<sup>7</sup>, there is no consensus about their meanings and phenomenological components.

## Aims

To review conceptual assumptions and constitutive elements of RCC, as an integrative effort to define and delineate the specific frontiers of the RCC construct.

## Methods

- Systematic review following **PRISMA guidelines**
- **Electronic databases** used for search: PubMed, PsycINFO and CINAHL.
- **Inclusion criteria:** full papers written in English focusing on RCC. No time restrictions were applied
- **Search-terms** split into two blocks and combined pairwise (both free-text and MeSH terms):



- Selection of **papers** based on titles and abstracts contents
- **Narrative synthesis** was done independently by two team members (in case of disagreement, three), according to pre-defined categories of analysis.

## Findings

From the 928 initially identified papers, 27 were considered eligible for narrative synthesis (Figure 1).

Findings suggest that the concept of RCC arise from a need to include an integrated biomedical-psychosocial perspective in health education programs. Through the years, several definitions of RCC have emerged. Although the common ground is the idea that relationships are a key determinant of an adequate and effective healing process, most definitions only partially overlap the theoretical conceptualization of PCC, from which they want to detach. Main driver for adopting an RCC model seems to be the accommodation of the view that care needs to lie on a partnership that involves the patient, the doctor and other surrounding elements such as health care staff and patients' family. The integration of more actors is not always followed by a clear conceptualization on how does the focus on the relationship between healthcare professionals modifies the healthcare interaction and/or how it is evaluated.

## Conclusion

There is a need to clarify the conceptual frontiers between RCC and previous related concepts. A clearer and better operationalized definition of the concept will contribute to a better understanding of therapeutic actions and methods of quality-of-care assessment.

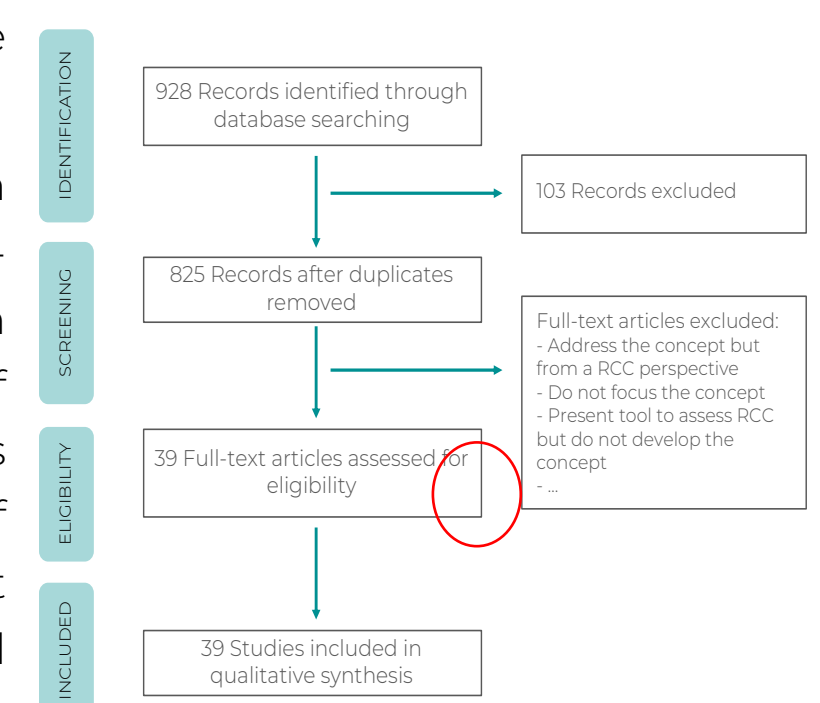


Figure 1. PRISMA flowchart.

## References:

1. Heszen-Klemens I et al. Doctor-patient interaction, patients' health behavior and effects of treatment. Soc Sci Med. 1984;19(1):9-18.
2. Roter D. The enduring and evolving nature of the patient-physician relationship. Patient Educ Couns. 2000 Jan;39(1):5-15.
3. Hall JA et al. Meta-analysis of satisfaction with medical care: description of research domain and analysis of overall satisfaction levels. Soc Sci Med. 1988;27(6):637-44.
4. Evans BJ et al. A communication skills programme for increasing patients' satisfaction with general practice consultations. Br J Med Psychol. 1987 Dec;60 ( Pt 4):373-8.
5. Hood L et al. Participatory medicine: a driving force for revolutionizing healthcare. Gen Med. 2013 Dec 23;5(12):110.
6. Planetree Inc. Picker Institute. Patient-Centered Care Improvement Guide. 2008.
7. Wylie JL et al. Development of relationship-centered care. J Healthc Qual. 26(1):14-21; quiz 21, 45.
8. Moher D et al. Preferred reporting items for systematic reviews and meta-analyses. PLoS Med 2009;6:e1000097.