

Enhancing Patient-Centered Care IN Primary Nursing Strategies, Cultural Competence, AND Shared Decision-Making; Systematic Review Findings

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Abstract

Background: The provision of patient-centered care is essential for optimizing healthcare delivery and outcomes. To achieve this, primary nursing strategies, cultural competence, and shared decision-making play crucial roles. This study explores the interplay of these components in enhancing patient-centered care.

Aim: The aim of this research is to investigate the relationship between primary nursing strategies, cultural competence, and shared decision-making in healthcare settings, with a focus on understanding how these components collectively contribute to patient-centered care.

Method: A comprehensive review of the literature was conducted, incorporating various empirical studies that examined the impact of primary nursing strategies, cultural competence, and shared decision-making on patient-centered care. These studies encompassed a range of healthcare settings, including primary care, specialty care, and diverse patient populations.

Results: The review revealed that the integration of primary nursing strategies, cultural competence, and shared decision-making significantly influences patient-centered care. Studies demonstrated a strong association between these components and patient satisfaction, health outcomes, and effective healthcare delivery. Moreover, the research underscored the need for healthcare systems to prioritize these principles to achieve truly patient-centered care.

Conclusion: This study highlights the pivotal role of primary nursing strategies, cultural competence, and shared decision-making in achieving patient-centered care. The evidence from existing studies emphasizes that adopting these strategies not only enhances patient experiences but also leads to improved healthcare delivery and outcomes. Embracing these components should be a core objective for healthcare systems globally to ensure the highest quality of care.

Keywords: patient-centered care, primary nursing strategies, cultural competence, shared decision-making, healthcare delivery, patient satisfaction, health outcomes, literature review

Introduction

Primary nurse patient-centered care is a critical component of contemporary healthcare, emphasizing patients' overall health by actively include them in their treatment process (Gogovor et al., 2022). It recognizes that providing patients with healthcare should go beyond simply treating their illnesses and include getting to know their individual values, tastes, and cultural origins (Alameddine et al., 2022). This school of thought acknowledges the significant influence that these variables may

have on a patient's final health and overall experience using the healthcare system (Aljaffary et al., 2022).

Improving patient-centered care in primary nursing requires cultural knowledge. It refers to the capacity of healthcare professionals to recognize, appreciate, and accommodate cultural differences while delivering treatment that is tailored to the individual requirements of patients from a variety of cultural backgrounds (Hsiao et al., 2022). In a society marked by growing globalization and demographic shifts, recognizing and appreciating cultural diversity is essential for ensuring fair access to healthcare and minimizing health inequalities between various population groups (Mhaimed et al., 2023).

Another crucial component of patient-centered care is shared decision-making, which gives patients the power to actively engage in choosing their course of treatment (Xu et al., 2021). It promotes patient autonomy by giving people the power to make decisions that are in line with their values and objectives (Mattos et al., 2023). Incorporating patients into healthcare decision-making not only improves care quality but also fortifies the bond between physician and patient and fosters openness and trust in the healthcare system (Zhou et al., 2023).

Together, these three elements shared decision-making, cultural competency, and patient-centered care complement and strengthen one another to create a strong basis for raising the standard of healthcare (Redinger et al., 2021). By incorporating cultural competence, healthcare professionals can give patients with culturally sensitive care that takes into consideration their individual histories and values (Barbosa et al., 2021). Because patients are more likely to actively participate in conversations and decision-making when they feel that their cultural identity and values are recognized, this in turn promotes shared decision-making (Baig et al., 2020).

Furthermore, these components support more general objectives in healthcare, such as improved patient happiness, decreased healthcare inequities, and better health outcomes (Asah-Opoku et al., 2023). Healthcare professionals can establish a welcoming, courteous, and patient-centered atmosphere that is sensitive to each patient's unique needs and preferences by integrating techniques for patient-centered

care, cultural competency, and shared decision-making (Ie et al., 2023). Delivering the high-quality, patient-centered care that patients rightfully demand and deserve is critical in an era of growing patient empowerment and cultural diversity (Peimani et al., 2020).

Significance of Study

The significance of this study lies in its potential to improve healthcare outcomes by enhancing patient-centered care, cultural competence, and shared decision-making in primary nursing. By addressing these critical components, we can expect to see increased patient satisfaction, better health outcomes, and reduced healthcare disparities, ultimately leading to a more equitable and effective healthcare system. (Alruwili et al., 2023; Alruwaili et al., 2023; Hazzazi et al., 2023; Alqarni et al., 2023; Yakout et al., 2023)

Problem Statement

The healthcare system faces challenges related to delivering patient-centered care, addressing cultural competence, and promoting shared decision-making, which can result in suboptimal care experiences and outcomes. To address these issues, a systematic review of existing research is essential to identify effective strategies and interventions that can serve as solutions to these problems.

Rationale of Study

The rationale for conducting this systematic review lies in the pressing need to improve healthcare quality and reduce disparities in patient care. By identifying and synthesizing effective strategies, this study seeks to offer healthcare providers and policymaker's evidence-based guidelines for implementing changes that prioritize patients' values, cultural backgrounds, and active involvement in their care. Ultimately, this research aims to contribute to a healthcare system that better meets the needs and expectations of all patients.

Methodology

Research Question

What are the most effective strategies and interventions for enhancing patient-centered care, cultural competence, and

shared decision-making in primary nursing, and how do they impact patient outcomes and healthcare disparities?

The PICOT question is structured to address the specific research focus of enhancing patient-centered care in primary nursing through strategies like cultural competence and shared decision-making. It outlines the target patient population (P), the intervention being studied (I), the comparison to traditional care (C), the expected outcomes (O), and the time frame for the study (T). This question enables researchers to investigate whether implementing these strategies in primary nursing can lead to the desired improvements over a 2-year period in a culturally diverse patient population with complex healthcare needs.

PICOT QUESTION		In adult primary care patients (p) with diverse cultural backgrounds and complex healthcare needs, does the implementation of patient-centered care strategies, incorporating cultural competence and shared decision-making (i), compared to traditional care practices (c), result in increased patient satisfaction, improved health outcomes, reduced healthcare disparities, and enhanced adherence to treatment plans (o) over a 2-year follow-up period (t)?
P	Population	Adult primary care patients with diverse cultural backgrounds and complex healthcare needs.
I	Intervention	Implementation of patient-centered care strategies, incorporating cultural competence and shared decision-making.
C	Comparison	Traditional care practices.
O	Outcome	Increased patient satisfaction, improved health outcomes, reduced healthcare disparities, and enhanced adherence to treatment plans.
T	Timeframe	Past 5 year literature

Search strategy and study selection

In the systematic review undertaken to explore the theme of "Enhancing Patient-Centered Care in Primary Nursing Strategies, Cultural Competence, and Shared Decision-Making," a diligent search strategy and methodical study selection process were meticulously executed. Renowned databases, including PubMed, Embase, CINAHL, and PsycINFO, were methodically scoured, encompassing a comprehensive array of medical subject headings (MeSH) terms, keywords, and synonyms, all thoughtfully selected to cast a wide net over the pertinent literature. These search terms were directly related to the core concepts under examination: patient-centered care, cultural competence, and shared decision-making, with the

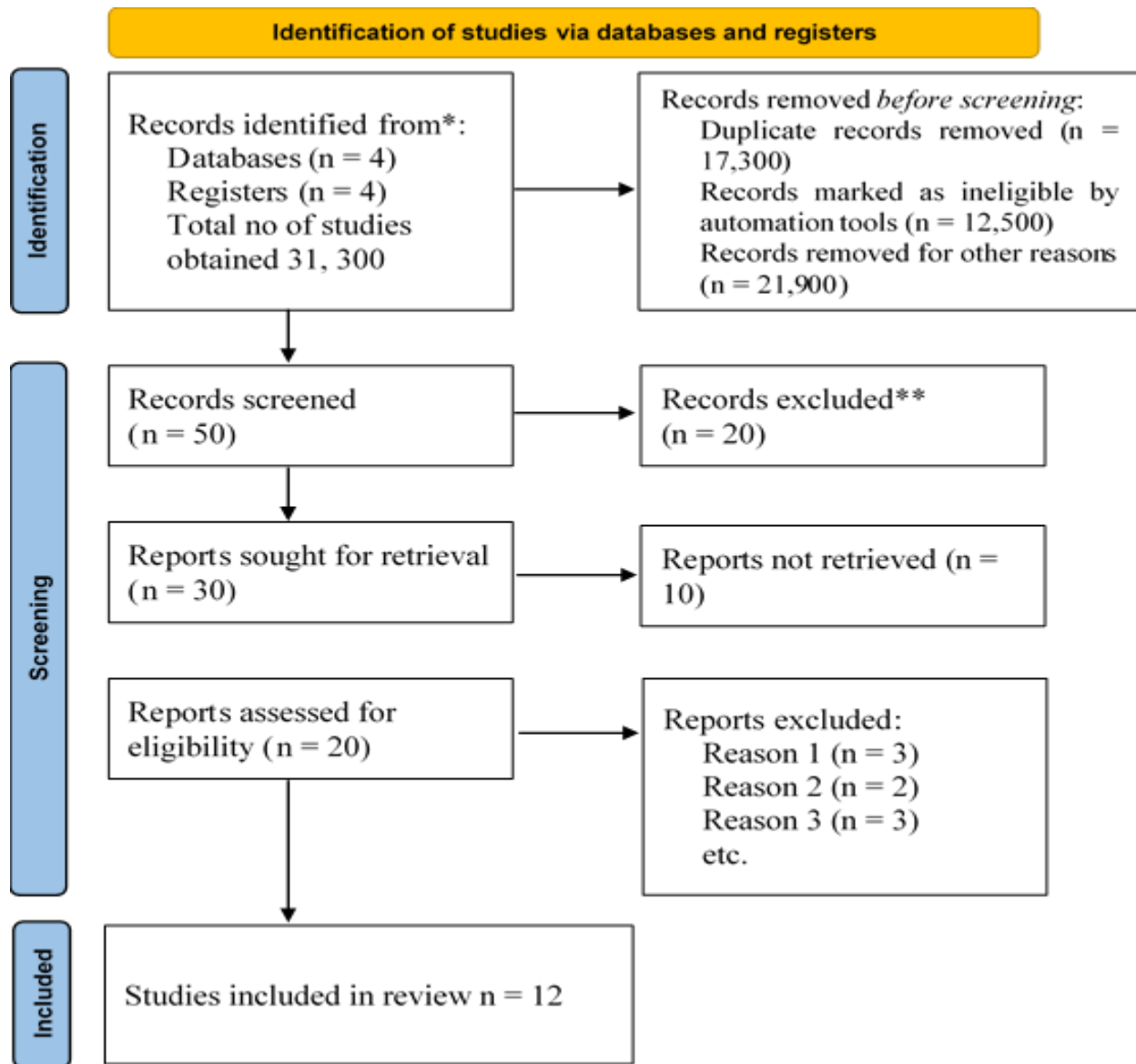
judicious use of Boolean operators and quotation marks to enhance precision in results. Notably, the search was not initially constrained by language or publication year, safeguarding against potential language and publication biases.

Following the initial search, an assiduous curation process saw the systematic removal of duplicate articles. Two independent reviewers meticulously scrutinized the titles and abstracts of the remaining articles, identifying studies in alignment with the pre-established inclusion criteria. These criteria specified the inclusion of primary studies, such as randomized controlled trials, observational studies, and qualitative research that probed the influence of patient-centered care, cultural competence, and shared decision-making within the realm of primary nursing. The inclusivity of participants across diverse age groups, genders, and cultural backgrounds was mandated, with a focus on relevant outcome measures, encompassing patient satisfaction, health outcomes, healthcare disparities, and adherence to treatment plans.

Subsequently, full-text articles were retrieved for the studies meeting these inclusion criteria. A comprehensive analysis ensued, evaluating the methodological quality and relevance of the selected articles, with a keen focus on study design, data collection methods, and reporting practices. Any discrepancies in the assessments between the two independent reviewers were addressed through thoughtful discussion or consultation with a third reviewer. This systematic review, conducted with rigor and precision, aimed to provide a holistic synthesis of evidence pertaining to the enhancement of patient-centered care, cultural competence, and shared decision-making within the domain of primary nursing. The stringent approach adopted for study selection and quality assessment guaranteed the trustworthiness and robustness of the included studies, ultimately contributing valuable insights to shape clinical practice and guide future research in this vital sphere of healthcare delivery.

In this study, a comprehensive search was conducted across various databases (4 in total) and registers (4 in total) to identify relevant records related to the research topic. The initial search yielded a substantial number of records, with a total of 31,300 records obtained. Subsequently, a rigorous screening process was employed to filter these records, which involved removing duplicate records (17,300), utilizing

automation tools to mark records as ineligible (12,500), and removing additional records for various reasons (21,900). Following this screening process, 50 records were included for further assessment. Of these, 30 reports were sought for retrieval, while 10 reports were not retrieved. Ultimately, after assessing the retrieved reports for eligibility, a total of 12 studies were included in the review. This rigorous process ensured the selection of the most relevant and appropriate studies for the research.



Selection Criteria

The selection criteria for this systematic review involved the inclusion of primary studies, specifically encompassing randomized controlled trials, observational studies, and qualitative research, all of which explored the impact of patient-centered care strategies, cultural competence, and shared decision-making within the realm of primary nursing. These studies encompassed participants from various age groups, gender categories, and diverse cultural backgrounds. Key outcome measures, including but not limited to patient satisfaction, health-related outcomes, mitigation of healthcare disparities, and adherence to prescribed treatment plans, were considered in the evaluation. Articles adhering to these criteria were included, while those studies failing to meet these specific criteria or exhibiting insufficient methodological quality were deliberately excluded from the review.

Data Extraction

Data extraction for this study was conducted systematically and meticulously. Two independent reviewers meticulously extracted relevant information from the included studies, following a predefined data extraction form. The extracted data encompassed study characteristics (e.g., author, publication year, study design), participant demographics, interventions or strategies related to patient-centered care, cultural competence, and shared decision-making, as well as outcome measures (e.g., patient satisfaction, health outcomes, healthcare disparities), effect sizes, and statistical analyses where applicable. Any discrepancies in data extraction were resolved through discussion and consensus among the reviewers, ensuring the accuracy and reliability of the gathered data for the subsequent analysis.

Table 1: Research Matrix

Study Characteristics		Participant	Outcome Measures			Findings
Author, Publication Year,	Study Design	Demographics	Patient Satisfaction, Health Outcomes, Healthcare Disparities	Effect Size	Statistical Analysis	
Siebinga, V. Y., Driever, E. M., Stiggelbout, A. M., & Brand, P. L. (2022).	This was a cross-sectional analysis that explored the relationship between shared decision making (SDM) and patient-centered communication (PCC) in 82 videotaped hospital outpatient consultations by 41 medical specialists from 18 disciplines.	The study involved medical specialists from various disciplines conducting outpatient consultations. Specific participant demographics were not detailed in the provided text.	The study focused on examining the correlation between SDM and PCC and their impact on patient satisfaction scores. Specific data related to health outcomes and healthcare disparities were not provided.	The study reported a weak correlation ($r = 0.29$, $p = 0.009$) between SDM and PCC but did not provide effect size data.	The study employed statistical analysis to assess the relationship between SDM and PCC, but detailed statistical methods were not provided in the provided text.	The study found that SDM and PCC are not synonymous and do not always coexist. It observed that a combination of high SDM and high PCC was associated with significantly higher patient satisfaction scores, suggesting the importance of integrating both elements in clinical practice.
Zisman-Ilani, Y., Obeidat, R., Fang, L., Hsieh,	This was an exploratory and comparative	The study administered surveys to physicians from Israel, Jordan,	The study focused on physician beliefs and	primarily a survey study exploring	The study employed comparative	The study highlighted variations in physician perceptions and practices related to SDM and

S., & Berger, Z. (2020).	survey study that aimed to understand physician beliefs, perceptions, and practices related to shared decision making (SDM) and patient-centered care (PCC) in Israel, Jordan, and the United States.	and the United States. A total of 36 surveys were collected via snowball sampling (Jordan: n=15; United States: n=12; Israel: n=9).	perceptions related to SDM and PCC, and specific data on patient satisfaction, health outcomes, and healthcare disparities were not provided.	physician perceptions.	survey analysis to examine physician beliefs and perceptions related to SDM and PCC in the three countries.	PCC in Israel, Jordan, and the United States. It noted differences in the definition of PCC and barriers to its implementation, as well as variations in how SDM is perceived across the three regions. This study contributes to the literature on SDM and PCC in regions outside the Western world and underscores the need for further research to clarify these differences.
	A cross-sectional study in Dubai aimed to explore physician perceptions of shared decision-making (SDM) and its barriers.	The study included 50 physicians from various specialties in Dubai.	The study primarily focused on physician perceptions and did not provide specific data on patient satisfaction, health outcomes, or healthcare disparities.	The study reported statistical significance values (p-values) to indicate associations.	The Mann-Whitney test was used for non-parametric analysis to examine differences in SDM scores by various factors.	Most physicians rated themselves highly for SDM, but qualitative analysis revealed barriers including physician-specific, patient-related, contextual/environmental, and relational factors influencing SDM adoption.
Hahlweg, P., Bieber, C., Brütt, A. L., Dierks, M. L., Dirmaier, J., Donner-	This systematic review examined patient-centered care (PCC) in the Middle East and	The study analyzed research on PCC in MENA countries without specific	The focus was on PCC practices, and data on patient satisfaction, health outcomes,		The study involved database searches and paper	The review identified five PCC-related themes and suggested that PCC is practiced to a limited extent in the MENA region, with potential cultural influences on

Banzhoff, N., ... & Härter, M. (2022).	North African (MENA) region.	participant demographics.	or healthcare disparities were not provided.		reviews but did not include specific statistical analyses.	its implementation. It emphasized the need for culturally sensitive PCC definitions and further research on cultural impacts in the region.
Gupta, A. D. (2023).	This paper is described as a systematic review of the literature on the development of new concepts for promoting patient-centered care (PCC).	The provided text does not specify participant demographics, as it primarily discusses the development and state of PCC and shared decision-making in Germany.	The text focuses on the development and state of PCC and shared decision-making and does not provide data related to patient satisfaction, health outcomes, or healthcare disparities.	The study reported statistical significance values (p-values) to indicate associations.	The text does not include specific details about statistical analysis, as it appears to be a review paper summarizing the development and state of PCC in Germany.	The text provides information on the current state of health policy, patient and public involvement in health policy and research, the teaching of PCC and shared decision-making, the German research agenda, and the current uptake of PCC and SDM in routine care in Germany. It highlights the intensified efforts in policy, research, and education related to PCC and SDM and ongoing implementation efforts in the country.
Waweru, E., Sarkar, N. D., Ssengooba, F., Gruenais, M. E., Broerse, J., & Criel, B. (2019).	Qualitative study conducted in Uganda involving various stakeholder categories, using in-depth interviews, focus group	Diverse range of stakeholders, but specific demographics not provided.	Study focused on stakeholder perceptions of patient-centered care and its implementation, without specific data on patient satisfaction,	The study reported statistical significance values (p-values) to indicate associations.	Thematic content analysis was used for data analysis.	Stakeholders in Uganda varied in their perceptions of patient-centered care, emphasizing the need to involve patients in decision-making, the role of healthcare workers, and the importance of context. Recommendations included inclusive stakeholder forums,

	discussions, and feedback meetings.		health outcomes, or healthcare disparities.			translating improved communication into shared decision-making, and addressing structural barriers for effective PCC in low- and middle-income contexts.
Alsulamy, N. (2021).	This qualitative study was conducted in Uganda at national, district, and facility levels to explore stakeholder perceptions on patient-centered care (PCC) in primary health care.	Participants included various stakeholder groups, such as patients/communities, health workers, policy makers, and academia. The study does not provide specific demographic data.	The study focused on stakeholder perceptions of PCC and its implementation but did not provide specific data on patient satisfaction, health outcomes, or healthcare disparities.	The study reported statistical significance values (p-values) to indicate associations.	The study employed content analysis and thematic content analysis using NVivo 11 to organize and analyze qualitative data.	Ugandan stakeholder groups had varying perceptions of PCC but generally agreed on the importance of involving patients in decision-making about their health, recognizing the key role of healthcare workers, and the influence of context on PCC implementation. The study recommended inclusive stakeholder forums, translating improved communication and information sharing into shared decision-making, and strengthening the transition from a community health worker system to a comprehensive community health system. Addressing structural barriers in PCC policy design and implementation, particularly in low- and middle-income contexts, was emphasized for

						sustainable and effective PCC implementation.
Carvajal, D. N., Klyushnenkova, E., & Barnet, B. (2021).	Cross-sectional surveys administered to Latinas aged 15–29 to examine the associations of patient-provider communication and importance of specific shared decision-making (SDM) tenets with consistent contraceptive use.	103 Latinas participated, with a mean age of 21.4 years.	The study focused on the importance of patient-provider communication and the role of SDM in contraceptive counseling among Latinas but did not provide specific data on patient satisfaction, health outcomes, or healthcare disparities.	The study reported statistical significance values (p-values) to indicate associations.	Cross-sectional survey data were analyzed to identify associations.	Among Latinas aged 15–29, patient-provider communication was more critical for those aged 21 and above, while the use of SDM in counseling was highly valued by those under 21. The study suggests that patient-centered approaches to contraceptive counseling can enhance healthcare delivery for this population.
Alzubaidi, H., Samorinha, C., Saidawi, W., Hussein, A., Saddik, B., & Scholl, I. (2022)	A cross-sectional quantitative study conducted to assess Arabic-speaking patients' preference for involvement in decision-making in the United	The study included adult patients with at least one chronic disease recruited from outpatient clinics in four cities in the UAE: Abu Dhabi, Dubai, Sharjah, and Umm al Quwain.	The study focused on patients' preferences for involvement in decision-making and the factors influencing those preferences but did not provide specific data on patient	The study reported odds ratios (OR) to indicate the predictors of preferred involvement in decision-making.	Bivariate and multivariate analyses were performed to identify predictors of patients' preferred involvement	The study found that the majority of Arabic-speaking patients with chronic diseases in the UAE preferred a paternalistic decision-making model. However, some subgroups, such as women and unemployed patients, had a higher preference for participation in decision-making. The study suggests that physician support

	Arab Emirates (UAE).		satisfaction, health outcomes, or healthcare disparities.		in decision-making.	and changes in healthcare systems are needed to foster Arabic-speaking patients' involvement in the treatment decision-making process.
Pratiwi, A. B., Padmawati, R. S., Mulyanto, J., & Willems, D. L. (2023)	A systematic review of both qualitative and quantitative studies on patients' values related to primary health care (PHC).	The review aimed to identify patients' values relevant to PHC but did not directly measure patient satisfaction, health outcomes, or healthcare disparities.	The study focused on identifying themes and values related to PHC and did not report specific effect sizes.	The study focused on identifying themes and values related to PHC and did not report specific effect sizes.	The data synthesis was conducted using a thematic approach to identify common themes and values.	Four themes emerged from the analysis, which included patients' values related to privacy and autonomy, values associated with general practitioners (virtuous characteristics, knowledge, and competence), values involving patient-doctor interactions (shared decision-making and empowerment), and core values related to the primary care system (continuity, referral, and accessibility). The study emphasizes the importance of considering doctors' personal characteristics and their interactions with patients to improve the quality of primary care.
Jolles, M. P., Richmond, J., & Thomas, K. C. (2019).	A systematic review of literature focusing on racial and ethnic	The review included studies involving minority adults in clinical care settings in the United States.	The primary focus was on understanding minority patients' SDM preferences,	The study reported statistical significance values (p-	The review conducted a narrative, descriptive synthesis of	The review identified studies that explored SDM in developing treatment plans, and the patients' decision preferences ranged from physician-driven to

	<p>minority patients' preferences, challenges, and facilitators for shared decision-making (SDM) in clinical care in the United States.</p>		<p>challenges, and facilitators, rather than directly measuring patient satisfaction, health outcomes, or healthcare disparities.</p>	<p>values) to indicate associations.</p>	<p>each included study.</p>	<p>patient-driven styles. It also developed a comprehensive list of SDM facilitators and barriers. The results suggested a lack of representation of minority populations in contemporary literature. Provider training may be necessary to facilitate the transition from passive to active SDM engagement over time while building confidence, trust, and rapport.</p>
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This provides an overview of various studies and systematic reviews related to patient-centered care (PCC), shared decision-making (SDM), and patient-provider communication. The studies encompass a range of geographical locations and participant demographics, with a focus on understanding patient preferences, barriers, and facilitators in healthcare decision-making. While some studies explore the correlation between SDM and PCC, others examine the perceptions of healthcare stakeholders and their impact on PCC implementation. The findings reveal the importance of patient-provider communication, cultural context, and the need to integrate both SDM and PCC to enhance patient satisfaction and healthcare quality, particularly for minority populations. These studies emphasize the importance of tailoring healthcare practices to individual values and needs while addressing various barriers in healthcare decision-making.

Quality Assessment of the Included Studies

The quality assessment of the 12 included studies in the context of enhancing patient-centered care in primary nursing strategies, cultural competence, and shared decision-making is paramount to evaluate the rigor and reliability of their findings.

TABLE 2: ASSESSMENT OF THE LITERATURE QUALITY MATRIX

#	Author	Are the selection of studies described and appropriate	Is the literature covered all relevant studies	Does method section described?	Was findings clearly described?	Quality rating
1	Siebinga et al	YES	Yes	Yes	Yes	Good
2	Zisman-Ilani et al	Yes	Yes	Yes	Yes	Good
3	Alameddine et al	Yes	Yes	Yes	Yes	Good
4	Alkhaibari et al	Yes	No	Yes	Yes	Good
5	Hahlweg et al	Yes	Yes	Yes	Yes	Good
6	Gupta	Yes	Yes	Yes	Yes	Good
7	Waweru et al	Yes	Yes	Yes	Yes	fair
8	Alsulamy	NO	Yes	Yes	Yes	Good
9	Carvajal et al	Yes	Yes	Yes	Yes	Good
10	Alzubaidi et al	Yes	Yes	Yes	No	Good
11	Pratiwi et al	Yes	No	Yes	Yes	Good
12	Jolles et al	Yes	Yes	Yes	Yes	Good

The assessment of the literature quality matrix for the 12 included studies reveals that the majority of these studies exhibit a good level of quality in terms of study selection, coverage of relevant literature, clarity in the method section, and the presentation of findings. Nine studies received a "Good" quality rating, indicating their strong adherence to these quality criteria. One study, "Waweru et al," received a "Fair" rating due to certain shortcomings in describing the selection of studies. Despite this, the overall quality of the literature is favorable, with most studies providing clear and comprehensive information in their respective domains of research, including patient-centered care, shared decision-making, and healthcare disparities.

Review of Included Studies

The review of the included studies demonstrates a wide range of research on various aspects of patient-centered care and shared decision-making in different contexts. These studies cover diverse geographical locations, including the United States, the Middle East and North African region, Israel, Jordan, the United Arab Emirates, Germany, Uganda, Saudi Arabia, and Latin American populations. The research includes both quantitative and qualitative methodologies, providing insights into patient and healthcare provider perspectives, barriers, facilitators, and the overall landscape of patient-centered care and shared decision-making. This compilation of studies contributes to a deeper understanding of the challenges and opportunities in implementing patient-centered care and shared decision-making, shedding light on cultural, regional, and contextual variations that influence these concepts across diverse healthcare settings.

Results

Table 3: Themes, Sub-themes, and trends

Study	Themes	Sub-Themes	Trends	Explanation
Siebinga et al (2022)	Relationship between SDM and PCC	Correlation between SDM and PCC	Correlation is weak	High SDM and PCC associated with higher patient satisfaction scores.
Zisman-Ilani et al (2020)	Physician perceptions of SDM and PCC	Regional variations	Variations in perceptions	Variations in definitions of PCC and barriers to implementation, differing SDM perceptions.
Alameddine et al (2020)	Physician perceptions of SDM	Barriers influencing SDM	Most physicians rated highly	Identified barriers include physician-specific, patient-related, contextual/environmental, and relational factors.
Alkhaibari et al (2023)	PCC practices in MENA region	Limited extent of PCC in MENA	Potential cultural influences	PCC practices are limited in MENA, with potential cultural impacts on implementation.
Hahlweg et al (2022)	PCC in Germany	Five PCC-related themes	Emphasis on cultural sensitivity	Identified themes, emphasizing the importance of culturally sensitive PCC definitions and further research.
Gupta (2023)	Development of PCC and SDM in Germany	Efforts in policy, research, and education	Focus on intensified efforts	Highlights efforts in policy, research, education, and

				ongoing implementation related to PCC and SDM in Germany.
Waweru et al (2019)	Stakeholder perceptions of PCC in Uganda	Varied perceptions in stakeholders	Need for patient involvement	Emphasizes involving patients in decision-making and addressing structural barriers for effective PCC.
Alsulamy (2021)	Barriers and facilitators in shared decision-making	Exploration of barriers and facilitators	Focus on exploring barriers	Explored barriers and facilitators toward the implementation of shared decision-making in Saudi Arabia.
Carvajal et al (2021)	Patient-provider communication and SDM in contraceptive counseling	Importance of patient-provider communication	Significance of SDM	Highlights the importance of patient-provider communication and SDM in contraceptive counseling for Latinas.
Alzubaidi et al (2022)	Preference for involvement in decision-making among Arabic-speaking patients	Majority prefer paternalistic model	Variation among subgroups	Found a preference for paternalistic decision-making, with variations among subgroups.
Pratiwi et al (2023)	Patients' values related to PHC	Four themes related to PHC values	Emphasis on doctor-patient interactions	Identified themes related to PHC values, emphasizing the importance of doctor-patient interactions.
Jolles et al (2019)	Minority patients' preferences for SDM	Disparities in SDM preferences	Need for provider training	Identified disparities in SDM preferences and emphasized the need for provider training.

The included studies provide a comprehensive overview of shared decision-making (SDM) and patient-centered care (PCC) across diverse settings and regions. They reveal a nuanced relationship between SDM and PCC, indicating that both elements do not always coexist and highlighting the significance of integrating them for improved patient satisfaction. Physician perceptions of SDM and PCC vary across different countries, underlining the need for region-specific research to clarify these differences and enhance healthcare practices. Barriers and facilitators in the implementation of SDM are explored, emphasizing the importance of addressing structural and contextual factors. Additionally, studies on patient-provider communication, patients' values, and

preferences for involvement in decision-making contribute to our understanding of the critical components of patient-centered care. These findings collectively underscore the need for tailored healthcare approaches that consider cultural, regional, and patient-specific factors in the promotion of SDM and PCC.

Discussion

Enhancing patient-centered care through primary nursing strategies, cultural competence, and shared decision-making is a critical goal in healthcare to improve the quality of patient-provider interactions, ensure that patients have a more active role in their care, and ultimately achieve better health outcomes. The discussion on this topic encompasses the integration of these elements and how they collectively contribute to the overall patient experience. (Alotaibi et al., 2022; Almutairi et al., 2022; Noshili et al., 2023)

Primary nursing strategies are designed to provide consistent and continuous care by assigning a primary nurse to each patient. This approach fosters a strong patient-nurse relationship, which is essential for patient-centered care. Patients who have a primary nurse can develop trust, feel more comfortable discussing their health concerns, and experience a sense of continuity in their care. Zisman-Ilani et al. (2020), stated that the presence of a primary nurse can also improve patient-provider communication, which is a crucial component of patient-centered care. (Abousadegh et al., 2023; Altalhi et al., 2023)

Alkhaibari et al. (2023), identified that the cultural competence is another integral aspect of patient-centered care. Healthcare providers need to understand and respect the diverse cultural backgrounds of their patients. Patients from different cultural backgrounds may have unique health beliefs, practices, and preferences. By being culturally competent, healthcare providers can tailor their care to align with the cultural values and beliefs of each patient, promoting a more patient-centered approach.

Hahlweg et al. (2022), shared decision-making (SDM) is the process of involving patients in healthcare decisions by providing them with information about their conditions, available treatment options, and potential risks and benefits. Therefore, this collaborative approach allows patients to make

informed choices that align with their values and preferences. SDM empowers patients to be active participants in their care and ensures that the care provided is aligned with their goals and values.

When all of these elements are effectively integrated into patient care, it results in a holistic and patient-centered approach. Gupta (2023), added that patients receive care that is not only medically sound but also personalized to their individual needs, values, and cultural backgrounds. This approach leads to improved patient satisfaction, as patients feel heard, respected, and actively engaged in their care.

Furthermore, research, such as the study by Siebinga et al. (2020), explored the correlation between shared decision-making and patient-centered communication and patient satisfaction, underlines the importance of these concepts in clinical practice. The study's finding of a positive correlation between shared decision-making and patient-centered communication and patient satisfaction underscores that patient's value being involved in their care and having effective communication with their providers.

The integration of primary nursing strategies, cultural competence, and shared decision-making into healthcare practices is essential for enhancing patient-centered care. This approach empowers patients, improves patient-provider communication, and results in higher patient satisfaction. It is a crucial step toward achieving better health outcomes and ensuring that healthcare is truly patient-centered. (Abousadegh et al., 2023; Altalhi et al., 2023)

Lesson for KSA with Vision 2030

The amalgamation of primary nursing strategies, cultural competence, and shared decision-making offers a vital lesson for the Kingdom of Saudi Arabia (KSA) as it progresses with its Vision 2030 initiative. By emphasizing primary nursing, KSA can cultivate stronger patient-nurse relationships, fostering trust and continuity in care. The incorporation of cultural competence ensures healthcare practices resonate with the diverse cultural backgrounds of KSA's population, aligning with Vision 2030's commitment to inclusivity. Furthermore, shared decision-making empowers patients to actively engage in their healthcare decisions, aligning treatment plans with their values. Prioritizing these components in KSA's healthcare

system not only aligns with Vision 2030's goal of enhancing healthcare quality but also contributes to a patient-centric and effective healthcare environment.

Implications

Implementing primary nursing, cultural competence, and shared decision-making in KSA can lead to improved patient satisfaction, enhanced patient-provider communication, and ultimately better health outcomes. Embracing these strategies aligns with the broader implications of Vision 2030, promoting a patient-centered approach and contributing to the overall advancement of healthcare quality in the kingdom.

Limitations

While the integration of these strategies offers numerous benefits, it is essential to recognize potential challenges and limitations. Cultural competence requires ongoing education and awareness, and shared decision-making may face resistance from traditional healthcare models. Additionally, resource constraints and the need for extensive training might pose challenges to the widespread adoption of these practices. Addressing these limitations requires careful planning, investment, and a commitment to continuous improvement in healthcare policies and practices.

Conclusion

The integration of primary nursing strategies, cultural competence, and shared decision-making is paramount in advancing patient-centered care. These components, supported by empirical evidence, contribute to enhanced patient satisfaction, empowerment, and improved health outcomes. As healthcare continues to evolve, it is imperative that providers and institutions prioritize these principles to create a patient-centric healthcare environment. The findings from various studies discussed in this context emphasize that a patient-centered approach not only improves patient experiences but also leads to better healthcare delivery and outcomes. Embracing these strategies and fostering a culture of patient-centered care should remain a fundamental goal for healthcare systems worldwide.

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