



Perspective Piece

Mitigating low-value care: Reflections on love and respect for patient

Yahaya Jafaru

Department of Nursing Science, College of Health Sciences, Federal University Birnin-Kebbi, Kebbi State, Nigeria

ARTICLE INFO

Received 05 September 2022
Accepted 30 September 2022

Available online at:
<http://npt.tums.ac.ir>

Keywords:

care;
love;
low-value;
respect;
satisfaction

*Corresponding Author:

Yahaya Jafaru, Department of Nursing Science,
College of Health Sciences, Federal University
Birnin-Kebbi, Kebbi State, Nigeria. E-mail:
jafaruyahaya2015@yahoo.com

DOI:

<https://doi.org/10.18502/npt.v9i4.11198>

ABSTRACT

Background & Aim: Low-value care is care that has little or no benefit to the patient, with the potential to cause harm and incur unnecessary spending to patients and society or waste limited resources. This paper's aim is to reflect on how love and respect for patients are valuable in mitigating the occurrence of low-value care.

Methods & Materials: A descriptive theoretical and empirical literature analysis was employed to reflect on the impacts of love and respect for a patient on mitigating low-value care.

Results: The feelings of uncomfortable atmosphere, dissatisfaction, and distrust by the patient due to a deficit of love and respect for the patient could lead to a high rate of patronizing low-value care from unprofessional health workers, which could lead to the occurrence of complications. However, when care is based on optimal love and respect, it eventually brings about patients' satisfaction and continued utilization of high-value care choices from experienced health professionals.

Conclusion: It is imperative to apply love and respect for patients in healthcare practices; otherwise, a surge in the occurrence of low-value care caused by patients' requests and expectations is possible. There is a need for a deep understanding of low-value care in nursing through research studies.

Introduction

The global efforts to improve the population's health status are still below the fundamental level, partly because the goodness of respect and compassion in healthcare have been replaced by a focus on task pathways and documentation (1). This pointed out the need to develop an effective relationship with the patient, which depends on the love between a nurse and a patient. Nigusie et al. (2022) postulated that one of the crucial aspects of a strategic plan to improve healthcare quality is that healthcare professionals exhibit love and respect for a patient (2). Love and respect for patients are central to the nursing profession; lack of which could lead to ineffective care. Care

without love and respect is a challenge to the nursing profession as it leads to inadequate nursing care (3). According to Verkerk et al. (2018), ineffective care is one of the components of low-value care (4).

The low-value care is care that has little or no benefit to the patient, with the potential to cause harm and incur unnecessary spending to patients and society or waste limited resources (5). It is one of the challenges facing the healthcare system because its continuous use creates health and cost burdens for patients and society (6). Three types of low-value care exist (4): ineffective care, inefficient care, and unwanted care. Ineffective care is low-value



care from the medical perspective and encompasses a lack of benefit of the care, or the harms of the care outweigh the benefits. Inefficient care refers to effective care that is used inappropriately and results in low value from the societal perspective. Unwanted care is of low value from the patient's perspective. It is based on the preferences and values of an individual patient (7). There are pieces of evidence that 10–30% of all healthcare practices have little or no benefit (8), and up to 15% of patients that undergo low-value procedures develop complications like iatrogenic infections (9). Also, nurses waste valuable resources in time and money on low-value care (10).

However, reducing low-value care is a complex task but important in providing appropriate and cost-effective care (Kini et al., 2022). In this regard, and even though low-value care occurs for many reasons, including submission to patient requests and patient expectations (11), understanding the method of optimally using nurse-patient interaction in the process of mitigating low-value care is deficient (12). Moreover, Maratt et al. (2019) asserted that studies rarely used measures of patient-provider interactions in curtailing low-value care (13). Thus, this paper's purpose is to reflect on how love and respect for patients are valuable in mitigating the occurrence of low-value care, especially the one caused by patient requests and expectations. It scrutinized the impacts of a deficit of love and respect for patients to the utilization of low-value care; and the impacts of optimal love and respect for patients to the utilization of high-value care.

Concept of caring in nursing

The concept of caring is defined differently by different communities, cultures, professions, and philosophies. This leads to the unique and different context of caring in different situations of human care (14). However, it is understood to be a central

phenomenon in nursing practice (15). Alvsvåg (2017) pointed out that in nursing caring consists of relational, practical and moral aspects (16). The relational aspect needs two people, the caregiver and the other, that suffer and requires caring. The skills of caring form practical caring, and moral caring is accepting others irrespective of their situations.

Watson's theory of human caring emphasizes intense respect and considering mysteries and spiritual aspects of life with transpersonal and interpersonal qualities of nursing care. Watson's Theory of Human Caring postulated Ten Creative factors (17). The Ten Carative of Watson's theory develop into Ten Caritas Processes (18) with themes focused on loving and kindness, faith and hope, spiritual practices, trusting interpersonal caring, forgiveness, and empathy, utilizing all ways of knowing, genuine teaching and learning, caring healing environment, valuing humanity, and accepting life's odds and miracles. These are the ten curative qualities of nurses in human caring. Patients' experience of nurses' attentiveness to their needs develops their positive attitude that aids recovery (19). A positive attitude is developed due to trust in the caring processes. It could lead to denouncing the patient attitude toward care requests and improving the use of high-value care.

Concepts of love and respect in nursing

Watson postulated that caring must be done with love and respect simultaneously and emphasized the complementary nature of love and care (20). Love in nursing is defined as a moral responsibility of a nurse that serves as a communication basis, enhances intimacy with clients, and brings about a sense of unity (21). On the other hand, respect is precluding contempt and realizing others as human beings with legitimate concerns equal to our

own and behaving as such (22). It includes honoring or acknowledging the patient's dignity. Human care comes with love and includes respect for self-esteem, dignity, and human values. Moreover, with love, there exists a feeling of responsibility and respect for others; it also serves as a communication basis bringing about solidarity and unity and obliterating the gap between people (21). Therefore, love and respect is a significant phenomenon in contemporary nursing practice and can be an important tool for mitigating an aspect of low-value care caused by patient requests and expectations.

The concept of love in nursing is mostly characterized by feeling a sense of responsibility, concern, attention, benevolence, and an understanding of other people's human dignity (21). Love in nursing is a phenomenon that results to respect for the patient's values and dignity, humanitarian relations, and giving sufficient attention to the patient (3). Nursing care provided with love forms the basis of kindness, human values, and patient support; this kind of care is called complete care (21).

Low-value care in relation to love and respect

Care satisfaction/ dissatisfaction

Love and respect develop a healthy environment - a caring environment with members that are engaging, collaborative, and committed to service; and makes patient feels cared. Patient caring is a major passion and concern for nurses; caring behavior exhibited by nurses enhances patients' satisfaction (23). Chandra et al. (2019) posit that patient satisfaction with the care indirectly affects patients' subjective self-assessment of the care (24). Patient's satisfaction is associated with patient trust; and patient trust determines positive health behavior (25) such as treatment adherence and prompt follow-up care.

A study by Rockwell et al. (2022) highlighted the possible responsiveness of trust in mitigating low-value care (26). Trust makes patients believe in the appropriateness of the received care (24). This entails treating the patients to enable them to make informed choices (2) and appropriate decisions. Moreover, there are a lot of worries about and criticism of providing nursing care without love (21). This could be because a deficit of love and respect causes dissatisfaction and more suffering for patients. A deficit of love and respect leads to an uncomfortable atmosphere and dissatisfaction, distrust and misconduct, most commonly resulting in attention failure and ignoring or leaving the needs unattended.

Patronizing high/low-value care:

The feelings of uncomfortable atmosphere, dissatisfaction, and distrust by the patient due to a deficit of love and respect for the patient could lead to a high rate of patronizing low-value care from unprofessional health workers, which could lead to the occurrence of complications. The patient that receives low love and respect from nurses is prone to utilizing care outside the hospital, predisposing the patient to health complications and even death (27). The occurrence of complications, in turn, necessitates the utilization of high-value care from professional and experienced health workers, overstressing the professional healthcare system. However, when care is based on optimal love and respect, it eventually brings about patients' satisfaction and continued utilization of high-value care choices from experienced health professionals. This is because respect for the patient is paramount to patient-centered care; it improves the quality of care, and brings about positive care-seeking behavior (28).

In nursing practice, respect for the patient's personality poses a meaning to the relationship between patient and nurse (14). Health professionals demonstrate respect for the patient resulting in decreased anxiety

levels, higher medical advice adherence, treatment plans, enhanced healing, and improved quality of care (29). This process is fundamental to a therapeutic relationship leading to patients' compliance and adherence. It also produces a healthy healthcare environment that is free of low-value care caused by patients' requests and expectations, free of complications, and poses high-quality care. This showcase the need of professionals nurses to be aware of the interaction between care and the environment (30).

Implications for nursing research and practice

Submitting low-value care by nurses has major devastating effects on patients' well-being and the general healthcare system. Nurses form the largest healthcare workforce and have the highest contact period with patients. As such, their action and inaction are crucial to patients accepting or unaccepting only high-value care. Since patients have more contact with nurses than any other health professional, nurses' love and respect for patients are more likely to make patients concur to give up their low-value care request. In this vein, low-value care research in nursing is highly pertinent in understanding the nature, forms, and reasons for patients sticking to low-value care; and understanding the best strategies for its denouncement.

Caring is a central concern of the nursing profession, and nurses make use of their caring skills in health maintenance, promotion, and restoration for individuals, families, and communities. Nurses are in a good position to practice their professional values of caring, eliminate those factors that hinder the achievement of the values, and strive to bring in those factors that enhance their achievement. The low-value care threatens to achieve optimal health maintenance, health promotion, and health

restoration. It also undermines the concept of core nursing. Therefore, a nursing practice that strives to give optimal love and respect to the patient to mitigate the low-value care from the patient request is pertinent for nurses and the nursing profession.

Conclusion

In conclusion, an increase in love and respect for patients can lead to a decrease in low-value care utilization and, in turn, an increase in high-value care utilization. Thus, it is imperative to apply love and respect for patients in healthcare practices; otherwise, a surge in low-value care caused by patients' requests and expectations is possible. There is need for a deep understanding of low-value care in nursing through research studies is necessary.

References

1. WHO. Delivering quality health services: a global imperative for universal health coverage. World Health Organization 2018. Accessed June 24, 2022. Available from: <https://apps.who.int/iris/handle/10665/272465>.
2. Nigusie A, Endehabtu BF, Angaw DA, Teklu A, Mekonnen ZA, Feletto M, et al. Status of Compassionate, Respectful, and Caring Health Service Delivery: Scoping Review. *JMIR Human Factors*. 2022; 9(1). e30804. <https://doi.org/10.2196/30804>
3. Rad M, Mirhaghi A, Shomoossi N. Loving and humane care: a missing link in nursing. *Nursing and Midwifery Studies*. 2016; 5(2): e34297. doi: 10.17795/nmsjournal34297.
4. Verkerk EW, Huisman-de WG, Vermeulen H, Westert GP, Kool RB, van Dulmen SA. Low-value care in nursing: a systematic assessment of clinical practice guidelines. *International Journal of Nursing Studies*. 2018; 87: 34-9. doi:10.1016/j.ijnurstu.2018. 07.002.
5. de Vries EF, Struijs JN, Heijink R, Hendrikx RJ, Baan CA. Are low-value care measures up to the task? A systematic review of the literature. *BMC Health Services Research*. 2016 Dec;16(1):1-2.

6. Carman KG, Liu J, White C. Accounting for the burden and redistribution of health care costs: who uses care and who pays for it. *Health Services Research*. 2020 Apr;55(2):224-31. doi:10.1111/1475-6773.13258
7. Maria EA, Wendy C, Paul N, Hester V. What not to do: Choosing wisely in nursing care. *International Journal of Nursing Studies*. 2019; 101(14): 103420. <https://doi.org/10.1016/j.ijnurstu.2019.103420>
8. Brownlee S, Chalkidou K, Doust J, Elshaug AG, Glasziou P, Heath I, et al. Evidence for overuse of medical services around the world. *Lancet*. 2017; 390 (10090):156-168. [https://doi.org/10.1016/S0140-6736\(16\)32585-5](https://doi.org/10.1016/S0140-6736(16)32585-5).
9. Badgery-Parker T, Pearson SA, Dunn S, Elshaug AG. Measuring hospital-acquired complications associated with low-value care. *JAMA Internal Medicine*. 2019 Apr 1;179(4):499-505. doi: 10.1001/jamainternmed.2018.7464
10. Verkerk EW, Tanke MA, Kool RB, van Dulmen SA, Westert GP. Limit, lean or listen? A typology of low-value care that gives direction in de-implementation. *International Journal for Quality in Health Care*. 2018 Nov 1;30(9):736-9. doi:10.1093/intqhc/ mzy100.
11. Kini V, Breathett K, Groeneveld PW, Ho PM, Nallamothu BK, Peterson PN, Rush P, Wang TY, Zeitler EP, Borden WB, American Heart Association Council on Quality of Care and Outcomes Research. Strategies to Reduce Low-Value Cardiovascular Care: A Scientific Statement From the American Heart Association. *Circulation: Cardiovascular Quality and Outcomes*. 2022 Mar;15(3):e000105.
12. Norton WE, Chambers DA. Unpacking the complexities of de-implementing inappropriate health interventions. *Implementation Science*. 2020 Dec;15(1):1-7. <https://doi.org/10.1186/s13012-019-0960-9>.
13. Maratt JK, Kerr EA, Klamerus ML, Lohman SE, Froehlich W, Bhatia RS, Saini SD. Measures used to assess the impact of interventions to reduce low-value care: A systematic review. *Journal of General Internal Medicine*. 2019 Sep;34(9):1857-64. <https://doi.org/10.1007/s11606-019-05069-5>
14. Karlsson M, Pennbrant S. Ideas of caring in nursing practice. *Nursing Philosophy*. 2020 Oct;21(4):e12325. <https://doi.org/10.1111/nup.12325>.
15. Eriksson K. Vårdandets idé. [The Idea of Caring]. In K. Eriksson (Ed.), *Vårdvetenskap. Vetenskapen om Vårdandet och det Tidlösa i Tiden* [Caring Science The Science of Caring and the Timeless in Time]. Stockholm, Sweden: Liber. (In Swedish). 2018.
16. Alvsvåg H. Philosophy of caring. In M. R. Alligood (Ed.), *Nursing theorists and their work*, 9th ed. St. Louis, MO: Elsevier. 2017.
17. Watson J. University Press of Colorado; Louisville, Colorado: Unitary caring science: the philosophy and praxis of nursing; 2018.
18. Wei H, Watson J. Healthcare interprofessional team members' perspectives on human caring: A directed content analysis study. *International Journal of Nursing Sciences*. 2018; 6(1):17-23. Published 2018 Dec 13. doi:10.1016/j.ijnss.2018.12.001
19. Devi B, Pradhan MS, Giri MD, Lepcha MN. Watson's theory of caring in nursing education: challenges to integrate into nursing practice. *Journal of Positive School Psychology*. 2022 Apr 9:1464-71.
20. Sadat-Hoseini AS, Khosropanah AH. Comparing the concept of caring in Islamic perspective with Watson and Parse's nursing theories. *Iranian Journal of Nursing and Midwifery Research*. 2017 Mar;22(2):83-90. doi: 10.4103/ijnmr.IJNMR_311_14.
21. Adib-Hajbaghery M, BolandianBafghi S. Love in nursing: A concept analysis. *Journal of Caring Sciences*. 2020 Jun;9(2):113-19. <https://doi.org/10.34172/JCS.2020.017>
22. Stonestreet E. "Love and Respect as Moral Attitudes and Practices of Recognition". *Philosophy Faculty Publications*. 2019; 110. Available from: https://digitalcommons.csbsju.edu/philosophy_publications/110
23. Agussalim, Asikin M, Nasir M, Podding T, Alamsyah, Rahman. Caring Behavior of Nurses Increase Level of Client's Satisfaction in Clinical Area. *American journal of biomedical Science and Research*. 2020; 10(5). AJBSR.MS.ID.001544. doi: 10.34297/AJBSR.2020.10.001544.

24. Chandra S, Ward P, Mohammadnezhad M. Factors associated with patient satisfaction in outpatient department of Suva Sub-divisional Health Center, Fiji, 2018: a mixed method study. *Frontiers in Public Health*. 2019 Jul 2;7:183. doi: 10.3389/fpubh.2019.00183
25. Birkhäuer J, Gaab J, Kossowsky J, Hasler S, Krummenacher P, Werner C, Gerger H. Trust in the health care professional and health outcome: A meta-analysis. *PloS one*. 2017 Feb 7;12(2):e0170988. doi: 10.1371/journal.pone.0170988
26. Rockwell MS, Michaels KC, Epling JW. Does de-implementation of low-value care impact the patient-clinician relationship? A mixed methods study. *BMC health services research*. 2022 Dec;22(1):37. <https://doi.org/10.1186/s12913-021-07345-9>
27. Ella RE, Samson-Akpan PE, Mgbekem MA, Edet G. Factors influencing patients perception of nurses respect for their dignity in a public hospital in calabar, Nigeria. *International Journal of Humanities Social Sciences and Education (IJHSSE)*. 2016 Aug;3(8):72-81.
28. Jemal K, Hailu D, Mekonnen M, Tesfa B, Bekele K, Kinati T. The importance of compassion and respectful care for the health workforce: a mixed-methods study. *Journal of Public Health*. 2021 Mar 11:1-12. <https://doi.org/10.1007/s10389-021-01495-0>
29. Goodrich J. What makes a compassionate relationship between caregiver and patient? Findings from the 'anniversary' Schwartz Rounds. *Journal of Compassionate Health Care*. 2016 Dec;3(1):1-8.
30. AnAaker A, Elf M. Sustainability in nursing: a concept analysis. *Scandinavian Journal of Caring Sciences*. 2014 Jun;28(2):381-9.