

1 **Title: Person-Centered Care (PCC) Research in Ghana: a Scoping Review Protocol**

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22 **ABSTRACT**

23 **Background:** Person-centered care (PCC) is provision of care that is respectful of and
24 responsive to individual patient preferences, needs, and values, and ensures that patient
25 values guide all clinical decisions. While there is a large body of evidence on the benefits of
26 PCC in high-income countries, little research exists on PCC in Ghana and Sub-Saharan Africa
27 at large. Most studies on PCC have focused on maternity care as part of the global
28 movement of respectful maternity care. The few studies on patient experiences and health
29 system responsiveness beyond maternal health also highlight gaps in patient experience and
30 satisfaction, as well as discrimination in health facilities which leads to the most vulnerable
31 having the poorest experiences. This scoping review aims to systematically map the extent
32 of literature focused on PCC in Ghana by identifying patient expectations and preferences,
33 barriers and facilitators, and interventions regarding PCC in Ghana.

34 **Methods:** This protocol will be guided by the Arksey and O'Malley methodological
35 framework and recommendations by Levac, Colquhoun and O'Brien. A comprehensive
36 search strategy will be used to search for published articles in PubMed, EMBASE, Web of
37 Science, and the African Journals Online (AJOL) from their inception to December 2021.
38 Grey literature and reference lists of included studies will also be searched. Two
39 independent reviewers will perform the literature search, eligibility assessments, and study
40 selection. Any disagreements will be resolved through discussion with a third reviewer. A
41 Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram for the
42 scoping reviews (PRISMA-ScR) will be used to outline the study selection process. Extracted
43 data from the included articles will be synthesised and reported under key concepts derived
44 from the outcomes of the scoping review.

45 **Discussion:** The findings from this proposed scoping review on documented person-
46 centeredness of care and patient expectations and preferences regarding PCC will be useful
47 information for policymakers to consider in rolling out healthcare strategies that are driven
48 by patient interest. Also, identification of various barriers and facilitators and evidence of
49 effective PCC interventions will have implications on policy, practice, and further research in
50 Ghana.

51 **Scoping review registration:** OSF Registration DOI [10.17605/OSF.IO/ZMDH9](https://doi.org/10.17605/OSF.IO/ZMDH9)

52 **Keywords:** Person-centered care, scoping review protocol, Ghana, Sub-Saharan Africa

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65 **BACKGROUND**

66 Person-centered care (PCC)—which refers to providing care that is respectful of and
67 responsive to individual patient preferences, needs, and values, and ensuring that patient
68 values guide all clinical decisions—is a key component of quality of care.(1) Clinical
69 observations and empirical evidence suggest that there is a discrepancy between the
70 healthcare sought by patients and the care patients receive. PCC is an approach aimed at
71 accommodating patients’ desired care to minimize this discrepancy. Further, PCC
72 emphasizes treating patients with dignity and respect and involving them in all decisions
73 about their health. This requires that people have the education and support they need to
74 make decisions and participate in their own care. It also focuses on the patient’s experience
75 of illness and health care and on the systems that work or fail to meet individual patient’s
76 needs.(1)

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78 PCC requires that care is organized around the health needs and expectations of people
79 rather than diseases: i.e. focusing more on the patient’s problem than on his or her
80 diagnosis and shifting away from asking what is the matter with you, to what matters to
81 you.(2) For providers, it requires qualities of compassion, empathy, communication, and
82 responsiveness to the needs, values, and expressed preferences of each patient.(1)

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84 There is a large body of evidence in high-income countries like the United States and Canada
85 on the impact of PCC on outcomes, such as health literacy, patient engagement, adherence
86 to recommended prevention and treatment processes, emotional health, physiologic
87 measures (such as blood pressure and blood sugar levels), pain control, symptom
88 resolution, functional status, and lower mortality.(3–5) PCC is also associated with increased

89 preventive health screening, fewer emergency department and urgent care visits and fewer
90 readmissions leading to higher health care effectiveness and lower cost.(6) In addition, PCC
91 is associated with better patient safety and trust and higher patient as well as provider
92 satisfaction.(6,7)

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94 Despite the benefits of PCC, little research exists on PCC in Ghana and most of Sub-Saharan
95 Africa.(8) Most studies on PCC have focused on maternity care as part of the global
96 movement of respectful maternity care. These studies have highlighted disrespect and
97 abuse of women, poor communication and lack of respect for women’s autonomy, and lack
98 of supportive care during childbirth.(9–11) The few studies on patient experiences and
99 health system responsiveness beyond maternal health also highlight gaps in patient
100 experience and satisfaction, as well as discrimination in health facilities which leads to the
101 most vulnerable having the poorest experiences.(12–15) Large health facilities in Ghana
102 such as Korle Bu Teaching Hospital from unpublished observations, continue to record
103 patients and their carers’ dissatisfaction for their care in most of the hospital’s departments.
104 The media in Ghana has also highlighted the state of PCC in Ghana, some of which we have
105 witnessed as clinicians. There is however a dearth of systematic research on the extent of
106 PCC in Ghana. We seek to bridge this gap by conducting a scoping review on PCC in Ghana
107 to assess the extent of PCC in Ghana and to inform interventions to address it.

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109 The aims of this scoping review are to:

- 110 1. Assess the extent of PCC research in Ghana
- 111 2. Assess person-centeredness of care documented in Ghana
- 112 3. Identify documented patient expectations and preferences for PCC in Ghana

- 113 4. Identify documented barriers to PCC in Ghana
- 114 5. Identify facilitators to PCC in Ghana
- 115 6. Identify documented PCC interventions that have been implemented in Ghana and
116 their effectiveness
- 117 7. Identify gaps in PCC research in Ghana

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119 **METHODOLOGY**

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121 This is a protocol for a scoping review of literature reporting on person-centered care (PCC)
122 in Ghana. A scoping review method is appropriate as it aims to delineate various types of
123 evidence about the subject of interest and identify gaps for further research in Ghana. The
124 review will be guided by the methodological framework proposed by Arksey and O'Malley
125 and recommendations on the framework by Levac et al.(16,17) This scoping review will
126 therefore follow these five steps: (1) identifying the research question, (2) identifying
127 relevant studies, (3) selection of eligible studies, (4) charting the data, and (5) collating,
128 summarizing, and reporting results. Quality appraisal will not be performed since the
129 objective of this review is to get a scope of all research activities concerning person-centred
130 care in Ghana.

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132 **Identifying the research question**

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134 The review questions are:

- 135 1. How is person-centered care provided in Ghana?
- 136 2. What are patients' expectations and preferences regarding PCC in Ghana?

137 3. What are the barriers and facilitators to PCC in Ghana?

138 4. Are there PCC interventions that have been implemented in Ghana and how
139 effective were they?

140 This study will use the PICO (P=Population, I=Intervention, C=Comparator, O=Outcome)
141 format to align the study selection with the research question.

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143 **Identifying relevant studies**

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145 The search strategy will be designed in collaboration with an information specialist using
146 methods previously used by other authors of systematic reviews on person-centered
147 care.(18,19) Both keywords developed from core concepts and index terms MeSH/Emtree
148 (Medical Subject Headings and Embase Thesaurus) will be developed for the theme: person-
149 centered care and subsequently combined with Ghana in a search strategy. The search
150 strategy for PubMed will be adapted for the other databases. The developed search strategy
151 will be piloted to ascertain the appropriateness of keywords, which may be refined to
152 include relevant new keywords. A proposed search strategy for PubMed can be found in
153 Table 1.

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161 **Table 1: Search strategy for PubMed**

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Search strategy	PubMed:
	(person-centered OR patient-centered OR people-centered OR client-centered OR patient-centred OR person-centred OR client-centred OR patient-oriented OR person-oriented OR client-oriented OR patient-focused OR person-focused OR client-focused OR "experience of care" OR "patient care" OR "Patient Care"[Mesh] OR "patient satisfaction" OR "Patient Satisfaction"[Mesh] OR "Physician-Patient Relations"[Mesh] OR "physician-patient relations" OR "professional-patient relations" OR "professional-family relations" OR "interpersonal quality of care" OR "physician-patient communication" OR "provider-patient communication" OR "respectful maternity care" OR "health system responsiveness" OR "patient participation" OR "patient care planning" OR "skilled companionship" OR "compassionate care") AND ghana

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164 The databases that will be searched for published studies include PubMed, EMBASE and
 165 Web of Science. The databases will be searched from their inception to December 2021.

166 The African Journals Online (AJOL) will be hand searched for relevant articles. Authors of
 167 retrieved studies and experts in the review’s topic area will be contacted by email to help
 168 identify additional relevant published articles and grey literature for the review. To increase
 169 the yield, backward searching of references of key articles already retrieved will be done. In
 170 addition, Google scholar will be used to identify papers that have cited identified key
 171 references in a forward search.

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173 **Selection of eligible studies**

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175 The title and abstract screening will be guided by the Population, Intervention, Comparison
176 and Outcome (PICO) format (Tables 2, 3, 4 and 5).

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178 **Table 2: PICO for Person-Centeredness of Care in Ghana (Objective 1)**

	PICO FOR OBJECTIVE 1
P	Patients receiving care at any level of the health care delivery chain in Ghana or Stakeholders in the health system (Managers, Health Care Workers, etc)
O	<ol style="list-style-type: none">1. Patient reports of the person-centeredness of care received2. Stakeholder reports of person-centeredness of care provided in their facilities

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186 **Table 3: PICO for Patient Expectations and Preferences Regarding PCC in Ghana (Objective**
 187 **2)**

PICO FOR OBJECTIVE 2	
P	Patients receiving care at any level of the health care delivery chain in Ghana
O	<ol style="list-style-type: none"> 1. Patient expectations with regards to PCC 2. Patient preferences with regards to PCC

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190 **Table 4: PICO for Barriers and Facilitators to PCC in Ghana (Objective 3)**

PICO FOR OBJECTIVE 3	
P	Patients receiving care at any level of the health care delivery chain in Ghana or Stakeholders in the health system (Managers, Health Care Workers, etc)
O	<ol style="list-style-type: none"> 1. Barriers to PCC in Ghana 2. Facilitators to PCC in Ghana

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195 **Table 5: PICO for Available Interventions for Improving PCC in Ghana (Objective 4)**

PICO FOR OBJECTIVE 4	
P	Stakeholders in the health system receiving an intervention aimed at improving person-centred care (Managers, Health Care Workers, Patients)
I	Interventions aimed at improving person-centred care at any level of health care delivery (ie, primary, secondary, and tertiary levels)
C	Comparator group will be usual care, alternative intervention, or no intervention
O	<p>Primary Outcomes:</p> <ol style="list-style-type: none"> 1. Effectiveness of available interventions aimed at improving person-centred care in Ghana <p>Secondary Outcomes:</p> <ol style="list-style-type: none"> 1. Reported health outcomes from interventions 2. Stakeholder satisfaction with interventions 3. Unintended adverse events from interventions

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198 *Inclusion criteria:* The review is interested in person-centred care in Ghana and will consider
 199 all quantitative, qualitative, and mixed method studies that reported primary research
 200 findings on the review objectives. Also, grey literature with relevant findings will be
 201 considered. There will be no language restriction and translations will be sought for studies
 202 that are not published in English. Studies focused on person-centred care at all health care

203 levels, medical specialties and health conditions in Ghana are eligible. Reviews which
204 present primary study findings not reported elsewhere will be included.

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206 *Exclusion criteria:* Studies not conducted in Ghana or that do not include participants from
207 Ghana, and studies whose full-text article cannot be obtained will be excluded.

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209 Studies retrieved from the various databases will be exported to Covidence, a systematic
210 reviews production tool, which will be used to remove duplicates, for title/abstract
211 screening, full-text screening, and data abstraction. Two authors will screen both titles and
212 abstracts independently and exclude studies that do not satisfy the inclusion criteria. Two
213 authors will then screen the full texts of the selected potentially eligible studies against the
214 eligibility criteria. Any disagreements will be resolved through discussion with a third
215 reviewer. Reasons for exclusion will be given for studies excluded at this stage. The selection
216 process will be guided by the recommendations in the Preferred Reporting Items for
217 Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR)
218 checklist, and a PRISMA flow diagram will be used to demonstrate the study selection
219 process.(20) Included studies will be exported to Zotero reference manager for in-text
220 citations.

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222 **Charting the data**

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224 Two authors will conduct the data charting process. A pre-designed data charting form will
225 be used to extract relevant data from the included studies. Separate data charting forms will
226 be created for quantitative and qualitative studies. These data charting forms will first be

227 piloted on two randomly selected studies by the two reviewers; the feedback will then be
 228 incorporated in a revision and adopted for the other included studies. Data will be charted
 229 in three broad forms: narrative synthesis for qualitative studies, descriptive studies and
 230 intervention studies. Data tables will then be used to summarize the relevant extracted
 231 information from the included studies. The extracted data will include the following fields
 232 (Table 5).

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234 **Table 5: Data extraction form**

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Author and date	
1. Title of Study 2. Setting of study (Town, Region in Ghana) 3. Study objectives 4. Study design 5. Study duration 6. Study's inclusion and exclusion criteria 7. Population characteristics (age, sex, ethnicity, socioeconomic status, religion, educational level, health conditions studied)	

<p>8. Number of participants</p> <p>9. Interventions and comparators</p> <p>10. Length of follow up (if appropriate)</p> <p>11. Baseline participant data (if appropriate)</p> <p>12. Relevant outcomes: primary and secondary outcomes</p> <p>13. Author(s) conclusion</p> <p>14. Journal of publication</p> <p>15. Ethics/consent</p> <p>16. Study sponsorship</p> <p>17. Comment</p>	
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237 Authors of studies with missing data or unclear information will be contacted for additional
 238 data or clarification through the contact details (email, phone) of the corresponding author.
 239 If this is not possible, the extent of the missing data and its potential impact on the review's
 240 findings will be described.

241 **Collating, summarizing, and reporting results**

242 A narrative summary of extracted data will be produced based on the following outcomes:

243 *Primary Outcomes:*

- 244 1. Person-centeredness of care (regardless of measurement approach)
- 245 2. Patient expectations and preferences with regards to PCC in Ghana
- 246 3. Barriers and facilitators to PCC in Ghana
- 247 4. Effectiveness of available interventions aimed at improving person-centred care in
- 248 Ghana

249 *Secondary outcomes:*

- 250 1. Reported health outcomes from interventions
- 251 2. Stakeholder satisfaction with interventions
- 252 3. Unintended adverse events from interventions

253 A thematic synthesis will be done for included qualitative studies using descriptive themes
254 from the findings on patient expectations and preferences as well as barriers and facilitators
255 to PCC in Ghana. These descriptive themes will subsequently be used to generate analytical
256 themes.(21) Considering the likely significant heterogeneity in terms of study designs, a
257 narrative synthesis will be used for quantitative data reporting on the effectiveness of
258 available interventions aimed at improving person-centred care in Ghana.

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262 **DISCUSSION**

263 The proposed scoping review aims to identify and describe PCC research in Ghana as well as
264 identify gaps in PCC research in the country. Though knowledge of PCC and efforts to

265 improve PCC have increased in recent years, there is still a paucity of research on PCC in
266 most of SSA. The extant literature has shown that patients experience poor PCC, thus
267 contributing to feelings disempowerment while receiving care (10,22–24). However, most
268 prior studies are largely focused on issues like maternal health and infectious diseases (8).
269 Additionally, only few studies have investigated the barriers and facilitators to PCC (25). For
270 instance, a study conducted in Ghana assessed the organizational-level facilitators and
271 barriers of PCC and found communication challenges, lack of goals to improve PCC, and
272 financial constraints to be barriers of PCC (25). Conversely, leadership support and training
273 on PCC were facilitators of adequate PCC(25). However, little is known about multi-level
274 facilitators and barriers of PCC. Therefore, this scoping review aims to close the gap in our
275 understanding of PCC across health contexts, as well as the multi-level facilitators and
276 barriers of PCC in Ghana.

277 A limitation of this review is the lack of quality assessment on included evidence. This may
278 impact the reliability of data extracted from selected studies. However, given this is a
279 scoping review, it is important not to exclude studies based on their quality. We will
280 interpret findings cautiously from studies with obvious limitations to ensure conclusions
281 made from included evidence are credible. A strength of this scoping review is the inclusive
282 approach to PCC. The broad and inclusive search strategy adopted for the PCC concept in
283 Ghana in the various databases. This means that articles on PCC in Ghana, which are not
284 directly referenced as such are less likely to be omitted from the search. This review is also
285 strengthened by our transdisciplinary team who bring both clinical and research experience
286 from various fields of medicine and public health, as well as in-depth knowledge of health
287 care in Ghana. Throughout the review, we will practice critical reflexivity both as individuals
288 and as a review team. This will enable us to consider, acknowledge, and reflect on how our

289 own lived experiences, training, employment, and other factors shape and influence how
290 we select studies and synthesize and interpret findings. This will improve robustness of the
291 findings.

292 Identification of documented person-centeredness of care according to providers and
293 patients, and patient expectations and preferences with regards to PCC will help with
294 advocacy to improve PCC and inform the development of interventions to improve PCC.
295 Additionally, this review will provide evidence that can assist policymakers in implementing
296 healthcare policies that centre patient needs and preferences. Also, identification of various
297 barriers and facilitators and evidence of effective PCC interventions will influence policy,
298 practice, and further research in Ghana.

299

300 An additional file shows a completed PRISMA-P checklist for this PCC Scoping Review
301 Protocol [see Additional file 1]

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304 **List of abbreviations**

305 AJOL - African Journals Online (AJOL)

306 PCC - Person-Centered Care

307 PICO - Population, Intervention, Comparator and Outcome

308 PRISMA-ScR – Preferred Reporting Items for Systematic Reviews and Meta-Analyses
309 Extension for Scoping Reviews

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311 **Declarations:**

312 **Ethics approval and consent to participate**

313 This study will not include humans or animals as participants. Data will be sourced from
314 published literature.

315 **Consent for publication**

316 Not applicable

317 **Availability of data and materials**

318 All data generated or analysed during this study will be included in the published scoping
319 review article.

320 **Competing interests**

321 The authors declare that they have no competing interests.

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324 funders had no role in the design of the study, data collection, analysis, and interpretation
325 of data and in writing the manuscript.

326 **Authors' contributions**

327 PAA conceptualised the study and GA and AKA led the development of the protocol under
328 the supervision of VAE and PAA. The rest of the authors provided critical feedback during
329 the protocol development. GA, AKA and PAA drafted the manuscript and VAE and PAA
330 reviewed it. All authors read and approved the final manuscript.

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332 Not applicable.

333 References

- 334 1. Medicine I of. *Crossing the Quality Chasm: A New Health System for the 21st Century*. 2001;
- 335 2. WHO. WHO global strategy on people-centred and integrated health services 2016-
- 336 2026: Executive Summary. 2015;4–5.
- 337 3. Stewart MA. Effective physician-patient communication and health outcomes: A review.
- 338 *Cmaj*. 1995;152(9):1423–33.
- 339 4. Stewart M, Brown JB, Donner A, McWhinney IR, Oates J, Weston WW, et al. The impact of
- 340 patient-centered care on outcomes. *J Fam Pract*. 2000;49(9):796–804.
- 341 5. Haskard Zolnierok KB, Dimatteo MR. Physician communication and patient adherence to
- 342 treatment: A meta-analysis. *Med Care*. 2009;47(8):826–34.
- 343 6. Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient
- 344 experience and clinical safety and effectiveness. *BMJ Open*. 2013;3(1).
- 345 7. Oliveira VC, Refshauge KM, Ferreira ML, Pinto RZ, Beckenkamp PR, Negrao Filho RF, et al.
- 346 Communication that values patient autonomy is associated with satisfaction with care: A systematic
- 347 review. *J Physiother*. 2012;58(4):215–29.
- 348 8. De Man J, Mayega RW, Sarkar N, Waweru E, Leys M, Van Olmen J, et al. Patient-Centered
- 349 Care and People-Centered Health Systems in Sub-Saharan Africa: Why So Little of Something So
- 350 Badly Needed? *Int J Pers Centered Med*. 2016;6(3):162–73.
- 351 9. Moyer CA, Adongo PB, Aborigo RA, Hodgson A, Engmann CM. “They treat you like you are
- 352 not a human being”: Maltreatment during labour and delivery in rural northern Ghana. *Midwifery*.
- 353 2014;30(2):262–8.
- 354 10. Afulani PA, Phillips B, Aborigo RA, Moyer CA. Person-centred maternity care in low-income
- 355 and middle-income countries: analysis of data from Kenya, Ghana, and India. *Lancet Glob Health*.
- 356 2019;7(1):e96–109.
- 357 11. Bohren MA, Mehrtash H, Fawole B, Maung TM, Balde MD, Maya E, et al. How women are
- 358 treated during facility-based childbirth in four countries: a cross-sectional study with labour
- 359 observations and community-based surveys. *The Lancet*. 2019;394(10210):1750–63.
- 360 12. Atinga RA, Bawole JN, Nang-Beifubah A. “Some patients are more equal than others”:
- 361 Patient-centred care differential in two-tier inpatient ward hospitals in Ghana. *Patient Educ Couns*.
- 362 2016;99(3):370–7.
- 363 13. Andersen HM. “Villagers”: Differential treatment in a Ghanaian hospital. *Soc Sci Med*.
- 364 2004;59(10 SPEC. ISS.):2003–12.
- 365 14. Odonkor ST, Frimpong C, Duncan E, Odonkor C. Trends in patients’ overall satisfaction with
- 366 healthcare delivery in Accra, Ghana. *Afr J Prim Health Care Fam Med*. 2019;11(1):1–6.

- 367 15. Geldsetzer P, Haakenstad A, James EK, Atun R. Non-technical health care quality and health
368 system responsiveness in middle-income countries: A cross-sectional study in China, Ghana, India,
369 Mexico, Russia, and South Africa. *J Glob Health*. 2018;8(2).
- 370
- 371 16. Arksey, H. and O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc*
372 *Res Methodol Theory Pract This*. 2005;8(1):19–32.
- 373 17. Danielle Levac, Heather Colquhoun KKO. Scoping studies: advancing the methodology.
374 *Implement Sci*. 2010;5(69).
- 375 18. Lewin S, Skea Z, Entwistle VA, Zwarenstein M DJ. Interventions for providers to promote a
376 patient-centred approach in clinical consultations. *Cochrane Database Syst Rev*. 2001;(4).
- 377 19. Blake D, Berry K, Brown LJE. A systematic review of the impact of person-centred care
378 interventions on the behaviour of staff working in dementia care. *J Adv Nurs*. 2020;76(2):426–44.
- 379 20. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for
380 scoping reviews (PRISMA-ScR): Checklist and explanation. *Ann Intern Med*. 2018;169(7):467–73.
- 381 21. Thomas J, Harden A. Methods for the thematic synthesis of qualitative research in
382 systematic reviews. *BMC Med Res Methodol*. 2008;8:1–10.
- 383 22. Afulani PA, Sayi TS, Montagu D. Predictors of person-centered maternity care: the role of
384 socioeconomic status, empowerment, and facility type. *BMC Health Serv Res*. 2018 May
385 11;18(1):360.
- 386 23. Dagnaw FT, Tiruneh SA, Azanaw MM, Desale AT, Engdaw MT. Determinants of person-
387 centered maternity care at the selected health facilities of Dessie town, Northeastern, Ethiopia:
388 community-based cross-sectional study. *BMC Pregnancy Childbirth*. 2020 Sep 10;20(1):524.
- 389 24. Lanzafame M, Vento S. Patient-centered Care and Treatment in HIV Infection.
390 *EClinicalMedicine*. 2018 Dec 1;6:5–6.
- 391 25. Nkrumah J, Abekah-Nkrumah G. Facilitators and barriers of patient-centered care at the
392 organizational-level: a study of three district hospitals in the central region of Ghana. *BMC Health*
393 *Serv Res*. 2019 Nov 27;19(1):900.

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398 **Additional file**

399 File name: Additional file 1

400 File format: DOC (Microsoft Word)

401 Title of data: PRISMA-P completed checklist for PCC Scoping Review Protocol

402