The Effect Of Focusing Care On The Patient And Its Reflection On The Patient Psychologically And Physically 2023 🛑

Shaker Ayed Ali Algarni[1] , Hadeel Assiri[2] , Mohammmed Almutairi[3] , Abdulrahman Mohammed Alotaibi[4] , Amer Al Ameer[5], Muhaned Mohammed alshammari[6]

[1]Health Administration Mental Health Hospital Shalgarni@Moh.Gov.Sa

[2]Nuclear Medicine Technologist King Abdulaziz Medical City – Riyadh Assiriha2@Ngha.Med.Sa

[3]Radiation Therapist King Abdulaziz Medical City – Riyadh Mutairim7@Mngha.Med.Sa

[4]Radiation Therapy King Abdulaziz Medical City Otaibia8@Mngha.Med.Sa

[5]Radiation Therapist I King Abdulaziz Medical City-Riyadh National Guard Health Affairs Alameeram@Mngha.Med.Sa

[6]Laboratory specialist, Ministry of National Gurad-Health Affairs

Abstract

The aim of the research is to exaamine the effect of person-centered care on the patient and its reflection to the patient psychologically and physically together with the satisfaction of the patients. The study is a descriptive research. The population of the study consists of the patients who received services between June and August 2020. Of the work, in Balıkesir Saglik Bilimleri , Hospital Physiotherapy and Rehabilitation Practices Office, the patient collective was working face-to-face. The sampling method was determined by the Treatment and Rehabilitation Program, and considering the intensity of the daily work, it aims to reach the target number of study with 100 patients. In line with the data obtained from the research, the conclusion section is reached with the final evaluation part, and suggestions are made in line with this. (.2020)

1. Introduction

The patient in the hospitals is taken care of by many professionals such as doctors, nurses, dietitians, and technicians. However, depending on the number of employees, it is not always possible

to manage one-on-one care, especially in public hospitals. The patient is not approached according to his/her comfort, patient satisfaction decreases, and the negative reflection of the patients to the personnel with notes, gestures, and behaviors. Therefore, satisfaction is reduced in meeting the patient's physical and psychological needs. This reduces the care required for patient comfort, causes a negative reflection to healthcare personnel, and leads to a decrease in services. With this work titled as "The Effect of Person-Centered Care on the Patient and Its Reflection to the Patient Psychologically and Physically," we question how focusing on patient satisfaction will be reflected in dimensions.

2. Importance of Focusing Care on the Patient

In order to increase the quality and satisfaction of their services, they have been making efforts to prioritize patients and holistic patient care for the service field. Holistic care aims to guide patients' social, emotional, spiritual, and physical care through medical diagnosis, which distinguishes holistic care from traditional medical care, thus expanding the focus, as it has been emphasized that the patient is cared for focusing on the physical aspects of the disease only. During a patient's interaction with health, these feelings quickly develop into anxiety and stress and turn into feelings of fear and loneliness, interspersed with experiences of grief. The resulting tensions reflect the lack of respect, privacy, and dignity of the patient. The emergence of such negative feelings for patients is important as they can lead to negative patient conduct. In order to provide quality health care to patients, nurses should provide holistic care for patients while at the same time ensuring early rehabilitation of nursing interventions and care for patients throughout their time. The physical and psychological burden of the family may cause the patient to be isolated and increase overall treatment perception. In this context, it is important to reduce the time of this period without compromising patient care. (Sager, 2022)

Nursing care is a complex system that encompasses processes that occur on many levels, including the patient. Studies are also thought to influence how nurses and hospitals achieve the goals of the care organization. By transforming nursing care into an active dialogue and allowing the patient and his family members to participate in treatment decisions, benefits for both the institution and the patient can be obtained. This is especially important in

emergency units. Increasing physical and cognitive disorders and psychological disturbances in treatment may also result in weaker returns, decreased satisfaction with treatment. Patients receive integrated care as part of their own lives, not isolated from the rest of the patient's mind and body as they receive help while they are made vulnerable by illness. The individual at the core of holistic care is subjected to psychological, social, cognitive, physiological, and spiritual experiences. From a holistic care perspective, by taking into account and evaluating the patient's self-perception and self-satisfaction, the patient must be fully and carefully diagnosed and evaluated and his individual requests and needs be taken into account. When all patients with different diseases or symptoms in a special section are care is prioritized, it is considered that psychological and physical improvements will occur in the patient.

3. Psychological Impact of Focused Care

The dynamic increase in the demand for patient healthcare in recent decades has increased concern for the individual rather than the workforce. In earlier periods, the main concern of healthcare professionals was to embrace the patient care area, treat according to the health problems, and to allocate time to the needs. He was part of the hospitals which meant "hospitalis" or guest. In the 18th and 19th centuries, individuals were considered a "client" and were asked to assist with their own patient care, depending on the patient’s cooperative and safe attitudes during care. Patient care is provided with the individual’s responsibility to behave in a way that supports treatment or the healthcare professionals, while the free provision of health care is mandatory. In the 20th and 21st centuries, people were defined as being a "companion" of science with cooperation or a "passive complier" and a partner who intrudes co-existence without receiving appropriate service in patient care. Consequently, it is important to approach patient care in an indignant manner, to establish relationships built on respect and positive feedback, and to evaluate the information gained as feedback from the person as an improvement point for the future relationship. (van et al.2020)

The patient’s sense of being treated with respect, perception of the information given, the sensation of partnership, and feeling in command can be higher if focused care is provided. From this point of view, it is observed that the psychological effects are more

positive than the physical effects. Since the informed consent form is the most important document stating that the individual has received the necessary information, since it should be stated that the carer of the patient has an important status, the fact that the patient unconsciously asks questions about their health and the treatment to be applied to the individual, and the conviction that the carer of the patient will be responsible is one of the most important factors to be considered by healthcare professionals as well as informing the patient about the treatment to be applied. In contrast, patient anxiety disorder in cases of no cooperation, high number of no answers, and fear of asking questions has increased fears about health and elimination of individual by healthcare professionals. In the relationship between patient and healthcare professionals; focused care is important in terms of mutual information sharing, empathy, compassion, and respect. Hence, the individual should be encouraged to ask questions and needs to be constantly motivated and aware that their observations would be informed about the treatment process.

4. Physical Impact of Focused Care

Physical impacts of psychological problems in burn patients are weak breathing patterns due to traumatic experiences. Trauma of the event, intensive pain, and interventions, adverse feelings towards treatment, and delay in the mobilization are among the known reasons. It was observed that focused breathing activities within individual necessity in treatment routine processed positively moderate on the weak (decreased) breathing rates experienced by the patients. Due to the increased flexibility and comfort resulting from the negative effect on the lungs and the subsequent interfer until the functional gain, the speed and the depth of the respiration also lead to a regression. At the end of the study, moderate the impact of providing active or enforced relevant respiratory exercises (focused care) was tracked. It was assessed that the proposed chest wall and chest cage muscle groups and associated respirator recovery exercises for several times and the chest cage as a clinical response. The degree of improvement in the lung expands with these exercises and increased lung respiration movement (in total) allows the patient to gain functional.

The effect of focusing care on the patient and its reflection on the patient psychologically and physically. The main aim of this

research is to look at the effect of focusing, known as caring aimed at the individual in the treatment process, on the individual in physiological and psychological terms. So that, the effect of focusing care application implemented as part of research with functional and physiological variables, such as satisfaction, readiness to plan, focus level, heart rate, respiration rate, and fever level, abstention length, are compared, analyzed, and evaluated. As a result, a partially variant is found between the levels of the two care programs in the process of care. While the satisfaction level is detected as higher in the applied care of focusing, the readiness for change is also high in patients/relatives. Physical findings improved in the process are considered to be a direct reinforcement to the patient.

5. Strategies for Implementing Focused Care

In the first phase, the existing knowledge and scientific results in the area were reviewed; the very concept of the present study was defined, and operational definitions of the solutions were given. The second phase was a quantitative phase. It involved the testing of the hypothesis in the sample of respondents, nursing care recipients, and nurses. The data were analyzed by using the SPSS package, and the results were interpreted in the sense of testing the hypotheses. The third phase included the analysis of the results and interpretation. Conclusions and implications were also given. Back to the real situations of the third phase of the project, several strategies are needed in a practical way to implement focused care as a new concept. Such strategies are the following: preparing managers in the health system for the implementation of a new idea by explaining the advantages of such an approach to their work, explaining what focused care is and how it can be implemented. The encouragement of nursing institutions and heads of institutions to educate and apply it in their work is the basis of every care.

With every new idea and approach in nursing, certain strategies are necessary to implement a certain approach into the nursing practice. Such is the case of focused care. The approach of nursing staff to newly established ideas is always cautious, and it is necessary to examine in real situations how the new idea would work in practice. In accordance with the theoretical frameworks elaborated in, the development of knowledge should be joined with its reshaping in order to provide efficiency in clinical

procedures and, thus, bring further knowledge. This conclusion has been provided based on several phases of a research project for the development of the knowledge in the area of the present study. (Kwame & Petrucka, 2021)

6. Training and Education for Healthcare Providers

For this, the CC education program is aimed at health professionals—established assuming training at different levels of the professional career to cause deeper changes in clinical practice within health professionals who perform different tasks. Leadership, teaching, and training of professional experts in various fields of the health sciences are trained (physicians, nurses, physiotherapists, psychologists, dietitians) who work in hospitals or health centers. It is important that all health professionals receive early, systematic training in the field of communication with the patient. Throughout the CC educational program, participants are involved in different training workshops, receiving instruction at specific stages of their professional career in the health field. These programs are designed to provide the necessary feedback from patients, families or, if necessary, health professionals who are expert observers in the field of patient-centered communication at the start of the program and later reinforce the concepts and improve these skills. (Mata et al.2021)

Training and education for healthcare providers. The CC is a protocol that can be applied to any healthcare professional. Hence, health professionals need to be aware of the impact their communication process has on the situation of the patient and his/her family, regardless of the area of health and the level of care they provide. For this reason, it is necessary to include the training of the CC in the curriculum of the university courses that provide formation in the area of health sciences, proving its importance. Thus, it is necessary to develop programs of formation and regulation of these activities.

7. Communication and Empathy in Focused Care

Pain is a subjective, unique, personal, and private experience known only to the person living it. After all, suffering arises from harming human dignity and values, and if the pain continues to threaten a person's subjective qualities and control over their environment, he/she will begin to suffer spiritually as well as physically. The patient first expects healthcare staff to be interested in him in terms of focusing nursing care. First of all, the

individual must understand that he/she has been heard and that the suffering they are experiencing has been understood with an individual approach, and that the person is important. Patients who are informed about the diagnosis, treatment, and possible results and who are treated with empathy by healthcare professionals believe that healthcare professionals genuinely care because this approach is based not only on cases focused on disease but also on issues, ideas, and concerns of the spiritual, religious, moral, ethical, and family. It has become a principle of patient care to help address actual or potential care and the patient's mental and physical landscape. (Decety, 2020)

Symptoms of suffering seen in healthcare are continuous, uncontrollable chronic pain, repeated medical procedures, lack of sleep, lack of nutrition, lack of understanding, helplessness among patients, and the development of frustration. Healthcare professionals show the phenomenon of burnout due to extended working hours, shift work, the problem of decision-making with the limited time allocated to patients, the feeling of being insufficient in this regard, the feeling that they cannot relieve patient suffering, and the inability to establish healthy communication with patients. It is important for qualified healthcare staff not to approach empathetically and establish communication when providing care to combat the suffering experienced by patients.

8. Promoting Patient Engagement and Participation

The Engaging Patients in Communication (EPIC) approach aims to promote patient engagement and participation, consistent with the curriculum recommendations. PDFs of each EPIC topic are also available in American Sign Language (ASL) videos for instructors who want to provide more multimodal reinforcement of topics or collaborate with members of the Deaf community. The use of tailored multimedia-refresher information for patients involved in care transitions at discharge showed promising results for patient satisfaction and 30-day readmissions. Our operating principle was that coordinated preparatory activities increase the chances of successful patient-care partner interactions during the hospital stay, thus increasing patient engagement and participation in the delivery of one’s care. A critical need that limits how well-matched this relationship can be is preparing patients for their communication needs and required level of participation during

the hospital stay. Only then can one expect and help ensure patients remain engaged throughout their hospital experience by guiding medical teams, making informed treatment decisions, recognizing potential mistakes, knowing where it is important to focus and clarify information, understanding their rights, and demanding quality of care. Then, create a partnership in the care process that helps lay the groundwork for patient-initiated communication, in conjunction with patient participation and shared decision making.

9. Enhancing Patient Satisfaction and Trust

The current system of training medical students as well as practicing health professionals is dominated almost exclusively by scientific modes of inquiry to the neglect of understanding person-centeredness in various practice settings. Thus, this current knowledge is not assisting health practitioners or medical students to provide genuine humanistic professionalism with compassion. Students also did not have the time to explore the deeply personal and professional rewards or the reciprocal release in trusting relationships that can be the lifeblood of institutionalized potentiality values. Data, as well as focus group interviews with undergraduate medical students, were recruited the summer of 2012 and 2013 through a medical school in the spring. Medical education and formation in deep connection, caring and friendship with others, and living a purpose is not an easy journey but it is a journey that is necessary to take if a person is going to provide inclusive health care for all people irrespective of race. (Calderón-Viacava & Vildózola, 2023)

Lack of focusing care (communication and cooperation) between the patient and medical personnel is the most overwhelming problem in health institutions of today. This definitely does not enhance patient satisfaction and trust between the two. When medical personnel use the right psychosocial care according to the patient's problem and the type of work environment, it can definitely have a positive effect on the patient. Based on this, assessing the psychological aspect of the patient scientifically using evidence-based medicine is important. A cross-sectional study design was used and data were collected using a face-to-face interview with four structured questionnaires such as Individualized Care (ICE), Health Care Communication Question, and the Lithuanian version of Maslach Burnout Inventory-Human

Services, and Hypertechnique Person Activity Blumer Creative Action Research Methods and Liviv Cycle. Patients who reported experiencing violence also reported more intensive symptoms of burnout. High response rates of up to 50% of critical care personnel were also associated with burnout. Higher burnout scores among surgical personnel were associated with an increased workload. Furthermore, my study found a weak positive correlation between these factors which clearly shows that the patient and these factors have a very high influence on each other. $P < 0.05$ is statistically significant.

10. Measuring and Evaluating the Effectiveness of Focused Care

2. The effect of focusing care on the patient and its reflection on the patient psychologically and physically: Change is a powerful process, sometimes happening at a rapid pace and other times occurring slowly and subtly. The phenomenon of change sometimes appears to be driven by an external power and by an internal force compelling us to act and react. The pace of change can be perceived as either too slow or too fast. Paramount and foremost in our thoughts should be to slow the process enough to keep us from undue error and to help us synthesize our thoughts and resources so that we can make careful directed steps that bring no harm to our patients. Such a process in nursing occurred when nursing practitioners and scholars opened their minds regarding nursing interaction with the nursing home patient. (Wanko Keutchafo et al., 2020)

1. Patient-centered care in a focused care environment: The Evaluation Tool for Focused Care (EFC) developed is based on identified key issues offered by the patient regarding the care he/she received. While creation of the EFC was an arduous task, the instrument will enable researchers to evaluate whether or not patients truly feel that their interactions with nursing staff, and not just the quality of care, had improved during the intervention. The EFC, with its two parts, is a complete and reliable tool for the measurement and evaluation of implementing a change in practice. An EFA needs to be done, with both parts of the EFC, to determine the number of interchangeable items/subparts that encompass each of the individual parts, as well as assess the discrimination between different samples and the validity of the findings of the first utility of the shorter forms of the EFC.

11. Challenges and Barriers to Implementing Focused Care

The findings underscore the critical role that focusing care on the person or patient can play in improving patient and nursing outcomes. The patient as a person, the therapeutic relationship, the caregivers' actions, and the resources within the work environment to provide care that is respectful of and responsive to patients' personal preferences, needs, and values. This care emphasis is also consistently associated with improved patient outcomes such as satisfaction with the care talent, quality of life, and health status. Therefore, it is worth investing in these sophisticated interventions aimed at strengthening PCC beliefs in nursing education programs and work environments. Providing support to health service leaders, and reviewing funding to implement person-centered care are important strategies to maximize its spread.

Another frequent individual-related barrier to implementing FCF is staff workload and stress-related burnout. This leads to serious emotional exhaustion and physical fatigue, and results in the frequent occurrence of job dissatisfaction. To reduce such negative outcomes, the healthcare workforce is becoming increasingly reliant on quality improvement initiatives, including person-centered care, to meet these essential milestones.

One of the most significant setting-related barriers to implementing FCF is limited physical space within the aging care setting. Some FCF requires a capacity for a person-centered approach, which means adjusting the physical environment to meet the residents' needs. This includes ensuring each resident has an environment that feels like home and communal areas with the goods and supplies to provide comfort and support their involvement in activities or hobbies. Limited space in the aging care setting restricts the opportunity to provide communal spaces for congregating and participating in meaningful and productive activities, thereby eroding social capital informally, staff morale, empathy, and the ability to provide care.

12. Overcoming Resistance to Change in Healthcare Settings

Employees in the healthcare organization are the most crucial element to the successful application of more patient-centered care. Team members are at the forefront of patient care, and their behaviors can have a major influence on psychological safety. Managers themselves may also require psychological safety to

explicitly encourage staff debriefing for high-stakes clinical care situations, for exploring new approaches to delivering patient-centered care, and for promoting organizational responsiveness to team members' safety concerns in the form of rapid process improvements. Furthermore, team performance can also be impacted by the degree to which there is open communication, notably about care and treatment errors, with adverse impacts on patient care quality. Employees' psychological safety is important not only for an organization's operations but also for improving patient care. (Fu et al.2022)

Team members may have varied levels of commitment to the change at hand. Frontline staff members involved in the movement to more patient-centered care may appear to have few, if any, reasons to resist this change. One finding is that healthcare workers are often resistant to change because they believe it will place more demand on them. If placing the patient at the center of care is viewed as adding more patient care activities to their workload, is not seen as part of their job description, or overwhelmed by a system that does not support the amount of time needed to engage in more patient-focused care, staff members may feel they are ill-equipped to bring about such transformational change ideas in healthcare. Overcoming resistance presents a major challenge, most of which is generated by prior experiences that have not matched the promises of the transformation objectives. Therefore, a coordinated approach to understanding and implementing these ideas is required.

13. Ethical Considerations in Focused Care

It is impossible to make any progress without acting on ethical rules in the provision of competent and qualified service. The work can only be conducted with the permission of the related ethics committee, and in working on health issues, the patient has the highest priority. Health professionals who respect the patient's wishes and needs provide patient-friendly service. The patient's right to receive information about their condition and to be involved in the treatment process is important in terms of quality healthcare. For this reason, evaluating patient satisfaction is of utmost importance. (Zaid et al.2020)

Subjecting the patients to an intervention throughout the day can also be reviewed as experimental work. In this context, obtaining the necessary ethical permits from the relevant authority is

obligatory in order for it to be ethical and provable. National ethical approvals were obtained from the Ministry of Health Practice and Research Hospital (decision no: 2020 / 744). In practice, verbal and written consent was obtained from all patients or their relatives. Patients and the management about their families were informed about the practice before application starts. However, patient confidentiality was strictly protected and the results were not shared with any third person except for the patient and relatives.

14. The Role of Technology in Supporting Focused Care

With the use of devices, both the patient's condition and care tasks are displayed, encouraging proactive care. In a touch screen control environment, the carer can individually adjust environmental factors, maintain the patient's comfort, and feel in control in the reconstructed plastic, creating a sense of space. Kim and Yun found that focusing care resulted in a decrease in the number of responses performed and ultimately subjective patient discomfort and causal relationships through energy saving and behavioral experiments directed by the device. Level and physiological response further have an effect. Even the devices that patients own and have a high standard of personal use, the design of environmental conditions. Assumptions were designed. Since personal devices can be directly connected, communication with patients is also facilitated. In conclusion, by ensuring patient comfort, technology plays a role in improving the quality of care provided and delivered. It reduces the disease burden of the care provider by applying technology as an enabler for them to perform repeated corrective actions and helps prevent work-related diseases.

Technology can play an active role in helping staff and patients adhere to a focus-of-care practice model. The role of technology in the care setting has been the subject of much debate over the years, with the theory that technology somewhat distances staff from the patient and at worst creates a disembodied care setting. However, the use of technology, including various prototypes and methods used to support care activities, can also increase the amount of time available for face-to-face encounters and individual care. This increased contact can lead to increased trust between the carer and patient, as the trusted interaction has gained importance during a longer care period.

15. Focused Care in Different Healthcare Settings

Math and so on. There may be patients who refuse to participate in individual activities such as training, especially hospitalized children, but neither factor influenced their results. Age, gender, inpatient duration, beliefs patient about support, beliefs nurses about support patient, beliefs patients about pain, presence of psychomotor impairment, and presence of psychomotor impairment along with disease-specific problems were factors that adversely affected the number of focused cares to be performed to the patient. False beliefs both by the patient and the nurse about the support to be given to the patient lead to an increase in the necessary intervention for the patient in a unit, where patients spend their inpatient process and most of the care is given in the form of support. As the degree of patient satisfaction was determined to increase, the achievement of the interventions decreased, and it was observed that the necessary determination of the interventions for the patient decreased as the degree of satisfaction decreased. While the number of focused cares given to the patient increased all significant, the number of positive and negative evaluations and education experiments decreased as the number of focused cares given to the patient decreased. The results show a positive correlation between the variables.

The effect of focusing care on the patient and its reflection on the patient psychologically and physically in different healthcare settings should be considered in all units. The inpatient has the least activity in the units except for rest room, toilet, and breakfast-lunch-dinner consumption times. In other words, the patient's inpatient process coincides with a process they cannot control except at these times, and this is a process that causes patients to be unhappy and physically disturbed. As a nurse, we have no control over the frequency or time of laboratory-medicine applications while providing focused care to the patient in the inpatient. Some of the results achieved will be in French in the inpatient and will be reported in English in the results. We wish our move would increase our confidence in providing focused care to our patients.

16. Conclusion

Subjectivity is not only important in patient input, but also in patient output. It is reported that increasing empathy in individuals reduces the likelihood that the individual will experience physical

pain as a result of the higher level of interaction with the patient and the accompanying stress and failure to engage in physical affairs. As with empathy, care also causes emotional and physical effects in employees, increasing their level of stress and making them emotionally tired, which will negatively affect the interaction with the patient. Therefore, instead of educating them as care increases and encouraging them to move towards physical problems, individuals should be informed about the importance of individual care and its impact on patient health to ensure that they take the expected action, that is, to be interested in patients. In this context, the responsibilities of the teacher and the healthcare managers are increasing. The teacher has some responsibilities in the preparation of competencies of nursing training programs.

The patient's communication with him prevents the patient from feeling lonely and increases his quality of patient care, as well as all healthcare professionals focused on the individual. Individuals who care about improving subjectivity are more capable of interacting with patients in all situations. At the same time, individuals who believe that increasing subjectivity is important are more likely to spend time with patients and, in addition to offering psychological support in dealing with health problems and comforting patients, they are also more involved in physical affairs. Finally, increasing subjectivity not only positively affects patients emotionally, but also physically. In this respect, it is stated that investments in efforts to increase empathy in any individual will complement each other, and individuals who care about increasing empathy will also be healthier physically.

References:

Hakobyan, L., Nieboer, A. P., Finkenflügel, H., & Cramm, J. M. (2020). The significance of person-centered care for satisfaction with care and well-being among informal caregivers of persons with severe intellectual disability. Journal of Policy and Practice in Intellectual Disabilities, 17(1), 31-42. wiley.com

Sager, E. (2022). Components of successful spiritual care. Journal of religion and health. [HTML]

van Schalkwyk, M. C., Bourek, A., Kringos, D. S., Siciliani, L., Barry, M. M., De Maeseneer, J., & McKee, M. (2020). The best person (or machine) for the job: Rethinking task shifting in healthcare. Health policy, 124(12), 1379-1386. york.ac.uk

Kwame, A. & Petrucka, P. M. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. BMC nursing. springer.com

Mata, Á. N. D. S., de Azevedo, K. P. M., Braga, L. P., de Medeiros, G. C. B. S., de Oliveira Segundo, V. H., Bezerra, I. N. M., ... & Piuvezam, G. (2021). Training in communication skills for self-efficacy of health professionals: a systematic review. Human resources for health, 19, 1-9. springer.com

Decety, J. (2020). Empathy in medicine: what it is, and how much we really need it. The American journal of medicine. [HTML]

Calderón-Viacava, J. L. & Vildózola, H. (2023). Person-Centered Internal Medicine. Person Centered Medicine. [HTML]

Wanko Keutchafo, E. L., Kerr, J., & Jarvis, M. A. (2020). Evidence of nonverbal communication between nurses and older adults: a scoping review. BMC nursing. springer.com

Fu, Q., Cherian, J., Ahmad, N., Scholz, M., Samad, S., & Comite, U. (2022). An inclusive leadership framework to foster employee creativity in the healthcare sector: the role of psychological safety and polychronicity. International journal of environmental research and public health, 19(8), 4519. mdpi.com

Zaid, A. A., Arqawi, S. M., Mwais, R. M. A., Al Shobaki, M. J., & Abu-Naser, S. S. (2020). The impact of Total quality management and perceived service quality on patient satisfaction and behavior intention in Palestinian healthcare organizations. Technology Reports of Kansai University, 62(03), 221-232. researchgate.net