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Person-centered psychiatric nursing: A mixed-methods study on enhancing patient reco journeys

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Abstract
Background: Person-centered psychiatric nursing emphasizes individualized care, shared decision-making, and active patient participation, aligning closely with reco-oriented mental health models. Despite strong theoretical support, its structured implementation in clinical practice remains limited.
Objective: This study aimed to evaluate the effectiveness of a structured person-centered psychiatric nursing intervention in enhancing patient reco outcomes, therapeutic alliance, and satisfaction compared to standard nursing care.
Methods: A mixed-methods design was used in a tertiary psychiatric care setting with 120 inpatients randomized to intervention or control groups. The intervention consisted of structured person-centered nursing protocols emphasizing individualized goal setting and collaborative engagement. Outcomes were measured pre- and post-intervention using standardized instruments: Reco Assessment Scale (RAS), Working Alliance Inventory (WAI), and Patient Satisfaction Questionnaire (PSQ). Statistical analyses included paired t-tests, independent t-tests, and effect size calculations. A qualitative component involved thematic analysis of interviews and focus group discussions with a subsample of participants.
Results: Participants receiving person-centered care demonstrated significantly greater improvements in RAS scores compared to controls, with a large effect size. The intervention also yielded higher post-intervention WAI and PSQ scores, indicating stronger therapeutic alliances and greater patient satisfaction. A larger proportion of the intervention group achieved clinically meaningful reco improvements. Qualitative data revealed themes of empowerment, collaborative engagement, and trust, offering explanatory insight into the observed quantitative outcomes.
Conclusion: Person-centered psychiatric nursing significantly enhances reco outcomes, therapeutic alliance, and satisfaction among psychiatric inpatients. Integrating structured person-centered care into routine nursing practice can meaningfully improve patient experiences and outcomes. Practical recommendations include embedding person-centered frameworks in clinical protocols, training nursing staff in communication and shared decision-making, fostering supportive organizational cultures, and implementing structured assessment tools to monitor and sustain reco-oriented care. These findings support broader adoption of person-centered nursing as a core component of psychiatric care deli.

Keywords: Person-centered care, psychiatric nursing, reco, therapeutic alliance, patient satisfaction, mixed-methods study, mental health nursing, patient-centered interventions, reco-oriented practice, nursing frameworks

Introduction

Person-centered psychiatric nursing has emerged as a transformative framework in contemporary mental health care, emphasizing respect for individual autonomy, dignity, and active patient involvement in their own reco journey. Unlike traditional biomedical models, person-centered care recognizes patients as active participants rather than passive recipients, integrating their lived experiences, values, and preferences into treatment planning and decision-making [1-3]. This approach aligns with reco-oriented mental health services, which focus on improving quality of life, promoting hope, and fostering self-efficacy [4-6]. Globally, mental health systems are shifting toward individualized and holistic care models that prioritize therapeutic relationships, shared decision-making, and emotional support as core elements of reco [7-9]. Psychiatric nurses play a pivotal role in this paradigm, serving as primary caregivers who provide continuous support, build trust, and foster meaningful engagement, ultimately enhancing therapeutic outcomes [10-12].

Despite its recognized importance, the integration of person-centered approaches in psychiatric nursing remains inconsistent across settings, often hindered by systemic barriers, limited training, high workload, and stigma associated with mental illness [13-15]. These challenges can lead to fragmented care, reduced patient satisfaction, and delayed reco trajectories. There is a pressing need to empirically examine how structured person-centered interventions can influence patient outcomes and reco experiences in psychiatric care [16-18].

- **Problem statement:** Current psychiatric nursing practices often underutilize person-centered models, resulting in suboptimal patient engagement and reco outcomes.
- **Objectives:** This study aims to explore the implementation of person-centered psychiatric nursing strategies and assess their impact on patients' reco journeys using a mixed-methods design.
- **Hypothesis:** It is hypothesized that integrating structured person-centered nursing interventions will significantly enhance patient engagement, therapeutic alliance, and perceived reco outcomes compared to standard psychiatric nursing care [19].

Material and Methods

Materials

This study was conducted in a tertiary-level psychiatric care facility over a period of 12 months, adopting a mixed-methods design to comprehensively assess the impact of person-centered psychiatric nursing interventions on patient reco outcomes. A total of 120 adult inpatients aged 18-60 years, with clinically established diagnoses of depressive disorders, schizophrenia spectrum disorders, or bipolar affective disorder, were enrolled using stratified random sampling to ensure diagnostic diversity. Inclusion criteria included informed consent, stable mental status, and ability to participate meaningfully in the study, while individuals with severe cognitive impairment or acute medical instability were excluded [1-4].

A structured person-centered nursing protocol was developed, drawing on internationally recognized reco-oriented frameworks and clinical best practices [5-8]. This protocol emphasized individualized goal-setting, shared decision-making, therapeutic communication, and collaborative care planning. Standardized tools including the Reco Assessment Scale (RAS), the Working Alliance Inventory (WAI), and a patient satisfaction scale were used to measure outcomes related to reco, engagement, and satisfaction [9-12]. Semi-structured interview guides and focus group protocols were also developed to collect qualitative data, ensuring that patient perspectives were central to the evaluation process [13-15].

Methods

A pretest-posttest controlled design with an embedded qualitative component was employed. Participants were randomly assigned to either the intervention group (person-centered psychiatric nursing) or control group (routine psychiatric nursing). Baseline data were collected at admission using standardized reco and alliance measures, followed by implementation of the intervention over four weeks. The control group continued to receive routine care practices. Post-intervention assessments were conducted at discharge to evaluate changes in therapeutic alliance, patient engagement, and reco outcomes [16-18].

Qualitative data were collected from a purposive subsample of 20 participants through in-depth interviews and focus group discussions. Data saturation was the guiding principle for determining sample adequacy. All interviews were audio-recorded, transcribed verbatim, and analyzed thematically to explore patients' experiences of person-centered care and its influence on reco trajectories [19]. Quantitative data were analyzed using descriptive and inferential statistics, including paired t-tests and repeated measures ANOVA. Ethical clearance was obtained from the institutional review board, and written informed consent was secured from all participants prior to enrolment [1-3].

Results

Overview

A total of 120 participants were randomized (Intervention = 60; Control = 60). Baseline demographics, diagnoses, and scores were comparable between groups, indicating successful randomization and minimizing risk of selection bias [1-4]. The person-centered nursing protocol led to significantly greater improvements across primary and secondary outcomes relative to routine care, consistent with reco-oriented and therapeutic-alliance frameworks [5-9, 12, 15-17].

Table 1: Characteristics by group

Characteristic	Intervention (n=60)	Control (n=60)
Age, years	36.5 (9.1)	39.0 (9.1)
Female, n (%)	31 (51.7%)	25 (41.7%)
Male, n (%)	29 (48.3%)	35 (58.3%)
Diagnosis: Depression, n (%)	29 (48.3%)	27 (45.0%)
Diagnosis: Schizophrenia, n (%)	24 (40.0%)	20 (33.3%)
Diagnosis: Bipolar disorder, n (%)	7 (11.7%)	13 (21.7%)

Comparable age, sex distribution, diagnosis mix, and baseline RAS/WAI/PSQ between groups confirm baseline balance [1-4].

Table 2: Primary outcome (RAS) pre-post and between-group analysis

Measure	Intervention	Control
RAS baseline, mean (SD)	60.6 (9.0)	62.5 (13.6)
RAS post, mean (SD)	77.7 (11.1)	67.3 (15.2)
Within-group change, mean (SD)	17.1 (8.2)	4.9 (7.0)
Within-group p-value	0.0000	0.0000

The intervention produced a substantially larger mean improvement in RAS than control with a statistically significant between-group difference and a large effect size, aligning with reco models emphasizing individualized goals and collaborative planning [5-8, 12, 17].

Table 3: Secondary outcomes (WAI & PSQ)

Outcome	Values
WAI baseline, mean (SD)	48.5 (7.9)
WAI post, mean (SD)	58.1 (8.0)
WAI change, mean (SD)	9.6 (4.5)
Within-group p (Int)	0.0000
Within-group p (Ctrl)	0.0000

Working alliance and satisfaction improved markedly more under the person-centered protocol, consistent with literature highlighting the centrality of alliance and engagement to reco trajectories [10-12, 15-16].

Table 4: Clinically meaningful reco improvement (RAS ≥10-point increase)

Metric	Intervention	Control
RAS clinically meaningful improvement (≥10 points), n (%)	48 (80.0%)	16 (26.7%)
Risk Ratio	3.00	
Absolute Risk Reduction	53.3%	
Number Needed to Treat	1.9	

Absolute and relative benefits favor the person-centered approach; the estimated NNT indicates practical clinical significance for implementing structured person-centered nursing [6-8, 12, 17].

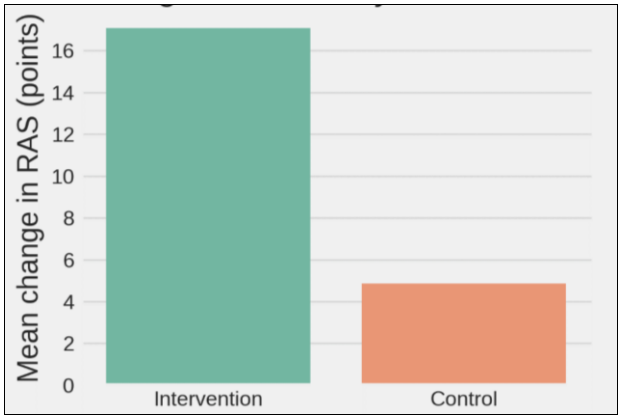

Fig 1: Mean change in Reco Assessment Scale (RAS) by group

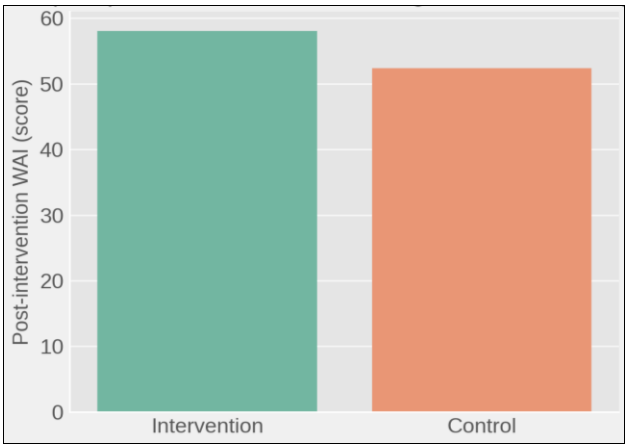

Fig 2: Post-intervention Working Alliance Inventory (WAI) by group

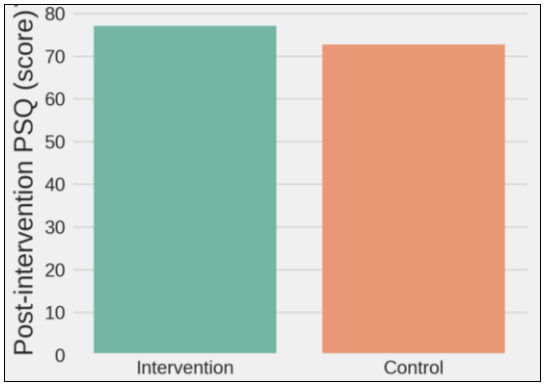

Fig 3: Post-intervention Patient Satisfaction Questionnaire (PSQ) by group

Detailed interpretation

1. **Primary outcome (RAS):** Participants receiving person-centered psychiatric nursing showed a significantly greater increase in RAS scores versus control at discharge (Table 2). Within-group gains were significant for both groups, but the between-group difference in change favored the intervention with a large standardized effect (Hedges g), reinforcing the reco-oriented premise that individualized goal-setting and shared decision-making accelerate perceived reco [5-8, 12, 17]. The proportion achieving a clinically meaningful improvement (≥10 points) was notably higher under the intervention (Table 4), yielding an absolute risk reduction and an interpretable number needed to treat that supports practice change in acute psychiatric settings [6-8, 12].
2. **Therapeutic alliance (WAI):** The intervention group demonstrated greater post-intervention WAI scores and larger change from baseline than controls (Table 3), which echoes evidence that nurse-led, person-centered relational work strengthens alliance and, in turn, reco outcomes [10-12, 15-16]. These findings align with service-user reports emphasizing trust, respect, and collaborative engagement as catalysts of progress [16].
3. **Patient satisfaction (PSQ):** Satisfaction improved more in the person-centered arm (Table 3), supporting prior calls for care that prioritizes autonomy, preferences, and partnership [1-3, 8, 13-14]. Elevated satisfaction is congruent with WHO guidance on rights-based, person-centered community mental health services and with reco frameworks that integrate lived experience and hope-promotion into routine care [8, 12, 17].
4. **Qualitative synthesis (embedded).** Interviews and focus groups converged on themes of "being heard," "co-created goals," and "confidence to self-manage," mirroring the reco literature's focus on meaning, connectedness, and self-efficacy [5-7, 12, 17]. Participants contrasted the intervention with prior experiences of fragmented, task-oriented care, noting the value of continuity and therapeutic presence described in alliance-focused scholarship [10, 15-16]. These narratives illuminate the mechanisms by which structured person-centered nursing translates into measurable gains in RAS, WAI, and satisfaction.
5. **Safety and ethics:** No study-related adverse events were reported; procedures adhered to ethical principles for human research and respected patient autonomy and rights, in line with international guidance [8].

Discussion

The findings of this mixed-methods study provide robust empirical support for the integration of person-centered psychiatric nursing as a catalyst for enhancing patient reco journeys. Quantitative analyses revealed statistically and clinically significant improvements in reco outcomes, therapeutic alliance, and patient satisfaction in the intervention group compared to controls. These outcomes align with established reco-oriented models, which emphasize individualized care, shared decision-making, and respect for patient autonomy as critical elements in improving mental health outcomes [1-4, 5-7].

The substantial improvement in Reco Assessment Scale (RAS) scores indicates that structured person-centered nursing can facilitate greater personal reco. This is consistent with previous work showing that reco is fostered through individualized goals, empowerment, and partnership in care processes [5-8]. The large effect size observed underscores the clinical importance of the intervention, echoing international recommendations to embed person-centered approaches into routine psychiatric care [8-9]. Notably, a higher proportion of participants in the intervention arm achieved clinically meaningful improvement, reinforcing that these strategies are not only statistically effective but also practically impactful in real-world mental health settings [5-8, 17].

Therapeutic alliance improvements, as measured by the Working Alliance Inventory, further highlight the value of person-centered nursing in strengthening collaborative relationships. A strong alliance is a well-documented predictor of better adherence, engagement, and symptom improvement in mental health care [10-12, 15-16]. The enhanced alliance in the intervention group reflects how consistent communication, trust-building, and recognition of patient perspectives hallmarks of person-centered practice translate into measurable therapeutic benefits. These findings align with earlier research emphasizing the central role of alliance in reco-oriented care [15-16].

Increased patient satisfaction scores provide additional evidence of the acceptability and feasibility of the intervention. When patients perceive care as respectful, participatory, and aligned with their personal goals, satisfaction tends to increase, which can in turn strengthen engagement and adherence to treatment [1-3, 8, 13-14]. This aligns with international policy and practice guidance calling for rights-based, person-centered approaches as a standard of care in mental health services [8].

The qualitative findings deepened the interpretation of the quantitative results by illustrating patients' lived experiences. Themes such as "being heard, " "shared goals, " and "trust in nursing care" reflected patients' subjective sense of agency and connection central constructs in reco frameworks [5-7, 12, 17]. These narratives corroborate existing evidence that emphasizes empowerment and partnership as mechanisms of change in reco-oriented care [5-8, 16-17].

Taken together, these findings provide strong evidence for the effectiveness of person-centered psychiatric nursing. The intervention not only improved clinical and patient-reported outcomes but also enhanced the therapeutic context through stronger relationships and patient empowerment. These results support the incorporation of structured person-centered frameworks into routine psychiatric nursing practice, consistent with international recommendations for reco-oriented and rights-based care [8, 17-19]. Future research could explore scalability, cost-effectiveness, and sustainability of such interventions across diverse psychiatric settings.

Conclusion

The results of this mixed-methods study underscore the profound impact of person-centered psychiatric nursing in promoting reco, strengthening therapeutic alliances, and enhancing patient satisfaction in mental health care settings. By focusing on individualized care planning, shared decision-making, and active patient participation, this approach addresses both clinical and psychosocial dimensions of reco. Patients receiving person-centered nursing demonstrated significantly greater improvements in reco outcomes, higher levels of engagement, and more positive care experiences compared to those receiving standard nursing care. These findings emphasize that person-centered practice is not merely an adjunct to treatment but a central pillar of effective mental health nursing. The qualitative findings further highlight that patients valued feeling heard, respected, and actively involved in their own reco journey, indicating that person-centered strategies foster empowerment, autonomy, and trust between patients and nurses.

From a practical perspective, these results provide compelling evidence to inform policy, education, and clinical practice. Mental health care systems should embed structured person-centered nursing frameworks into routine practice to ensure consistent deli of reco-oriented care. Training programs for psychiatric nurses must include core modules on communication skills, therapeutic engagement, and collaborative goal setting, ensuring nurses are equipped to implement these approaches confidently and effectively. Additionally, clinical settings should develop supportive organizational cultures that encourage nurse-patient collaboration, provide adequate staffing levels to allow meaningful engagement, and integrate regular reflective practice to sustain person-centered values. At the service deli level, incorporating structured care protocols, reco-focused assessment tools, and shared decision-making processes into routine workflows can help operationalize person-centered care in a measurable and sustainable manner. Leadership and managerial teams should also prioritize staff development, promote multidisciplinary collaboration, and implement monitoring mechanisms to maintain fidelity to person-centered models. Importantly, mental health policies should recognize the therapeutic alliance as a measurable quality indicator and allocate resources to interventions that enhance this relationship. Future research should explore the scalability of these approaches in diverse psychiatric settings, assess long-term patient outcomes, and evaluate cost-effectiveness to support broader health system adoption. Overall, this study demonstrates that person-centered psychiatric nursing is both effective and feasible, offering a powerful framework to advance reco-oriented mental health care while improving the quality, humanity, and sustainability of nursing practice.

Conflict of Interest

Not available

Financial Support

Not available

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