

Person centred care, the model in daily practice

A Framework analysis of several studies into the
concepts of Person-centred care.

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Person Centred Care What it is and what it is not...?





Person-centred care

Hopefully not: a popular replacement for patient-centred?
At least: A concept that represents a diversity of models, views and definitions

An increase of studies that discuss person centredness (Cinahl: approx. 1000 studies since 2006)

- Holistic, focus on individuality of people, respectful and empowering care, related to care in nursing homes and dementia care
- A lot of studies focus on aspects of person centred ness, less studies see into the concept as a whole in daily practice



State of the art

Person-centred Care (McCormack & McCance, 2016) USA, UK, some European countries

The Netherlands:

- Fontys University & Windesheim University

Applied and qualitative research
In care practices (hospital, nursing homes HHC)
Aim: guiding professionals in practicing PCC

Person-centredness – the ‘state’ of the art

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Abstract

Background: Person-centred practice is now firmly embedded in the nursing and healthcare discourse. While there is a growing body of development and research activity in the field, there is increased recognition of the need for further advances in the body of existing knowledge. This is reflected in the different approaches to person-centredness being adopted by healthcare systems internationally. **Aims:** To provide an overview of person-centredness and ways in which person-centred practice has been adopted in healthcare systems internationally.

Methods: A summary review of the evidence underpinning the concepts and theory of person-centredness, incorporating an overview of national strategic frameworks that influence the development of person-centred practice in different countries.

Findings: While there have been considerable advances in the development of person-centredness, there is a lot of work to be done in the adoption of more consistent approaches to its development and evaluation. In particular, a shared discourse and measurement tools are needed. Internationally, person-centredness is gaining momentum and many countries have strategic frameworks in place to direct its development and implementation.

Conclusions: Significant developments in the theory and practice of person-centredness in nursing and healthcare have taken place. However, as evidenced by the accounts of in-country developments, internationally there is a need to develop more strategic multi-professional approaches to the development/implementation and evaluation of person-centred practices.

Implications for practice:

- National developments in person-centred healthcare need to reflect the diversity of strategic approaches internationally
- While a common language of person-centredness is emerging, there is a need for clarity over how this is operationalised in everyday practice situations

Keywords: Person-centredness, strategy, international, practice development



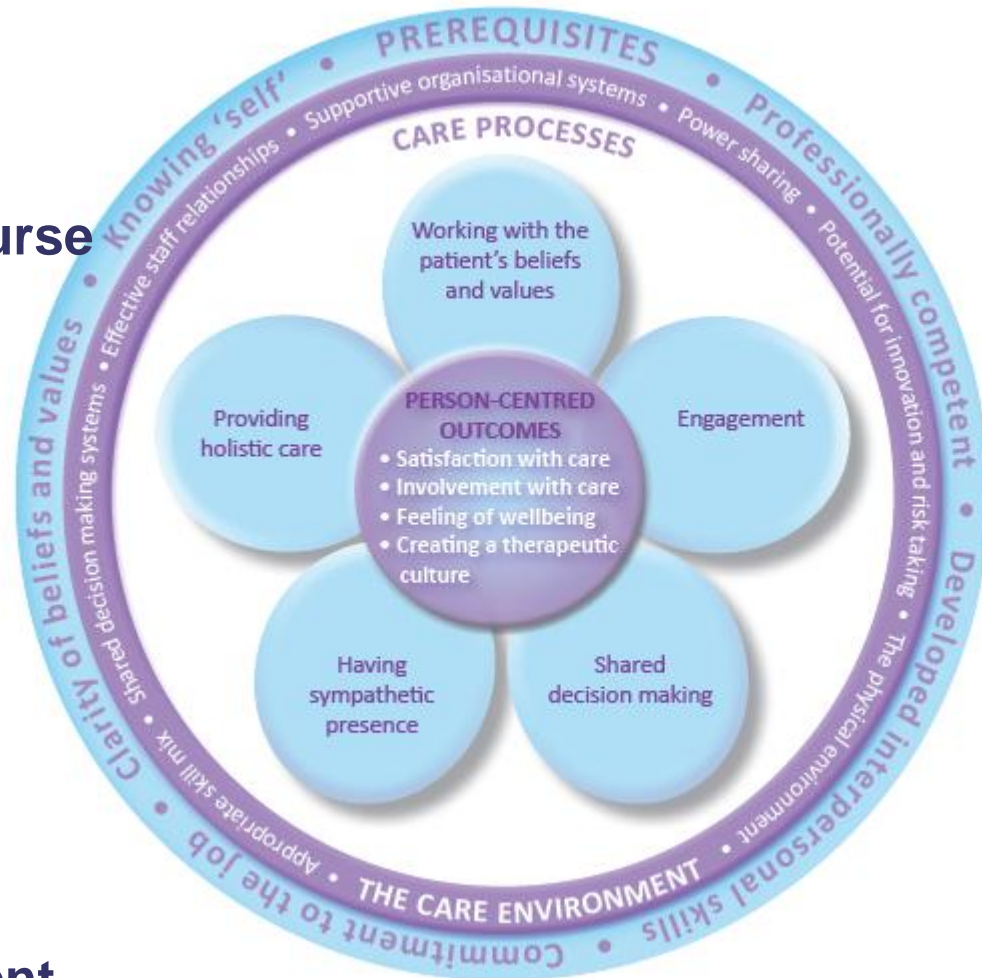
Figure 1: Person-centred nursing framework (McCormack and McCance, 2010)

Concepts:

1. Personhood & Being Unique
2. Professional competencies Nurse
3. Caring Relationship
4. Context of Care
5. Values & Outcomes of Care

Intertwined with:

- Practice Development
- Values such as compassion, nearness, presence
- Skills that enhance shared decisionmaking & empowerment



Study Title	Type of study	Context of study
<p>1. Experiences with care in a group living home for people with dementia.</p> <p>PERSON, CARING RELATIONSHIP, CONTEXT OF CARE</p>	Case study	Group Living Home (within nursing home institute at psycho- geriatric unit)
<p>2. Optimizing Person-Centred Care; the interaction-process between the older person and the home-healthcare nurse during identification of care-needs.</p> <p>PERSON & CARING RELATIONSHIP</p>	Multiple case study	Home Health Care (older people with a chronic disease)
<p>3. Application of Knowledge of the Unique Individuality of Nursing Home Residents by Nurse-assistants in Daily Care.</p> <p>PERSON, CARING RELATIONSHIP, COMPETENCE NURSE</p>	Multiple case study	Nursing Home (residents with somatic care-needs)
<p>4. Dementia care provided by self-managing homecare teams</p> <p>PERSON, CARING RELATIONSHIP, COMPETENCE NURSE</p>	Focus group study	Home Health Care (people with dementia living at home)
<p>5. The realization of person-centred mealtime care, action-research based on emancipatory practice development strategies</p> <p>PERSON, CONTEXT OF CARE</p>	Action research (Emancipatory Practice Development)	Nursing Home (residents with dementia)

One 'overall' secondary analysis on all data of five studies

Because:

- What do we know (in the Netherlands) of how concepts are used in daily practice?
- We have all this interesting data that contain a lot of information on the concepts of PCC

Research Question:

HOW ARE PCC-CONCEPTS MADE TANGIBLE IF EMPIRICAL DATA IS USED TO DESCRIBE THEM?



Windesheim Framework Analyse

= a systematic approach in order to find explicit conceptual categories from descriptive data

Steps:

1. Describing the results (main themes) of 5 studies into PCC concepts
2. Raw datamaterial: re/ordering codes & quotations of all studies related to the overall research question
3. Face-validity by 3 other independent researchers
4. Discussion on feedback: defining new ordering of quotations in PCC concepts.
5. Comparison of this schedule with the theoretical description of PCC concepts with again Face validity of the comparison by independent researchers



Personhood & Uniqueness:

- Appearance/characteristics
- Relations
- Emotions
- Wishes and preferences

‘I don’t wear trousers, I’m a lady, not a man’

Everythings that defines someone’s identity as a person

- From way of speech to clothing
- Perception of relationships with important others
- Interaction of emotions and how these emotions are “read” or interpreted.
- Clear and concise preferences and disapproval or interpretation of wishes and preferences



PROFESSIONAL COMPETENCIES & PERSONHOOD OF THE NURSE/NURSE ASSISTENT

‘I won’t leave a client when he or she is wet from incontinence despite it’s after my working hours’

Nurses/nurse assitents spontaneously mention the importance of underlying values such as:

- **Trust**
- **Nearness and involvement**
- **The use of Humour**



CONTEXT OF CARE

‘it is very cosy...there’s room for telling stories and recollecting memories’

‘I do believe we serve dinner too early’

The significance of an atmosphere that makes room for the uniqueness of persons in care is emphasized

Workplace: there’s unwritten rules and implicit underlying values



CARING RELATIONSHIP

‘she likes it when I sing’

‘she’s really involved and also knows my daughter’

- **The importance of knowing each other is expressed in specific knowledge about each other as a person**
- **Although the nurse is less ‘known’ as a person**
- **Acknowledgement and compassion go together and create mutuality in the relationship**



VALUE AND OUTCOMES OF CARE

‘they make their own meals together, I think that’s very homely’

Outcomes show either:

- A measure on those aspects that are known to be important for a person (from earlier assessment)

or

- An evaluation of something in the moment itself



Discussion

Concepts are not mutually exclusive and appear to be multi-layered.

How does this influence the practical useability of PCC?

If underlying values were to be detected in empirical data, how would that help to put PCC into practice?

Risks of a secondary analysis:

- Original research perspectives were different
- Narrow scope of 5 studies for description of PCC-concepts
- Did we find what we wanted to find?



What is Person centred Care?



**To know who the other person is,
what is of importance on a certain
moment and to act accordingly**



Literature

Morgan & Yoder, 2011 Journal of Holistic Nursing

- 50 artikelen gescreend: 167 citaten (CINAHL, Medline, PubMed & Cochrane Review)

Diamond Zolnierik, 2014 Journal of Nursing Scholarship

- Review 21 onderzoeksartikelen naar 'de patiënt kennen'

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