The practice of nursing as an art and a science affords our profession a unique leadership role to be champions for patient-centred care. We know that patient-centred care has been widely accepted, so why do we still need to be reminded by healthcare leaders, organizations and governments of its significance? Why does the implementation of inter-professional patient-centred practice continue to present a challenge? What is the experience of our patients, clients and residents as they move through the continuum of care? Do we fully understand the importance of patient-centered care in advancing health outcomes?

Patient-centred care has evolved over the years with healthcare reforms such as the shift to health promotion and disease prevention, de-institutionalization of psychiatric services and the introduction of a patients’ bill of rights. Reforms such as these came out of advocacy and were supported through research and innovation. Although patient-centred care is complex, it has many components that align with the dimensions of quality, for instance, care that is accessible and effective, and takes into consideration the preferences and values of patients. Shouldn’t patient-centred care and high-quality healthcare be considered one and the same?
There is research evidence on the outcomes of patient-centred care. Institutes and professional leaders have developed the expertise and tools to advance this approach. Professional associations and organizations have developed frameworks, discussion papers and guidelines. Furthermore, academic institutions have been incorporating models with principles of patient-centred care into education programs. Yet, we continue to hear about healthcare organizations and governments renewing their commitment and sense of urgency to embracing high-quality, patient-centred care.

Although patient-centred care has been widely recognized by health professionals, why can it not be as widely achieved? Is it because inter-professional models of patient-centred practice are challenging to implement when a healthcare system is fragmented? Or is it because of the many competing agendas in healthcare that the focus on the patient gets lost? Are we having difficulty balancing healthcare costs and high-quality care?

Despite our stated commitment to the values and principles of patient-centred care, we still hear concerns and issues from patients about the quality of care they have received. Unfortunately, we also know that sometimes patients are reluctant to tell us about their experiences. Do we invite feedback that is patient-initiated and then integrate this information into the care process? Pivotal to patient-centred care is acting on feedback, knowing the patient’s desired state of health and empowering patients to make informed decisions about treatment options. This type of care is self-directed, self-managed, and based on individual needs, beliefs and cultural background.

Tools, such as care maps and clinical pathways, have been developed to enhance patients’ care experience, promote inter-professional collaboration and facilitate a focus on outcomes. But why is the implementation of care maps and clinical pathways inconsistent and often not sustained? Is there a strong enough commitment from leaders to provide nurses and other health professionals with the necessary time, resources and technology to put these tools into practice?

We know that patient-centred care is about respect, integration and shared decision-making – as is high-quality healthcare. When patient-centred care truly becomes a priority across the continuum from primary to acute and community care, the health system will be recognized for its quality and performance excellence. The Canadian Journal of Nursing Leadership invites papers on innovations, new understandings and significant contributions to advancing patient-centred care. CJNL also seeks papers on challenges that have been overcome and successes achieved to make such care a reality, from both the nurse’s and the patient’s perspective.