Chapter 1 : The Partnering with Patients Model of Nursing Interventions: A First Step to a Practice Theory

Person-centred Nursing is a theoretically rigorous and practically applied text that aims to increase nurses' understanding of the principles and practices of person-centred nursing in a.

In this article we explore the relevance of person-centredness in the context of nursing, taking account of the ongoing critical debate and dialogue regarding developments in this field. Person-centredness is recognised as a multidimensional concept. The complexity of the concept contributes to the challenge of articulating its shared meaning and describing how it can be applied in practice. The aim of this paper is to explore some of the issues pertaining to language and conceptual clarity, with a view to making connections and increasing our shared understanding of person-centred care in a way that can impact nursing practice. We begin by describing the development of the concept of person-centredness , after which we discuss the synergies with patient-centredness and other related terms, and consider how nurses can operationalise person-centredness in their practice. Person-centredness, person-centred care, nursing, practice development. In this article we aim to explore the concept of person-centredness and how it relates to the practice of nursing. We will begin by describing the development of person-centredness as a concept of relevance to healthcare generally, and nursing specifically. Next we will explore the relevance of person-centredness in the context of nursing. Finally we will offer a Framework that enables practitioners to operationalise person-centred care in practice and provide examples of how the Framework can be used as a tool to improve care. It is therefore not surprising that the body of literature relating to person-centred care is growing, along with the academic debate and critical dialogue regarding the development of this concept. Person-centredness is not a new concept, having its roots in humanistic psychology through the work of, for example, Rogers and Heron In the healthcare literature we have seen for some time the use of a related term which appears to refer to a similar idea; specifically the term patient-centred care which has been used in American nursing since the s See Table. It is underpinned by values of respect for persons, individual right to self determination, mutual respect and understanding. There has also been significant conceptual and theoretical advancement in the area of person-centredness as evidenced by the development of frameworks, such as the Authentic Consciousness Framework McCormack, , the Senses Framework Nolan et al. This work has contributed some to our understanding of how we can effectively operationalise person-centredness in practice. We have also seen an increased focus on outcome evaluation and the development of a range of tools that enable the evaluation of the relationship between a person-centred approach to nursing and the resulting outcomes for patients and nurses Slater et al. Despite the notable advancements in the area of person-centred care, there are aspects that still require attention. There has been considerable debate about the specific concepts that underpin person-centredness Australian Commission on Safety and Quality in Healthcare, ; Dewing, and the appropriateness of person-centred models and their implementation Australian Commission on Safety and Quality in Healthcare, ; McMillan et al. The limitations of conducting research within a specific field of practice that has a narrow focus on the related literature a good example being dementia care have been discussed by McCormack, Karlsson et al. Although person-centredness is recognised as a multidimensional concept, what we understand about being a person has been central to its development. What distinguishes persons from non-persons? What makes us unique as humans? We encourage readers to hold these constructions at the forefront of their mind as they continue to engage with the ideas presented in this article. Yet some argue that the use of this term is an example of tokenism by those using it, because they use it without any real sense of what the term actually means. Whilst several analyses have been conducted in an attempt to define core attributes of person-centredness Dewing, ; Leplege et al. Furthermore, based on a review of the literature, and using the definition provided by Kitwood, McCormack has argued that there are four core concepts at the heart of person-centred nursing: Being in relation emphasises the importance of relationships and the interpersonal processes that enable the development of relationships that have therapeutic benefit. Being in a social world considers persons to be interconnected with their social world, creating and recreating meaning through their being in the world. In the healthcare literature we see a proliferation of terms

being used to reflect person-centredness, such as personhood, person-centred, patient-centred, people-centred, client-centred, woman-centred, and relationship-centred care. These terms are often used interchangeably to express the idea of being person-centred Leplege et al. The question, however, remains as to whether all these terms are describing the same thing or whether there are actual differences between terms. The Table presents a sample of definitions drawn from the literature. As nurses, our understanding of person-centredness is as applicable to our colleagues as it is to the patients and clients we care for If we apply our understanding of person-centredness at a basic level, we can start to tease out the similarities and differences between these terms. Respecting individuals as persons and acknowledging their place in the care partnership appears to be the most consistently applied idea across definitions, as does the focus on building relationships. Nolan and colleagues have argued for a move away from what they perceive as a focus on meeting individual needs, to a focus on interactions among all parties involved in care whose needs should be taken account of if good care is to result Nolan et al. As nurses, our understanding of person-centredness is as applicable to our colleagues as it is to the patients and clients we care for; it reflects the potential impact of staff relationships and team effectiveness on creating a therapeutic environment. Such a shared understanding, however, has implications for the appropriate use of terms such as woman-centred and patient-centred, which are of course central components of person-centred practice. The challenge of delivering effective, person-centred care, however, is often in the translation. Although the idea of person-centredness is well understood at a basic level, the challenge is often recognising it in practice. We might think we are delivering care that looks like one thing, but in reality it is quite another. To overcome this gap between the concept and the reality of person-centred care we have developed the Person-Centred Nursing Framework, a tool that enables nurses to explore person-centred care in their practice. We would argue this Framework can provide a lens that enables the operationalisation of person-centred care and can be used to evaluate developments in practice and hence demonstrate outcomes. In summary, the Framework comprises four constructs. Prerequisites focus on the attributes of the nurses and include: The care environment focuses on the context in which care is delivered and includes: Person-centred processes focus on delivering care through a range of activities and include: Outcomes, the central component of the Framework, are the results of effective, person-centred nursing and include: The relationship between the constructs of the Framework is indicated by the pictorial representation displayed in Figure 1. We acknowledge that there are relationships both within and across constructs, some of which are currently being tested through further research. Since then it has been tested in several different contexts and in several different countries. The Person-Centred Nursing Framework, as a tool to enable the operationalisation of person-centred care, has been utilised in many different ways. It has been used to promote an increased understanding of person-centred care with the aim of enabling practitioners to recognise key elements in their practice, and by service managers to better ensure person-centredness is a concrete aspect of service organisation and delivery. It has also been used as an analytical framework to generate meaning from practice-derived data that can inform the development of person-centred practice. Most importantly, however, it has been used as a tool that can assist practitioners to identify barriers to change and to focus the implementation and evaluation of developments in practice. Two examples are provided below to illustrate the use of this Framework. The first is an example of a large-scale programme in Australia and the second is an example of an organisational programme developed for delivery of person-centred practice within an acute care setting in the UK. Large Scale Programme in Australia Uniting Care Ageing South Eastern Region in Australia provides a range of care services for more than 14, people, making it the single largest provider of aged-care services in New South Wales and the Australian Central Territory. This region is using the Framework in several ways during their three-year, region-wide practice development and research programme. The Framework is one of two key models underpinning their work. Specifically, it is being used to give a shape and structure to an organisational-wide strategy known as Inspired Care United Care Ageing, n. Inspired Care aims to embody person-centred care by nurturing and sustaining vibrant relationships, engagement, honouring the individual, and providing holistic care. However, as with any strategy it is the depth to which implementation takes place that can either result in a superficial and surface behavioural response or a deeper and longer lasting, values-based transformation. Having found, with past initiatives, the

former approach disappointing in terms of developing person-centred cultures, the region decided to explore the latter approach. In Year 1 the development focused on the pre-requisites of the workers providing care and on some aspects of the care environment, such as power, effective relationships, and risk taking in work. This was achieved by introducing three sets of complex interventions. The first set focused on developing skilled facilitators across the organisation who would influence from within; the second set focused on introducing creative, work-based learning; and the third set on the collection, learning from, and use of evidence collected by the care teams from their own work and workplaces. As of this writing Year 3 , a comprehensive work plan is being used to further embed the values and principles of person-centredness and the Inspired Care strategy across the region of this organisation See Figure 2. The outcomes from this programme are currently being evaluated through research. For example, recent work to revisit the principles and processes underpinning the reporting of incidents has enabled the regional team to see how learning takes place and how care teams relate their experiences both to the Framework and the values of person-centredness. The documentation clearly includes the Framework to make it highly visible and to encourage those who are reporting incidents to look at the incident within the Person-Centred Framework Dewing et al. Furthermore, the documentation invites the comments and suggestions, complaints and praise from services users to elicit suggestions of what could be changed or improved. The Framework is then used to help teams establish what areas of person-centredness the incident has touched on See Figure 3. Over time it will be possible to identify patterns within each service and across the region to see if certain aspects of person-centredness, as portrayed by the Person-Centred Nursing Framework, reappear. This evidence can then be used to support workplace facilitation and management, as well as planning for learning and development, and even for the statutory inspection process. The Belfast Health and Social Care Trust, the largest provider of health and care within Northern Ireland, used the Framework to underpin a practice development programme of work McCance et al. The aim of this programme was to support nursing teams to explore the concept of person-centredness within their own setting in-order-to improve care delivery. The Person-Centred Nursing Framework has underpinned the delivery of the programme and is being used in a variety of ways to facilitate engagement of participants with the concept of person-centredness as it relates to their practice. A key element within this work has been the use of patient stories, both as a means of obtaining user feedback for the participating areas, and also as a data collection method within the overall programme evaluation. The Framework was used to help make sense of feedback received from patient stories. An example of a story collected from a patient is presented in the Box ; Figure 4 illustrates how this feedback was mapped onto the Person-Centred Nursing Framework. They can be summarised as follows: Mapping a Patient Story Using the Framework [See full size pdf of all figures] This account implicitly leads us to make judgements on relationships within this team and in relation to levels of skill mix care environment , as noted when the junior nurse is confident that she can approach another more senior member of staff if she needs additional information or support. This feedback process provides an opportunity to celebrate what is good about practice; it also provides the opportunity to identify areas for practice change. Within a practice development approach it encourages staff to critically reflect and learn from the valuable feedback provided by both patients and their families. In this article we have presented and discussed person-centredness as a concept in the context of nursing and aged care, taking account of the ongoing critical debate and dialogue regarding developments in this field. The complexity of person-centredness inevitably contributes to difficulties experienced in articulating how these concepts apply in practice. This complexity is further reinforced by the use of terms that may, or may not, be describing the same thing, ultimately influencing the development of shared understandings. We have presented one tool that aims to generate a greater understanding of how person-centred principles are operationalised in practice; we have illustrated its potential use. In summary, we have provided an example of how we can move from discussing core elements of nursing practice at a basic level to engaging in activities that can get to the heart of person-centred practice.

Chapter 2 : Person-centred Nursing: Theory and Practice - PDF Free Download

Person-centred Nursing is a theoretically rigorous and practically applied text that aims to increase nurses' understanding of the principles and practices of person-centred nursing in a multiprofessional context. It advances new understandings of person-centred nursing concepts and theories through the presentation of an inductively derived.

Person Centred Care is a major skills acquired by a healthcare providers. Which main target is individual traits of character in doing health care provision. Set some standards for practice but not so precise to deny the specific application demands of each individual uniqueness. According to Professor Draper ,getting to know the person behind the illness is the key principle of person centred nursing care. We as the care providers needs to listen diligently to our patients conditions, treat as a unique human being. It is having assurance to see her actions as interactions made with confidence. Roger use these therapy in treating individual as a person to improve his quality of life. Carl establish supporting evidence that individual inductive knowledge as the fundamental healthful effect. He also states that the therapeutic process is substantial achievement made by the patient. He strongly believed that his structured analysis should be practice rather than the other way round. His persuasion for the improvement of care is based on sincerely felt or expressed in a genuine emotion in helping patient grief. Some Psychologist criticised Rogers method for insufficient structure and by Psychoanalyst in providing care relationship , which in some studies, proves to be effective and approved therapy. Carl Rogers optimistic and warmer approach stated that Individuals self concept and understanding modify behavior way and means of letting facilitative attitudes. The Royal College of Nursing adapted Rogers analysis by using person care centred in all aspect of holistic care system given to patients, colleague, and relatives. It was recommended at all levels of health care organisations from government policy-making to a group of health care providers that they operate. Contributing to the overall idea of excellence care delivered in nursing practice. By delivering PCC in our practice we combine Rogers method of care a genuinely following the concepts of person centred care by: Highly consider everyone and by showing them that they are worthy of esteem. Respect and consider their opinions with regards to the whole course of treatment. Listen to their interest, dislikes and honor their views if they refuse to be treated. Respect individual judgment consider it as a challenge for improvement. As a healthcare provider everyone expected to have a different desire and wishes. We hold and accept those attention and disposition into considerations. Be an open minded with their distinction, dissimilarity, and characteristics quality could adhere corresponds to their needs. Asking for their preference needs could mean a lot in delivering care and building a good therapeutic relationships between them. According to Chambo and Amned, , effective communication is versed as a device part of excellence care. Linguistic communication involves knowledge substitute of refining moral and intellectual of a person and cognitive content of individuals. Gillam and Levenson, Continuity and trustworthiness is of great significance vision of nursing care. Patmore,; Raynos et al. It is particularly noted the importance of effective communication towards the whole aspect of care. Provides updated information about patient safety. The objective of these study is to transform our knowledge and experience into an excellence accomplishment in in of PCC in our clinical skills. Staff of all levels are expected to use the person centred care as a standard important basis in determinants of the quality care and significantly the client experience of that care. Our contribution as a humane quality of better understanding the sufferings of others and wanting to do something about it. Rogers concept theory was widely used healthcare settings area because it was focus on the humanistic therapies. Better knowledge of ones consciousness rather than external observation. Person centred care was implemented in nursing practice by taking into considerations client unconditional positive regard. Accept their own personality and characteristics as they really are. To hold and consider their worth and being value regardless of their status in the society. Estimate the true nature of a person is one of the structure model discuss in person centred care. We carefully maintained our positive attitude towards client. Being empathetic to clients feelings and always participate good communication skills. Understanding truly their feelings. Rogers describe empathic understanding, as an experience of each client, how life was viewed and interpret, but Rogers emphasised that If you put yourself into their world and truly deeply understand feels to be in their

world , without being judgmental you will precisely undesirable believe to be an effective role well in delivering excellence care. Work as a team by getting assurance, trust, and hope to the people we rendered care. Able to listen and hear what they want and connect to us how we value them. Our positive words with them fully assured with professional confidence. Having the power of positive direction influence our care with our client. Person centred care strengthen our movement in focusing care with them. Being a role model and implementing person centred care in nursing practice, gives others a chance to follow your acts and play in the same pattern in accordance to NMC code of nursing practice. Inspire and increase everyone confidence to help forward the quality of care in nursing practice. Good motivation and challenges others requires full use of resources in performing most challenging task in delivering care ideality. To partnerships with families, colleagues and other social care people gives you satisfactory outgrow. Positive relationship and building their trust means a lot to you as a person who gives care with their family. You meet their needs and expectation is already a great contribution in nursing practice. The conflict is historical, political and from â€¦ Person Centered Care Pages:

Chapter 3 : Person-centred Nursing: Theory and Practice - Brendan McCormack, Tanya McCance - Googl

Person-Centred Nursing is a theoretically rigorous and practically applied text that aims to increase nurses' understanding of the principles and practices of person-centred nursing in a multiprofessional context. It aims to advance new understandings of person-centred nursing concepts and theories through the presentation of an inductively.

Rickard ,1,2 Suzanne K. Find articles by Wendy Moyle Claire M. Received Jul 24; Accepted Apr This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license http: Abstract The development of a body of knowledge, gained through research and theory building, is one hallmark of a profession. Coalescence of understanding of patient-centred care, the capabilities approach and the concept of complex healthcare interventions led to the development of the model assumptions and concepts. The development of a body of knowledge, gained through research and theory building is one hallmark of a profession [1 , 2 , 3]. Importantly, the recent exponential growth in nursing research has contributed to nursing as a unique scientific discipline with its own language and knowledge. While in recent years, nursing research has maintained an agenda of evidence-based patient care and the research outcomes have contributed to translation into practice and policy, developing new nursing theories alongside this empirical knowledge is needed to help the profession to identify knowledge strengths and gaps and guide the future direction of clinical practice, future research and nursing education. Importantly, new nursing theory can explain what nurses do and why and in doing so potentially reduce conflict between the care team through a consistent approach; allow care to be mutually understood by patients and families as well as other healthcare professionals; improve patient care; and enhance professional status. In nursing, the development of theories has taken place on a number of levels [4]. Grand theories provide a conceptual framework that emphasises broad perspectives on practice but these are abstract and difficult to test [4]. Middle-range theories are the bridge between grand theories and practice theories. Such theories present concepts and propositions at a lower level of abstraction, they only deal with specific phenomena and a limited number of variables ensuring they are narrower in scope than grand theories, but still have a reasonably broad perspective [4 , 7]. A new level, termed situation-specific theory has emerged, with the intent to more closely link theory to research [8 , 9 , 10]. Situation-specific theories focus on specific phenomena and practices, and may be limited to specific populations [8]. While not yet developed to the extent of a theory, this model provides a preliminary understanding of how complex nursing interventions can be developed, tested and subsequently adopted into practice. The use of models or theories to underpin healthcare interventions is advocated by various bodies and groups and promotes the importance of combining theory with research in order to produce nursing science that is generalizable, logical and used by nursing practitioners to guide and improve practice [11 , 12 , 13]. Empirical observation, scholarly insight and deduction are used to develop models [7] and these factors were important in the development of the model described. The PPM-NI model is first outlined, and then its applicability to nursing research and practice is demonstrated with the use of a case study. Finally, recommendations for future nursing research on this model are provided. Background In recent years, two significant developments in nursing research have influenced nursing research and practice. PCC therefore encourages patient autonomy and input into decision making, individualising patient care and involving patients in a dialogue about their care [15 , 16]. This broad orientation towards patients can guide nurses in their practice, but such an orientation is often theoretical. While staff may state that they use a PCC approach, without a method of implementation it is possible they may use the language without the clinical care being underpinned by the values of the PCC approach. A Capabilities Approach CA to care provides a foundation that conceptualises quality of life as a target toward which caregiving efforts should strive [17 , 18]. The CA belongs to the theories of human flourishing. This approach values the individual choice and their opportunity to participate as a full member of society. Feeling valued is central to providing opportunities for the individual to live life well no matter whether the individual has a disability. The CA considers the factors necessary for patients to experience optimal well-being by focusing on opportunities that will enable the

patient to experience their highest possible functioning. Family or significant other participation in care and decision making also helps to maintain a patient-centred approach. In addition to these two healthcare trends, because the focus of the PPM-NI is on the development, testing and subsequent adoption of nursing interventions, the literature on complex healthcare interventions has influenced its development. Specifically, the increasing focus on the impact of nursing care on patient outcomes has seen the emergence of research into the interventions nurses undertake and the patient outcomes that may be sensitive to these interventions, sometimes termed nursing-sensitive outcomes or indicators [19 , 20]. It is now well recognised that nursing interventions frequently entail multiple factors, and thus fall within the realm of complex healthcare interventions. Complex healthcare interventions are interventions that contain several interacting components [11 , 12 , 21]. This complexity can extend to what is expected of those delivering the intervention, the intervention target i. The Medical Research Council UK recommend three inter-related activities required to develop good quality complex interventions, including: Our development of the PPM-NI is directed at this second activity, of developing theory to underpin nursing interventions.

Chapter 4 : Nursing metaparadigm and person-centered care â€“ Internet and Psychiatry

Description. Person-centred Practice in Nursing and Health Care is a comprehensive and practical resource for all nurses and healthcare practitioners who want to develop person-centred ways of working.

The framework comprises four key domains: We would encourage our readers to refer to this original source for the detailed description and to gain an understanding of the origins of the framework, which is founded on the concepts of caring and person-centredness. It is our intention in this chapter to relate the continued development of the framework to contemporary perspectives on caring, compassion, dignity and flourishing and to illustrate their relevance to changing models of health and social care. Development of the framework: The framework is underpinned by empirical research, was developed as part of a large-scale research study, and continues to be tested and refined through an ongoing programme of applied research www. At this stage it is important to reaffirm the key constructs of the framework that have remained stable, but also highlight how the framework has evolved over time. The process for developing the framework is described in this original paper, but the key message that has stood the test of time is the shared philosophical underpinnings that formed the sound basis for the development of the Person-centred Nursing Framework. Human science principles that form the foundation of the Framework include human freedom, choice and responsibility; holism non-reducible persons interconnected with others and nature ; different forms of knowing empirics, aesthetics, ethics and intuition ; and the importance of time and space, and relationships Watson Reproduced with permission of Wiley. The original framework essentially comprised four domains: Prerequisites, which focus on the attributes of the nurse and include: Care environment, which focuses on the context in which care is delivered and includes: Person-centred processes, which focus on delivering care to the patient through a range of activities and include: Expected outcomes, which are the results of effective person-centred nursing and include: The relationship between the constructs of the framework was represented pictorially, in that to reach the centre of the framework, the attributes of staff must first be considered, as a prerequisite to managing the care environment, in order to provide effective care through the care processes. This ordering ultimately leads to the achievement of the outcomes â€” the central component of the framework. It is also acknowledged that there are relationships between the constructs. The period of time following the publication of the original framework was characterised by wide exposure to the framework, mainly within nursing but on an international stage. This main focus was to generate much needed critical dialogue and debate about its applicability to practice. A significant driver at this early stage was the integration of the framework into Practice Development, which is described as an approach to improving practice that has the development of effective person-centred cultures as its core purpose McCormack et al. The relationship between the framework and practice development is given full attention in Section 3 of this book. The key message at this time was the utility of the framework as a means of operationalising person-centredness in practice, recognising that at a level of principle the idea of person-centredness is well understood, but the issue is often recognising it in practice. The framework became increasingly recognised as a tool that shone a light on practice and brought a shared understanding and a common language to person-centredness in nursing. At this stage only a few changes were made to the original framework as a result of critical dialogue and feedback: More interestingly, however, it began to have influence across other areas such as strategy and policy within nursing, and in health care more broadly e. Nursing education and leadership development were other areas that began to demonstrate the usefulness of the framework in different contexts. These developments are the focus of Section 4 of this book. The Person-centred Nursing Framework: Its place on the continuum of theory development was made explicit by McCormack and McCance drawing on the seminal work of Fawcett , who describes a hierarchy of nursing knowledge that has five components. At the highest level of abstraction is the metaparadigm that represents a broad consensus for nursing, which provides general parameters for the field, and next to this are philosophies, which provide a statement of beliefs and values. Theories are the third component in the hierarchy; these are less abstract than conceptual models. Fawcett distinguishes between conceptual models and mid-range theories, in that mid-range theories articulate one or more relatively

concrete and specific concepts that are derived from a conceptual model. Furthermore, the propositions that describe these concepts propose specific relationships between them. The final component in the hierarchy of nursing knowledge is empirical indicators, which provide the means of measuring concepts within a middle-range theory. The Person-centred Nursing Framework has been described as a middle range theory in that it has been derived from two abstract conceptual frameworks, comprises concepts that are relatively specific, and outlines relationships between the concepts. Recent advancements have been made to develop empirical indicators to measure concepts within the framework, with further work ongoing Slater et al. The essence of nursing depicted within the framework reflects the ideals of humanistic caring, where there is a moral component and practice has at its basis a therapeutic intent, which is translated through relationships that are built upon effective interpersonal processes. Hence, the definition of nursing used within the framework is as follows: Person-centred nursing is an approach to practice established through the formation and fostering of therapeutic relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development. The framework highlights the complexity of person-centred nursing, and through the articulation of the key constructs, emphasises the contextual, attitudinal and moral dimensions of humanistic caring practices. There is, however, a growing interest and relevance of the Person-centred Nursing Framework to multi-disciplinary and interprofessional team working, which we hope will characterise further development of the framework as we move forwards into the future, and is the context in which we present the next iteration of the Person-centred Nursing Framework within this book. From person-centred nursing to the Person-centred Practice Framework When looking to the future, it is our aim to situate the Person-centred Nursing Framework within a broader context to illustrate its applicability to a wide range of health-care workers. This section presents the framework as it currently stands, which is presented in Figure 3. As a starting point it is important to emphasise that the four domains and many of the constructs within the Person-centred Nursing Framework have remained stable over time. Furthermore the relationship between the domains has also been validated through use of the framework in practice and research, supporting the assumption that the prerequisites must first be considered, then the care environment, both of which are necessary in providing effective care through the care processes in order to deliver person-centred outcomes. There have, however, been further changes made to constructs within the framework since the publication, which will be highlighted in the remainder of this chapter. Prerequisites The prerequisites focus on the attributes of staff and are considered the key building blocks in the development of health-care professionals who can deliver effective person-centred care. There is no hierarchy in relation to these attributes, with all considered of equal importance, but it is the combination of attributes that reflects a person-centred practitioner who can manage the challenges of a constantly changing context. Professionally competent The knowledge, skills and attitudes of the practitioner to negotiate care options, and effectively provide holistic care. In the context of person-centredness, competence is more than simply undertaking a task or demonstrating a desired behaviour, but is more reflective of a holistic approach that encompasses knowledge, skills and attitudes. When discussing the concept of competence there are three main approaches adopted in the literature: The holistic approach is consistent with the underpinning values of person-centredness and places emphasis on bringing together individual abilities derived from a combination of attributes and tasks to be performed within particular situations, that also incorporates professional judgement. Sundberg , when discussing a holistic approach to competency development, provides a pragmatic view of competence as: The appropriate and relevant competencies for practitioners are reflected in many competency frameworks reported in the literature, the most important being those produced by the regulatory bodies who govern the professions. The implicit assumption within the Person-centred Nursing Framework is that the minimum standards for registration will be met by a professional. The prominence of person-centredness as a concept within competency frameworks and in the delivery of curricula is growing. The challenge in professional education, however, is not dissimilar to the dilemma in practice â€” we use the term freely but it tends to reflect an understanding of person-centredness at a level of principle, without the follow-through that enables

it to be operationalised in practice. There are, however, advancements in this area, with person-centredness becoming a core concept within curricula alongside innovative approaches to curriculum development becoming more evident as illustrated by the example provided in Chapter 7. Following registration there is a requirement on practitioners to continue to learn and develop, and to acquire skills that enable them to become more expert in practice. The challenge, however, in the development of expertise is the influence of workplace culture. Culture shapes the values shared by teams in the workplace and this also applies to the competencies that are considered most important within a team. An illustration of this can be drawn from emergency care, where value is placed on a medical-technical competence over caring McConnell et al. Patient safety is also high on the agenda across the globe, and approaches to demonstrate improvement in clinical indicators that contribute to the endpoints of morbidity and mortality are continuously being promoted in health care. Some of the most saddening and shocking stories within health care, however, are often less about technical competence and minimising physical harm and more about the dehumanising experience of health care. The highly publicised Francis Report Francis , followed by the Berwick Inquiry Berwick , provided stark evidence of this within a UK context. Furthermore, the call for more compassionate care is a global message e. WHO ; Lown et al. Developed interpersonal skills The ability of the practitioner to communicate at a variety of levels with others, using effective verbal and non-verbal interactions that show personal concern for their situation and a commitment to finding mutual solutions. Person-centredness is built on positive relationships and is dependent on a strong interpersonal skill base. Effective communication requires a combination of good verbal and non-verbal skills. Verbal communication deals with what is said speech , and what is heard listening , whilst non-verbal communication is concerned with body language such as posture, proximity, touch, movements, facial expressions, eye contact, gestures and other behaviours, which can add another layer of communication to verbal messages. There are many professional texts available that focus on these fundamental communication skills; however, we would argue that person-centred communication is more than the sum of its parts and that each interaction is dependent on the people involved. In essence we communicate with individuals based on what we know about them as people. This will influence what we say, how we say it, the language used and the use of specific strategies. Getting this right is really important because the impact of poor communication can be profound and often increases the vulnerability experienced by patients and their families. At one level, a warm friendly practitioner is indicative of good interpersonal skills, and the impact of this on patients and families, and indeed other team members, should not be underestimated. The appropriate use of humour can also build rapport Tanay et al. There is, however, a need to move beyond simply building rapport to developing trusting partnerships that will ensure holistic needs are identified, making shared decision-making a real possibility. This requires professionals to develop advanced communication skills that enable them to engage in courageous conversations in order to get to the heart of what is important to the person. As professionals we are also persons with our own life history and experiences, which shape how we develop relationships and how we engage at an emotional level. The development of self-awareness, however, is not a skill that can be taught, but comes with lifelong learning and personal growth that is based on self-reflection. Facilitated self-reflection is one mechanism for increasing our self-awareness and understanding our behaviours. Schon suggests that the capacity to reflect on action so as to engage in a process of continuous learning is one of the defining characteristics of professional practice and is aligned to the notion of competence described previously. Being able to reflect in action while doing something and on action after you have done it has become an important feature of professional training programmes in many disciplines. In becoming a person-centred practitioner we also have to be open to giving and receiving feedback and being able to work with that feedback through critical reflection. The Person-centred Nursing Framework identifies clarity of beliefs and values as one of the prerequisites that enable practitioners to work with the care environment. Finally, basic assumptions involve beliefs, interpretation of beliefs plus values and emotions and are understood as accepted truths that are held unconsciously and are taken for granted Brown Very often we live in a world of assumption without even realising it. The ideal situation is for practitioners to develop and agree a set of professional values that are shared by everyone and then lived out in everyday practice. This, however, is the greatest challenge because often the espoused values of the team i. The

development of person-centred cultures is built on the premise that everyone is committed to closing the gap between values that are talked about and how those values are demonstrated or not, as often can be the case in behaviours observed in practice. The aspiration is an effective workplace culture where specific values are shared in the workplace, for example person-centredness, lifelong learning, high challenge and high support, and are realised in practice through the development of a shared vision and mission, with individual and collective responsibility to maintain this standard Manley et al. Practice development is the improvement methodology that offers a suite of tools and approaches that enables teams to work towards these goals McCormack et al. Commitment to the job Demonstrated commitment of individuals and team members to patients, families and communities through intentional engagement that focuses on providing holistic evidence-informed care. Being committed to the job at its most fundamental level reflects dedication and a sense that the nurse wants to provide care that is best for patients and their families. Commitment at individual level reflects the nurse who demonstrates a high level of commitment to patients and families by going the extra mile. Commitment to the job, however, is more than going the extra mile.

Chapter 5 : Development of a framework for person-centred nursing.

Person-Centred Nursing is a theoretically rigorous and practically applied text that aims to increase nurses' understanding of the principles and practices of person-centred nursing in a multiprofessional context.

Background[edit] The concept of person-centred care is clearly distinguished from a traditional treatment model which views the patient as a passive receiver of a medical intervention. Many health professionals are traditionally focused on the needs of the patients instead of their resources. Rather than the conventional way of making medical recommendations from health professionals to a patient, the person-centred care model allows for an inclusion of the patient and their relatives in making a joint design and mutual agreements of the medical plans and treatments. The person-centred care concept involves a partnership between the health care professionals, the patient and the relatives with a starting point in the medical history of the patient. The overall perspective of the life situation of the patient is considered to create objectives and strategies for both short and long term monitoring. Within person-centred care, the patient is considered an independent and capable individual with their own abilities to make informed decisions. Autonomy and participation are always emphasised and respected. For the patient, the person-centred approach allows for involvement and extended possibilities to take responsibility for their own health and treatment. They should work with an ethical perspective. The person-centred care is based on a holistic approach to health care that takes the whole person into account instead of a narrow perspective where the focus lies on the illness or the symptoms. The partnership[edit] The health care team may consist of several different professionals with varying expertise from different health care units. The patient is a natural part of the team. Within the team, the patient and relatives have discussions with health professionals aiming to reach a mutual understanding on how to achieve a safe and accurate care for the unique patient. A common understanding of strategies, goals and evaluation of the outcomes should be established. To fully live up to the person-centred care concept, patients should have full and easy access to all information and documentation about them. For reasons of security, accessibility and cost effectiveness, all documentation should be digital and include all medical records. The collected documentation is the foundation of the health care. Person-centred care research[edit] Research on person-centred care is carried out in many different universities. Related concepts[edit] Patient-centered care is a concept which also emphasises the involvement of the patient and their families in the decision making of medical treatments. People-centred care is an umbrella term, articulated by WHO among others, which entails the right and duty for people to actively participate in decisions at all levels of the health care systems. Health activation is a condition where a health care consumer is equipped, educated, and motivated to be an effective manager of their own health and use of health care services.

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'Person-centred Nursing' is both theoretically rigorous and practically applied. It synthesises a range of materials on person-centred nursing theory as well as providing a practical resource for nurses who want to develop person-centred ways of working.

Participating in the Twitter chat requires a Twitter account. Once you have an account contributing is straightforward â€" follow the discussion by searching links to ebnjc or EBNursingBMJ , or better still, create a tweet tweets are text messages limited to characters to EBNursingBMJ and add ebnjc the EBN chat hash tag at the end of your tweet â€" this allows everyone taking part to view your tweets. In the United Kingdom, person-centredness is embedded in many policy initiatives. Recent research into person-centredness has attempted to clarify the meaning of the concept, explore the implications of the term in practice and determine the cultural and contextual challenges to implementing a person-centred approach. Evidence from research suggests that adopting this approach to nursing provides more holistic care. In addition, it may increase patient satisfaction with the level of care, reduce anxiety levels among nurses in the long term, and promote team working among staff. Existing evidence is consistent in the view that being person-centred requires the formation of healthful relationships between professionals, service users, families and others significant to them in their lives and that these relationships are built on mutual trust, understanding and a sharing of collective knowledge. The relationship between person-centredness and caring is strong and focuses on the centrality of concepts that are common to both, such as, relationships, values, caring processes and the environment of care context. The framework has been tested through a range of research projects internationally and the findings confirm its content validity, replicability, transferability and usability in practice. Since the publication of the person-centred nursing framework in , the field of person-centred nursing and person-centred practice has developed and expanded significantly and has adapted to significant changes in health and social care models of service design and delivery. Particular health and social care advancements that need to be taken account of are: An increased ageing population with the associated rise in long-term conditions, resulting in the need for health and social care services to be remodelled and redesigned. The focus on integrated care and a more overt focus on primary care and public health. The global economic down-turn and the need for high quality services to be delivered in a fiscal environment. The central focus on public engagement in health and social care services and the development of services that are responsive to individual need. The global attention paid to patient safety and service improvement with some links being made to person-centredness. The evidence of person-centred principles underpinning health and social care policy, strategy and service-delivery models. The beginnings of a focus on person-centredness in curriculum frameworks for nurses and midwives. However, all of this research and theoretical development has not resulted in a large-scale shift towards person-centredness. The values of mutuality, collegiality and care that are espoused in mission statements and organisational frameworks are often not easily realised by staff in practice. Despite a large literature on teams, team-effectiveness and team-culture, dysfunctional team relationships and dissonance between espoused and lived management and leadership values continues to exist in nursing and healthcare. The key goal in the development of a positive learning culture is to recognise and overcome individual, group and organisational barriers in order to move towards an effective culture and overcome the features of workplaces that nurture hierarchical management and horizontal violence, as illustrated by the following poem: Twenty years as a nurse, Moving through the ranks knowing who I am Knowing me Becoming a manager, being a manager Managing Discovering the joys of person-centredness Unfurling the challenges of being a person-centred leader Self growth.

Chapter 7 : Person-centred Nursing: Theory and Practice - Ebook pdf and epub

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August 11, Yulin Chu, N. The metaparadigm of nursing distinguishes nursing from any other discipline such as biology, sociology, or psychology Jonson et al. Initial consensus on the metaparadigm concepts in nursing was proposed by Fawcett in According to Fawcett , metaparadigm, as the central concepts of nursing, contains person, environment, health, and nursing. These four concepts represent the phenomena of interest to nursing discipline, which are under the umbrella of nursing metaparadigm. The two major distinguished paradigms are totality and simultaneity paradigms in nursing. The totality paradigm views man as a mechanistic organism who is seen as a sum of parts. The simultaneity paradigm sees man as more than the sum of his parts as a holistic and integrated organism, changing simultaneously with his environment Johnson et al. These two paradigms represent fundamentally distinct worldviews in their central concepts of person, environment, health, and nursing. They also adopt different frameworks and develop different nursing models. However, they also have some similarities: They both seek a way forward through new paradigm approaches, and they view such notions as caring and experience of health and illness as central concepts. Some theorists believe that diversity is healthy, and a new worldview of nursing will emerge from the interaction of these different paradigms Fawcett, In psychiatric nursing practice, because of the vulnerability of the patients with mental disorders, neither of biomedical and phenomenological perspectives is adequate to frame a person-centred approach of nursing care Penrod, et al. In contrast, the person-centered care represents a simultaneity paradigm of nursing component, which emphasis the idea of the person is the dimension of wholeness. The metaparadigm of nursing: Present status and future refinements. Nursing theory â€” history and modernity. Prominent theories of nursing. Reframing Person-Centered Nursing Care for persons with dementia. Research and Theory for Nursing Practice, 21 1:

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He leads and contributes to a number of practice development and research projects in Ireland, the UK, Europe, Canada and Australia that focus on the development of person-centred practice. His writing and research work focuses on gerontological nursing, person-centred nursing and practice development, and he serves on a number of editorial boards, policy committees and development groups in these areas. He has a particular focus on the use of arts and creativity in healthcare research and development. Brendan has more than peer-reviewed publications as well as 6 books published and in progress. He has co-authored Practice Development in Nursing which has now been translated into two languages and Practice Development in Nursing: International Perspectives published She has been a registered nurse since and throughout her career has held several joint posts demonstrating her commitment to practice, education and research. Tanya currently leads a number of projects that are practice based and collaborative in nature, which contribute to a programme of work that focuses on person-centred care. Her interest is in developing research in practice and a lot of her work would be in this context. Her CV reflects her interests, with over 20 publications full papers and book chapters and delivery of a range of regional, national and international conference presentations. Her most recent work focuses on the identification of a relevant and appropriate set of key performance indicators for nursing and midwifery that are indicative of person-centred care and the development of methodologies that will demonstrate the contribution of nursing to the patient experience. Like all authors we set off with ambitious plans for how we would write, achieve our deadlines and targets and create an exciting text that we have talked about for a long time. We have not been alone in this experience and there are many people who have helped and encouraged us along the way â€" to these people we are eternally grateful, you know who you are and we thank you sincerely for your support, friendship, colleagueship, challenge and generosity. In particular we would like to thank Neil, Mark and Melissa and their grandparents , Lorna, Michael, Aideen and Fionn for the love, support, encouragement and care you have shown to us in making this project happen and seeing it to fruition. We are grateful for the conditions you provided in enabling our writing and hopeful that you will forgive us for the lost hours away from you! Many people have contributed examples from their work, have provided us with stories and tales of personal experiences, have volunteered to write case examples for us to use and have provided critical commentary as the chapters evolved. Finally, we would like to thank our colleagues at Wiley-Blackwell for encouraging us along the way and forgiving the missed deadlines. Your confidence in the final product has helped us stay the course. Brendan McCormack and Tanya McCance Chapter 1 Introduction Person-centred care has a long association with nursing, and at a level of principle is well understood as that which is concerned with: As nurses we have an expectation that people should receive a standard of care that reflects these principles. The reasons for this come in many forms and are often indicative of the context in which care is being delivered, and the fact that we are living in times of constant change, particularly within health and social care. Furthermore, from a professional perspective, there is a desire to reaffirm the importance of the fundamentals of care, emphasised by the recent publication of a report by the Royal College of Nursing RCN , which highlights the challenges for nurses and midwives in providing sensitive and dignified care. Similarly, within a Northern Ireland context there has been an increasing emphasis on improving the service user experience DHSSPS, , where the focus is explicitly on the promotion of person-centred standards across the health and social care sector. The drive, however, within the health service to demonstrate effectiveness and efficiency through performance management processes has never been greater. This has resulted in a range of quality and clinical indicators, which pay little attention to how patients, clients and their families experience care DHSSPS, a; Nolan, In contrast, there are fewer indicators that are person-centred in their orientation, which can evidence the impact of nursing and midwifery

care on the patient experience National Nursing Research Unit, In this context, we would argue that the time is ripe for promoting new ways of working that can deliver effective person-centred practice, and using approaches that can demonstrate positive outcomes as a result. For example, in Wagner reported on action research that focused on integrated health and social care for older people in relation to preventative work and ensuring that residents in care homes had the same rights as citizens in society Wagner, Principles such as autonomy, citizenship, dignity and respect that also underpin principles of person-centred care are central to this model and ways of working. Healthcare policy around the world embraces these same principles and underpins many policy frameworks for health and social care. Whilst the New South Wales Nursing Department has a focus on developing practices and models of care to support personcentredness across all specialities. Developing models of care that enable person-centred principles to be realised across all services is a key issue in health and social care reform. The transformation of health and social care services is a focus of many western governments and many of the innovation frameworks and tools have emanated from the IHI. The focus of much of the work is on the development of person-centred care mainly through the transformation of healthcare systems, structures and the redesign of clinical services. Also, there is a growing empirical evidence base that focuses on person-centredness as highlighted from a comprehensive literature review undertaken by McCormack This review identified a total of papers that related to aspects of person-centred practice research. In summary, research into person-centredness has attempted to clarify the meaning of the term e. Whilst a number of conceptual frameworks for person-centred nursing exist e. We believe the Framework can provide a lens that enables the operationalisation of person-centred care and can be used to evaluate developments in practice and hence demonstrate outcomes. In summary, the original framework comprised the following four constructs: Prerequisites, which focus on the attributes of nurse and include: Care environment, which focuses on the context in which care is delivered and includes: Person-centred processes, which focus on delivering care through a range of activities and include: Outcomes, the central component of the Framework, are the results of effective PCN and include: This book aims to provide a more comprehensive explanation of the four constructs that comprise the Person-Centred Nursing Framework and the core elements within each construct. It is useful, however, at 3 the outset to highlight some issues that will enhance understanding for the reader. As a result of this activity we have made the following two changes: The amended Framework is presented in Chapter 3. The four constructs and elements within the Framework, whilst presented separately, are interconnected. One idea is often closely related to another and there will be many examples of this highlighted throughout the book. As a consequence we will often cross reference enabling the reader to make important connections. Structure of the Book This book is presented in seven sequential chapters, with each chapter building on previous chapters. Chapters 2 and 3 are philosophical, theoretical and conceptual in their content, and whilst potentially complex, are important in terms of understanding the origins of the Framework and its development. Chapters 4â€”7 focus on each of the four constructs and attempt to promote an understanding of elements within each construct in context of the existing evidence and through practice examples. The final chapter draws on real projects from practice that have used the Person-Centred Nursing Framework in a variety of different ways, but with the common aim of promoting person-centred cultures. We have written this book with a broad target audience in mind, and have tried to ensure that it is accessible to nurses working at different levels. We believe the use of stories should help accomplish this goal. We hope this activity will provide personal insights that lead to new and exciting discoveries about PCN. Chapter 2 Personhood and Person-Centredness Introduction In this chapter we aim to explore the concepts of personhood and person-centredness as they relate to the theory and practice of PCN. As we have reiterated from the outset, whilst PCN may be an increasingly familiar term, the reality is that it is a complex term with many and varied meanings and understandings. These differing philosophical perspectives have shaped the way in which the theoretical frameworks have developed and the way these frameworks are applied in practice. How we think about moral values, how we express political, spiritual or religious beliefs and how we engage emotionally and in relationships are all shaped by our attributes as persons. However, what these attributes are and how they relate to each other is widely debated. We suggest four different perspectives, each of which offers a different lens on the concept of person and ultimately each

shapes the way person-centredness is 6 Person-Centred Nursing operationalised in practice â€" an attributes perspective, a reflective perspective, a moral perspective and an embodied perspective. How we distinguish between persons and other species such as animals is a key debate within this long tradition and one that underpins many moral and ethical frameworks. For example, animal-rights advocates and campaigners would argue vehemently that it is morally wrong for pharmaceuticals and cosmetics to be tested on animals before they are used with humans. Their argument would be predicated on the belief that humans and animals are equal and thus should be treated equally. For others, humans are considered to be a higher order species to animals, and thus it is reasonable to use animals in this way in order to benefit the greater good of persons. The position taken in such debates would in part be influenced by views about what it means to be a person. For some philosophers Frankfurt, it is not enough to claim that human beings are persons on the basis of a collection of physical and psychological attributes because it is conceptually possible that members of another species could lay claim to personhood. If attributes such as sight, taste, smell, sexuality, memory, desires, motives, etc. Further, the loss of some of these attributes e. Human beings are not alone in having desires and preferences. Members of other species share these attributes with human beings and some species could even be seen to base action on deliberation and even prior thought. Similarly, if we believe that the possession of a language distinguishes us as persons, then of course studies of animal communication patterns Personhood and Person-Centredness 7 would suggest that different animal species have their own unique language. Further, the loss of language e. It can be seen therefore that distinguishing persons from non-persons on the basis of a hierarchy of attributes is problematic. Some authors, such as Post , argue that a dominant focus in Western cultures on some attributes being more important than others has led to a position whereby cognitive attributes of persons are given greatest importance. Thus, the loss of these attributes can have significant impact on human beings and their personhood e. The Reflective Person From this perspective, our uniqueness as humans is distinguished by our ability to engage in reflection on our actions. It is the ability to engage in reflective evaluation of action that distinguishes persons from non-persons. But according to Frankfurt, it is a peculiar human trait to not just want, choose or be moved to action, but to also want to have or not to have certain desires and motives. Through this reflection, an individual is able to derive a set of principles to guide choices about what should be done in particular situations. Robert, aged 25, lives with his partner and 3-year-old son. Robert is increasingly aware of his anger and sometimes inability to control his anger. He has not been physically aggressive towards his partner or his son, but he is scared that sometimes he has the desire to be physically aggressive and is afraid of this happening. He seeks help to understand the basis of his anger and learns strategies for managing it. These strategies are based on principles of emotional management and understanding these principles helps Robert to avoid aggressive outbursts and feel better about himself as a person. Being free and acting autonomously is often seen as being able to do what one wants to do. What this description misses is the notion of the will. Animals who are free can run in whatever direction they wish. Therefore having the freedom to act is a sufficient condition of being free, 8 Person-Centred Nursing but not a necessary one. I wish to be a subject, not an object. Although the person cannot turn his desires into actions, he is still free to form those desires and determine possible actions as freely as if his freedom of action had not been impaired Frankfurt, This is particularly important when we consider people who have a dementia or cognitive impairment. Whilst a person with severe dementia may not be able to act independently, the person still has desires that can be enacted with assistance and thus it is important to try to understand these desires Dewing, a. Margaret lives with her partner in a Scottish City. Margaret has advanced stage multiple sclerosis with motor and coordination symptoms. Recently, she has started to experience deterioration in her memory and is becoming increasingly dysphasic.

Chapter 9 : An Exploration of Person-Centredness in Practice

From person-centred nursing to the Person-centred Practice Framework When looking to the future, it is our aim to situate the Person-centred Nursing Framework within a broader context to illustrate its applicability to a wide range of health-care workers.

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