

Effect of the patient-centered care model on health professional satisfaction: a systematic review

Efeito do modelo de Cuidado Centrado no Paciente na satisfação do profissional de saúde: revisão sistemática

Efecto del modelo de atención centrada en el paciente en la satisfacción de los profesionales de la salud: una revisión sistemática

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ABSTRACT

Objective: To analyze the effect of the Patient-Centered Care model on the satisfaction of health professionals, nurses, speech therapists or dentists, who care for hospitalized adults.

Method: Systematic Review conducted from October/2020 to March/2021 at PubMed/Medline, CINAHL, EMBASE, SCOPUS, Web of Science and LILACS databases. Observational and interventional studies were included, relating the effect of Patient-Centered Care on the satisfaction of professionals. The Cochrane Collaboration Tool and Meta-Analysis of Statistics Assessment and Review Instrument tools assessed the methodological quality of the studies.

Results: The effect of patient-centered care on job satisfaction was not identified in speech therapists or dentists. Nine selected articles relate it to nurses. Predictors of satisfaction pointed to factors related to interpersonal relationships, patient care and work organization.

Conclusion: The Patient-Centered Care model can be a facilitating strategy for nurses' job satisfaction. However, the current scientific literature still needs further studies to strengthen existing evidence.

Keywords: Patient-centered care. Job satisfaction. Health personnel. Nurses. Audiologists. Dentists.

RESUMO

Objetivo: Analisar o efeito do modelo de Cuidado Centrado no Paciente na satisfação de profissionais de saúde enfermeiros, fonoaudiólogos ou odontólogos, que atendem adultos hospitalizados.

Método: Revisão Sistemática realizada de outubro/2020 a março/2021, nas bases PubMed/Medline, CINAHL, EMBASE, SCOPUS, Web of Science e LILACS. Incluídos estudos observacionais e intervencionais, relacionando o efeito do Cuidado Centrado no Paciente na satisfação dos profissionais. As ferramentas *Cochrane Collaboration Tool* e *Meta-Analysis of Statistics Assessment and Review Instrument* avaliaram a qualidade metodológica dos estudos.

Resultados: O efeito do cuidado centrado no paciente na satisfação profissional não foi identificado em fonoaudiólogos ou odontólogos. Nove artigos selecionados o relacionam aos enfermeiros. Os preditores de satisfação apontaram para fatores relacionados às relações interpessoais, cuidados para o paciente e organização no trabalho.

Conclusão: O modelo do Cuidado Centrado no Paciente pode constituir estratégia facilitadora para a satisfação no trabalho do enfermeiro. Contudo a atual literatura científica ainda necessita de mais estudos para fortalecer a evidência existente.

Palavras-chave: Assistência centrada no paciente. Satisfação no emprego. Pessoal de saúde. Enfermeiras e enfermeiros. Audiologistas. Odontólogos.

RESUMEN

Objetivo: Analizar el efecto del modelo de Atención Centrada en el Paciente sobre la satisfacción de los profesionales de la salud enfermeras, audiólogos o dentistas, que atienden a adultos hospitalizados.

Método: Revisión sistemática realizada de octubre/2020 a marzo/2021, en las bases de datos PubMed/Medline, CINAHL, EMBASE, SCOPUS, Web of Science y LILACS. Se incluyeron estudios observacionales e intervencionistas, relacionando el efecto de la Atención Centrada en el Paciente sobre la satisfacción profesional. La Herramienta de colaboración Cochrane y el Instrumento de Revisión y Metanálisis de Estadísticas evaluaron la calidad metodológica de los estudios.

Resultados: El efecto de la atención centrada en el paciente sobre la satisfacción profesional no se identificó en audiólogos ni en dentistas. Nueve artículos seleccionados lo relacionan con las enfermeras. Los predictores de satisfacción apuntaron a factores relacionados con las relaciones interpersonales, la atención al paciente y la organización del trabajo.

Conclusión: El modelo de Atención Centrada en el Paciente puede ser una estrategia facilitadora para la satisfacción de las enfermeras en el trabajo. Sin embargo, la literatura científica actual aún necesita más estudios para fortalecer la evidencia existente.

Palabras clave: Atención dirigida al paciente. Satisfacción en el trabajo. Personal de salud. Enfermeras y enfermeros. Audiólogos. Odontólogos.

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■ INTRODUCTION

Formulations expressed in the Report Crossing the Quality Chasm: A new health system for the 21st Century, by the Institute of Medicine, in 2001, refer to the Patient-Centered Care (PCC) model, as a care “respectful and responsive to the preferences, needs, and individual values of the patient, ensuring that patient values guide all clinical decisions”⁽¹⁾. Based on this premise, studies point out that this model must presuppose a partnership between health professionals, patients and their families, configuring itself as a complex, collective and essential strategy for patient-centered care, with a view to the quality of health care⁽²⁻⁶⁾.

It stands out that the quality of care linked to patient-centeredness, has been pointed out since its first reports in the mid-1960s, as an essential factor for achieving patient satisfaction and a criterion for the quality of health services, being a strategy to be incorporated in public policies consistent with the diverse realities and contexts⁽²⁾

In this direction, the PCC, opposing trends based on hospital-centeredness, fragmentation and health systems focused on economic interests, is committed to empathic attitudes and reliable relationships between the health professional and the patient, which give both the condition of participating in their own health and existence⁽⁷⁻¹⁰⁾.

Job satisfaction, in turn, associated with the care model, is an important aspect that must also be considered and that can be conceived as an emotional state that is expressed from a subjective evaluation of the worker about his work or about the accomplishment of their values through it⁽¹¹⁻¹³⁾. The evaluation of this aspect reveals how harmful or beneficial job activities can be to the individual's well-being, and can be changed according to the general working conditions offered⁽¹³⁾.

Studies point out that job satisfaction has been associated with an increase in the quality of care and greater patient satisfaction, in addition, the care model used can influence the team's satisfaction^(14,15). In the PCC model, professional and patient satisfaction are intrinsically linked, improved communication can provide to health professionals a better understanding of the patient's perspective, promoting their involvement in decision-making, and influencing satisfaction^(16,17). This, in turn, tends to establish itself as an organizational differentiator, as well as a trigger for improvements in health care and management⁽¹⁸⁾.

Reviews carried out on job satisfaction of health professionals, generally, demonstrate that there are numerous predictors of satisfaction within the work environment,

especially related to health professionals inserted in the context of the hospital environment^(13,19). These can be related to three categories: Interpersonal relationships (involves relationships with co-workers, sense of union, interaction and communication, teamwork, social and ethical climate, peer support); Patient care (involves the meaning of care, the opportunity for high-quality patient care, and good human connections with patients); Work organization (involve the work-family relationship, supportive leadership, work environment, manageable workload, system of professional practice, wages and benefits, variety of work, autonomy and professionalism and professional development)⁽¹⁹⁾.

In view of the above and due to the association between satisfaction, both, patient and professional, and the care model adopted, the present study proposed to analyze the effect of the PCC model on the satisfaction of health professionals, nurses, speech therapists or dentists, who care for hospitalized adults.

■ METHODS

This is a systematic literature review, conducted according to Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA)^(20,21), from October 2020 to March 2021. The protocol was registered in the International Prospective Register of Systematic Reviews (PROSPERO), under CRD 42020203086.

Studies that met the criteria established through the use of the acronym PICOS⁽²²⁾ (Patient/Intervention/Comparison/Outcomes/Study), were considered eligible for this systematic review: P (participants) = health professionals, nurses, speech therapists or dentists who care for hospitalized adults; I (Intervention/ exposure) care intervention based on the PCC model; C (comparison) = there were no comparison criteria; O (outcome) = job satisfaction; S (study design) = cross-sectional, cohort, case-control and randomized or non-randomized clinical trial. Qualitative studies that answered the established research question were considered for inclusion, however, despite helping to better understand the complexity of the phenomenon studied⁽²³⁾, as they did not measure the effect size, the results observed in these studies were described separately. Likewise, to ease the visualization of the analysis of the included study, this information was extracted from the study and tabulated.

Once the criteria were established, the following question was structured: What is the effect of the PCC model on job satisfaction of health professionals, nurses, speech therapists or dentists, who care for hospitalized adults?

The sample consisted of studies whose professionals were nurses, speech therapists or dentists, submitted to the PCC model, when caring for hospitalized adults (between 19 and 59 years old). The included studies assessed the effect of PCC on job satisfaction, through questionnaires and interviews aimed at these professionals. There were no restrictions regarding gender, ethnicity, language of study or year of publication.

Studies in which the sample had care focused on: pregnant women, elderly people, war veterans, psychiatric patients and children were excluded; Studies in non-hospitalized adults and/or treated in Urgency and Emergency Care Units; Studies that did not assess the effect of PCC on job satisfaction; Studies that did not involve health professionals in the areas of nursing, speech therapy or dentistry; Reviews, scientific abstracts, opinions, letters to editor, reports, case studies or case series.

Appropriate word combinations and truncations were selected and adjusted specifically for each electronic database: PubMed/Medline, CINAHL, EMBASE, SCOPUS, Web of Science, Latin American and Caribbean Literature on Health Sciences (LILACS). Supplementary material 1, with the search strategy used in each database, is available on the Open Science framework platform (DOI 10.17605/OSF.IO/D4ZNX). In addition, the research was also conducted considering the gray literature, through Google Scholar, Proquest and Open Grey.

A manual search of included study references was performed and an appropriate software was used to manage and remove duplicate references (EndNote X9®, Thomsom Reuters, Philadelphia, PA, USA). Both research, in electronic databases and gray literature, were performed in October 2020 and updated in March 2021.

The selection was conducted in two phases, with the reviewers acting independently. In the first one, two reviewers selected the articles by evaluating the titles and abstracts of all the references. In the second phase, the same reviewers read the selected articles in full. In case of disagreement, a third reviewer was involved in the final decision.

The data extracted from the included studies consisted of study characteristics (authors, year, place, and objectives of the study), methodological approach used in the design, population characteristics (health professionals), evaluation characteristics (instrument used to measure satisfaction), outcome characteristics (satisfaction predictors and key outcomes) and conclusions. In case of missing or incomplete data in the article, attempts were made to contact the authors to acquire information considered relevant and

that was not published. An expert was consulted in order to suggest any relevant publication that could be judged according to the defined eligibility criteria, for inclusion/exclusion from the review.

To assess the risk of bias, it was used the tool Meta-Analysis of Statistics Assessment and Review Instrument (MAStARI)⁽²⁴⁾, which has 9 domains for assessing the methodological quality of studies. Such analysis characterizes the risk of bias as “high”, when the percentage of “yes” is less than 49%; if this percentage is between 50 and 69%, the study is “moderate” and, if greater than 70%, the investigation has a “low” risk of bias. In the absence of data that allowed adequate judgment, the domain was judged as “unclear”.

For the intervention studies, it was used the ‘Cochrane Collaboration Tool for Assessing the Risk of Bias’⁽²⁵⁾. This tool presents six domains: (1) random sequence generation, (2) allocation concealment, (3) blinding of participants and personnel, (4) blinding of outcome assessment, (5) incomplete outcome data, and (6) selective reporting. The judgment of the risk of bias related to each of the domains was based on information extracted from the studies and categorized as ‘high risk’ or ‘low risk’ of bias. Likewise, in the absence of sufficient details reported in the study, the risk of bias was judged as ‘unclear’.

■ RESULTS

A total of 1414 articles were retrieved during the final search in the databases, after removing duplicates, 1102 articles were elected. After reading titles and abstracts (phase 1), 47 articles were selected for full reading (phase 2), of which 38 were excluded, resulting in 9 articles included for qualitative synthesis. Supplementary material 2, with the list of studies excluded in phase 2, with the respective reasons for exclusion, is available on the Open Science framework platform (DOI 10.17605/OSF.IO/D4ZNX). The description of the number of references included/excluded in each stage can be seen in figure 1.

No articles were found that related the PCC to the job satisfaction of speech therapists or dentists. In this way, only studies related to nurses’ job satisfaction comprised this systematic review. No additional articles were included after manual search of reference lists, gray literature, or expert consultation. All articles included in the review were in English and were published between 1994 and 2020 in the following countries: Australia⁽²⁶⁾, Sweden⁽²⁷⁾, Saudi Arabia⁽²⁸⁾, Netherlands⁽²⁹⁾, Malaysia⁽³⁰⁾, USA^(31,32), Switzerland⁽³³⁾ and Canada⁽³⁴⁾. The sample size of study participants ranged from 9⁽²⁶⁾

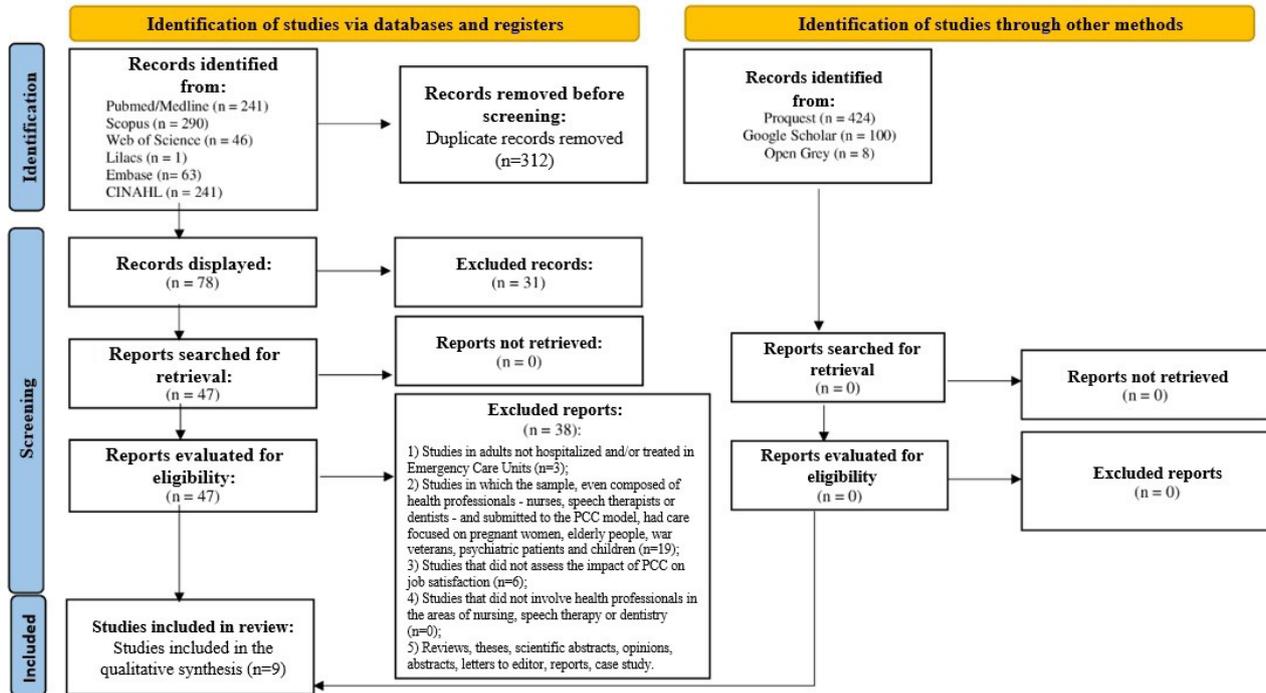


Figure 1 – Flow diagram of research criteria and literature selection⁽²¹⁾. Curitiba, Paraná, Brazil, 2021
 Source: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al, 2021.

to 255⁽²⁸⁾, between 21⁽²⁸⁾ and 65⁽²⁷⁾ years, with the majority of the sample of included studies composed by women^(27,30,32).

From the nine articles included, two used qualitative research approach^(26,27), five used a quantitative approach^(28–32) and two used a mixed approach, that is, qualitative and quantitative^(33,34). From these nine selected articles, five were classified as interventional studies^(29,31–34), in which the PCC was approached as a care model implemented in different specialties within the hospital environment, where the outcome of professional satisfaction was evaluated.

The domains assessed and the respective judgments in the assessment of risk of bias for each study design can be seen in Figure 2. Among the 4 observational studies included, 3 had a low risk of bias (Figure 2 and Supplementary Material 3a) and 1 had high risk of bias. Within the intervention studies, 1 had a low risk of bias, 3 had a moderate risk of bias, and 1 had a high risk of bias (Figure 3 and Supplementary Material 3b). Supplementary material 3, with the assessment of risk of bias for each design included, can be accessed through the Open Science Framework platform (DOI 10.17605/OSF.IO/D4ZNX).

The main predictors of job satisfaction pointed out by the articles included^(26–34) were: pleasure, quality of care, organizational identification, material rewards (wage and benefits), overall administrative effectiveness, work organization, performance and personal development, opportunities for growth (career plans), efficacy of communication, interpersonal relationships and teamwork, contact with patients, commitment, physical environment and safety, learning environment in work practices, work overload, prestige, personal rewards and other items considered general, as can be seen in Chart 1.

Such predictors were identified using the instruments that evaluated job satisfaction, from which it was possible to observe a trend of factors related to organizational aspects, with important notes that relate job satisfaction to the PCC model. On the other hand, a study showed a decrease in job satisfaction when exposed to the PCC model, however, this decrease was linked to domains focused on administration, policy and leadership (Chart 1).

When considering the included data of a qualitative nature, the authors report that satisfaction was associated with

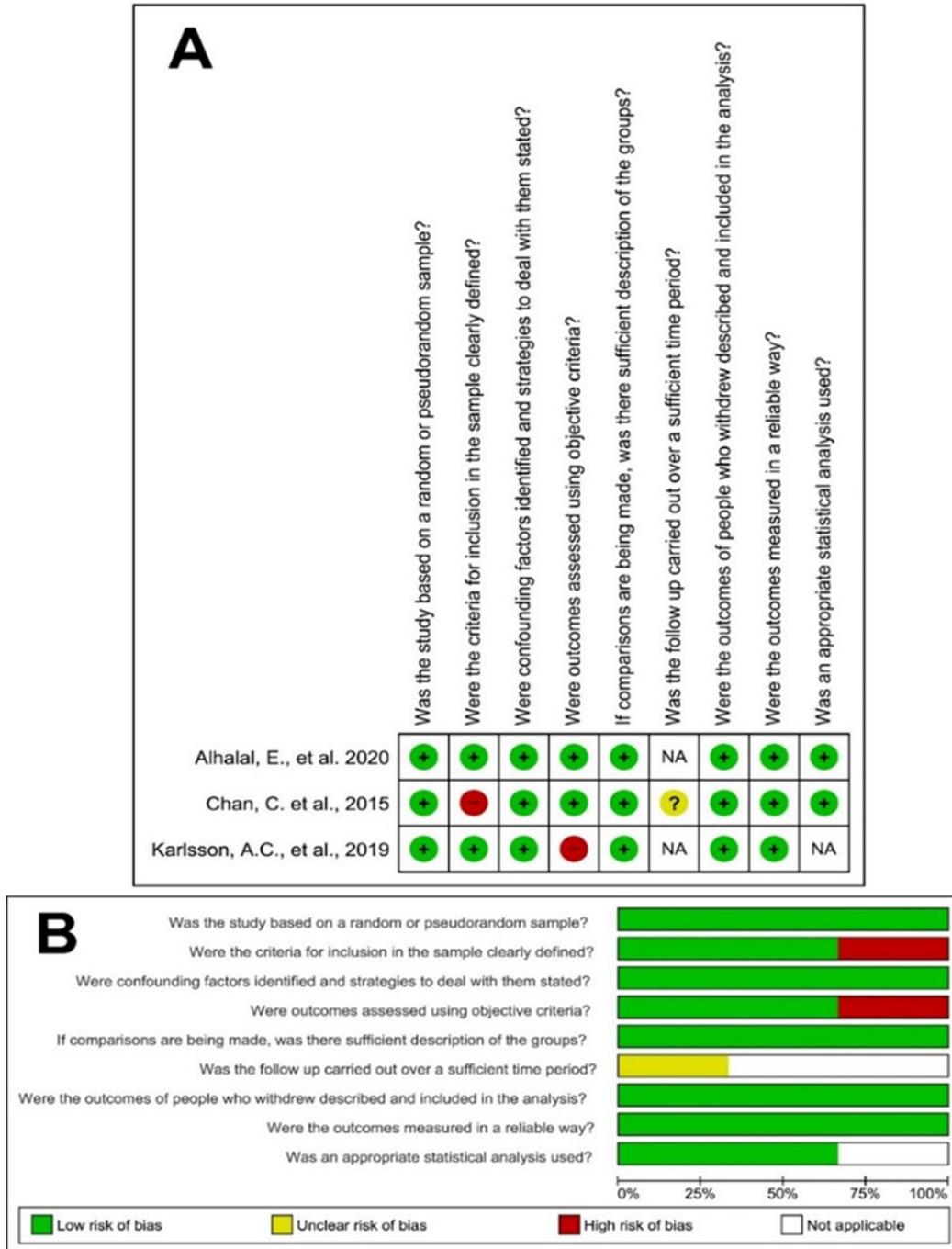


Figure 2 – Cross-sectional studies assessed from October 2020 to March 2021 using MASTARI (Meta-Analysis of Statistics Assessment and Review Instrument). Curitiba, Paraná, Brazil, 2021

Source: The Joanna Briggs Institute, 2014.

Legend: Green indicates low risk of bias, yellow indicates unclear risk of bias, and red indicates high risk of bias. a) Risk of summary bias; b) Chart.

the relationship with patients and family members, and the visualization of the patient’s evolution was a relevant source of satisfaction. Factors related to professional dissatisfaction were linked to care-related overload⁽³³⁾, threatening both

job satisfaction and patient safety⁽²⁷⁾. The job satisfaction of the team was related to the redirection of the focus of the task-centered care to the patient-centered approach⁽²⁶⁾, impacting the work environment and the quality of care⁽³⁴⁾.

A

| | Random sequence generation (selection bias) | Allocation concealment (selection bias) | Blinding of participants and personnel (performance bias) | Blinding of outcome assessment (detection bias) | Incomplete outcome data (attrition bias) | Selective reporting (reporting bias) | Other bias |
|--|---|---|---|---|--|--------------------------------------|------------|
| Bethel, S., Ridder, J. 1994 | ? | ? | ? | ? | ? | ● | + |
| Boumans, N.P.G., et al, 2004 | ? | ? | ? | ● | ? | + | + |
| Bournes, D.A., Ferguson-Paré, M., 2007 | ● | ● | ? | + | ? | + | + |
| Patronis Jones, R.A., et al, 1997 | + | + | + | ? | + | + | + |
| Roulin, M.J., et al., 2012 | ? | ? | ? | ● | ? | + | + |

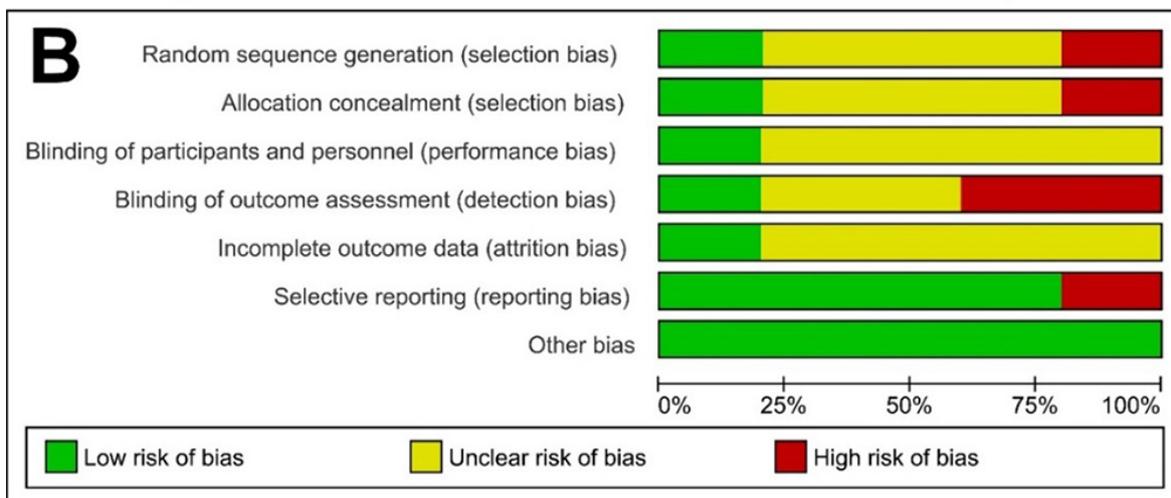


Figure 3 – Cochrane tool to assess risk of bias in randomized controlled trials in studies included in October 2020 and March 2021. Curitiba, Paraná, Brazil, 2021

Source: Higgins JPT, Altman DG, Gøtzsche PC, Jüni P, Moher D, Oxman AD, et al. 2011.

Legend: Green indicates low risk of bias, yellow indicates unclear risk of bias, and red indicates high risk of bias. a) Risk of summary bias; b) Chart.

| Authors (Year) | Objective | Form of analysis | Instrument for measuring Job Satisfaction | Predictors of satisfaction | Outcomes | Conclusions |
|---|--|------------------|--|---|--|---|
| Hall,C; McCutcheon,H; Deuter,K; Matricciani, L. (2012) ⁽²⁶⁾ | To evaluate and improve the model of nursing care provided to patients in a general surgery ward through participatory action research in Australia. | Qualitative | Participatory Action Research: Written reports of observations by non-participants, focus groups, and reflective diary. | Practice and behaviors; physical layout and infrastructure of the ward. | Australian nurses point out that job satisfaction is linked to PCC, resulting in better cost-effectiveness and job satisfaction for the nursing team. | Changing the focus from task-centered care to a more patient-centered care approach results in improvements in resource utilization, better cost-effectiveness, and job satisfaction for the nursing team |
| Karlsson, A.C; Gunningberg, L; Bäckström, J; Pöder, U. (2019) ⁽²⁷⁾ | To describe job satisfaction in RNs, their intentions to remain in their current workplace and profession, and to explore patient safety in relation to these. | Qualitative | Semi-structured interviews on job satisfaction. | Provides patient-centered care; work variability, but also control; do the work without interruption; team collaboration and communication; work environment and chance of renewal. | The results suggest that nursing leadership can increase registered nurses' intentions to remain on the job, providing appreciation, a better work environment, skills development, and opportunities for a professional career. | Although the profession is described as a positive challenge, work overload threatens both job satisfaction and patient safety. |
| Alhalal, E; Alrashidi, L.M; Alanazi, A.N. (2020) ⁽²⁸⁾ | To evaluate predictors of patient-centered care service among nurses working in an acute care environment. | Quantitative | Quantitative Professional Quality of Life Scale version 5 (PROQOL5). | Evaluation of positive and negative aspects. Positive: compassionate satisfaction; Negative: Compassion fatigue (burnout and secondary traumatic stress). | The results of the study reveal that lower burnout, greater compassion, satisfaction and structural empowerment increase nurses' performance of PCC and their satisfaction. | Patient-centered care is considered essential to achieving high-quality care. |

Chart 1 – Synthesis of studies included in the systematic review between October 2020 and March 2021. Curitiba, Paraná, Brazil, 2021

| Authors (Year) | Objective | Form of analysis | Instrument for measuring Job Satisfaction | Predictors of satisfaction | Outcomes | Conclusions |
|---|---|------------------|---|---|--|---|
| Boumans, N.; Landeweerd, J.; Visser, M. (2004) ⁽²⁹⁾ | To describe the relationship between differentiated practice, on the one hand, and patient-oriented care and quality of work, on the other. | Quantitative | Algorithm developed by the researchers. | Satisfaction with supervisor, opportunities for promotion, quality care, contact with colleagues, contact with patients, opportunities for growth, clarity. | Differences in patient-oriented care were found between the intervention and reference groups in the variables: patient assignment and use of the nursing process, but not in the task and communication variables. Regarding the quality of work, differences were found in: social support from the supervisor, socio-emotional leadership and health complaints. The rank order correlations between differentiated practice and patient-oriented care and between differentiated practice and work quality were not significant. | No significant positive correlation was found between differentiated practice and patient-oriented care (although the values were clearly in the expected direction). In general, it is concluded that the study does not offer evidence that patient-oriented nursing would not be possible in a situation in which differentiated practice is used, possibly on the contrary. |
| Chan, C.M.H.; Ahmad, W.A.W.; Yusof, M.D.M.; Ho, G.F.; Krupat, E. (2015) ⁽³⁰⁾ | To compare levels of patient-centeredness, and job satisfaction and psychological distress among physicians and nurses in an oncology clinic in Malaysia. | Quantitative | Job Satisfaction Scale (JSS); | JSS – patient care, overload, income, prestige, personal rewards, professional relationships, and general items. | Although they had low levels of psychological distress and a high level of satisfaction, the nurses in this study had lower scores in relation to patient-centered attitudes when compared to physicians. | There are clear differences in levels of patient-centeredness between physicians and nurses. Oncology nurses were less patient-centered than physicians in this sample |

Chart 1 – Cont.

| Authors (Year) | Objective | Form of analysis | Instrument for measuring Job Satisfaction | Predictors of satisfaction | Outcomes | Conclusions |
|--|--|------------------|---|--|--|--|
| Bethel, S.; Ridder, J. (1994) ⁽³¹⁾ | To measure aspects of care before and after a work redesign pilot in two patient care units in a hospital. | Quantitative | Nursing Job Satisfaction Scale (NJSS); Work satisfaction Scale (WSS). | NJSS – pleasure; quality of care; time to take care of someone. WSS – task requirements; Management; Interaction/cohesion; Professional. | The study demonstrated a decrease in nurse satisfaction, except for task requirements (attributes related to patient care and administrative work). In addition, significant reductions in satisfaction for the administration and pleasure subscales were identified. | The quality of care in the study units remained high in relation to the work redesign, demonstrating nurses' satisfaction in patient care and administrative work (roles) and dissatisfaction with the administration (political administration/ administration/ leadership) and pleasure subscales. Roles were reassessed and the educational process strengthened. |
| Patronis Jones, R.; Dougherty, M.; Martin, S. (1997) ⁽³²⁾ | To determine how successful a job redesign project based on patient-focused care philosophy | Quantitative | Healthcare Attitude Research Program | Organizational identification, work, material rewards (wage and benefits), overall administrative effectiveness, work efficiency, work associates, supervision administrative practices, work organization, performance and personal development, communication effectiveness, interdepartmental coordination and professional role. | Nurses' satisfaction improved slightly from 1994 to 1995 (48% and 49%, respectively). Higher levels of satisfaction resulted from perceptions of physician relationships, leadership and supervisory practices, and staff-related nursing office practices. | Patient-focused care is a viable care model in an age of shrinking resources and pressures to reduce costs. |

Chart 1 – Cont.

| Authors (Year) | Objective | Form of analysis | Instrument for measuring Job Satisfaction | Predictors of satisfaction | Outcomes | Conclusions |
|---|---|------------------|---|--|--|---|
| Roulin, M.J.; Boul'ch, M.F.; Merlani, P. (2012) ⁽³³⁾ | To compare the levels of staff satisfaction between 2 models of care and identify the factors that influence it in relation to the care of patients with chronic critical disease in the ICU. | Mixed | Questionnaire developed by the researcher (18 closed items – 1 st phase; Open questions – 2 nd phase) | Professional development, availability of information and team organization. | Satisfaction was linked to the relationship with patients and their families. In both phases, dissatisfaction was linked to care overload. | Strategies that promote professional development have the potential to increase staff satisfaction with regard to care for this group of patients. |
| Bournes, D.; Ferguson-Paré, M. (2007) ⁽³⁴⁾ | Evaluate the implementation of the 80/20 HBPCC model. | Mixed | Team Satisfaction of NRC+Picker Canada | Individual commitment, career plan, quality of care, patient-centered care, communication, respect, recognition/compensation, teamwork, learning environment, work safety environment, work-life issues and factors that reduce work stress. | Nurses' satisfaction scores at the study unit were higher than those at other communities and teaching hospitals in Ontario. And the cost of providing patient-centered practice education was supported by higher nurse patient satisfaction scores, compensated by a reduction in sick time, overtime, and turnover. | Patient-centered nursing theory has the ability to transform the work environment and the quality of service provided, benefiting both nurses and patients. |

Chart 1 – Cont.

Source: The authors, 2021.

■ DISCUSSION

Factors concerning interpersonal relationships, patient care and work organization were identified in the studies selected in this review^(26–34) and listed as predictors of nurses' job satisfaction given a PCC model. The included studies showed an increase in satisfaction, when considering aspects related to the patient, however, there was no unanimity in the scientific literature regarding the increase in professional satisfaction when considering domains related to administrative issues.

When considering the studies with a qualitative approach, the professional satisfaction of the team was related to the direction of the task-centered care focus, towards the patient-centered approach, with leadership and supervision seen as collaborative aspects and improve patient care and teamwork⁽²¹⁾. In this sense, corroborate studies^(19,35–38) that reveal that interpersonal relationships are the most relevant factors for job satisfaction. In another aspect, a publication that interviewed newly graduated nurses⁽²⁷⁾ indicates, in its findings, the importance of a solid work environment, capable of increasing patient safety and, at the same time, nurses' satisfaction related to their intentions in stay in the workplace. In this perspective, listening to more than 13,000 nurses from Ontario and almost 2,000 from Thailand, authors state that organizational commitment is an important indicator of the intention to remain employed, linked to overall satisfaction at work^(39,40).

Regarding interpersonal relationships and work organization involving interprofessional and collaborative aspects, teamwork and peer support, as well as organizational factors, studies point out to an association with job satisfaction, highlighting that leadership and supervision practices are seen as positive aspects^(26,32,33). One of the findings points out to an organizational redesign, as satisfactory for patients, physicians and staff, and they add that nurses have improved their perceptions of physicians, and improved teamwork construction⁽³²⁾. In addition, other studies point out that the implementation of a PCC model may be able to improve patient care, promoting improvement in teamwork^(26,33). In line with this, investigations reveal that interpersonal relationships are the best predictors of job satisfaction and demonstrate that the interaction with other people and the social and professional relationships that are established in these places are the most important factors in job satisfaction, as well as producing care of quality to the patient^(19,35–38).

Regarding patient care, the findings point out to predictors implicit in the model, when they mention quality care and contact with patients, quality of care and provision of PCC, uninterrupted work and time to perform care^(27,29–31,34).

In this sense, it is important to point out that the PCC constitutes a valuable relationship that must be established both in a professional and organizational scope, with a view to respectful care, considering the patient in an individualized way, owing to the professional, the zeal for his/her health and the help to make a participant in the health-disease process. Therefore, empathy, attention and information can be the foundation for the establishment of partnership, solidarity and mutual collaboration to achieve the quality of care^(41,42).

When in the relationship between patient care and work organization, in-service education practices, aimed at health professionals, are able to generate better PCC results, with a view to job satisfaction, in addition to reducing patient's disease time and the reduction of overtime and turnover⁽³⁴⁾, as also reported in previous studies^(13,19). Other studies point out that one of the essential elements for the PCC to be effectively implemented refers to in-service education. According to these studies, nursing training programs should be able to provide tools to identify the specific needs of each patient, helping in the shared decision-making process, in order to integrate the patient into the treatment^(16,43).

Burnout syndrome was also associated with models of care, when a study compared levels of PCC, job satisfaction and psychological distress of physicians and nurses on three different scales. The Job Satisfaction Scale (JSS) revealed that nurses, when more satisfied, know less about PCC than more anxious and depressed physicians, who are less satisfied with their work⁽³⁰⁾. In line with this study, another study reported that lower burnout, greater compassion, satisfaction and structural empowerment increase the provision of PCC by nurses⁽²⁸⁾. In this same sense, the consequences of job satisfaction should also be considered individually and professionally, since is unanimous the finding that psychosocial factors at work interfere with health-disease processes⁽¹¹⁾. Another three studies point out to the association between job satisfaction and Burnout, with (dis)satisfaction being a predictor of its development^(44–46). Organizational restructuring, which involves structural empowerment, as well as the strategies related to it, can produce deleterious effects on the professional life of nurses, which can result in increased stress at work and high levels of Burnout⁽⁴⁷⁾.

Factors related to professional dissatisfaction could also be identified, and they were linked to the overload related to care, impacting the work environment and the quality of care⁽³³⁾. In a study that measured aspects of care before and after a work redesign pilot in two patient care units in a hospital⁽³¹⁾, point out to a decrease in nurse satisfaction when considering the administration and pleasure subscales. In the attributes related to the patient and administrative work, such a decrease was not identified.

Some limitations must be considered, such as the presence of confusion factors that may influence the assessment of job satisfaction. The included studies point out to a trend towards indicators related to the organizational nature, to the detriment of the patient or the care model whose centrality of care is given to this subject. In this case, one of the main points that must be considered is the impossibility of evaluating the satisfaction of these individuals related to the model used, in the complete absence of different factors. If the studies were conducted in the same center, randomizing individuals between PCC and non-PCC, all would be subjected to the same predictors, changing only the model. However, in the studies included, most satisfaction measurement instruments considered it within a generalized context and not directed to the PCC model.

It is hoped that this study will instigate the search for more evidence about the benefits that PCC can bring, in different areas that make up the field of health, with a view to a more integrated, collaborative, respectful professional practice that aims, in the dialogue and in the relationships established between professionals and between them and patients, the promotion of quality health care.

■ CONCLUSIONS

It is concluded that the PCC, when linked to predictors related to interpersonal relationships, patient care and organization at work, can be a facilitating strategy for nurses' job satisfaction. However, there is no unanimity in the scientific literature on the positive effect of the PCC model on job satisfaction when considering domains focused on administrative aspects, suggesting the need for further studies to strengthen the existing evidence.

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