Ask the experts: 
person-centred care

Ask the Experts is a forum in which nurse consultants working with older people debate an issue in older people’s care and offer advice. This month they consider a question posed by Jonathan Webster.

Different philosophical approaches describing the values underpinning practice and the key characteristics of expert therapeutic care – such as person-centred care, relationship-centred practice and individualised nursing care – have been widely discussed and critically debated by different authors (Ford and McCormack 2000, Nolan et al 2001, Clarke et al 2003).

What strategies do you employ as a consultant nurse to enable older people to be kept at the centre of care, and how do you help practitioners translate the theory to make it a reality for older people and their supporters in day-to-day practice?

My work covers four domains: 

**Expert clinical practice** Working within a critical companionship model has enabled me to challenge practice at the bedside. Reflective sessions within stroke care areas allow me to hear about difficulties staff face and, in turn, for me to challenge practice.

**Professional leadership and consultancy** As a member of the professional executive committee and board of my primary care trust I have an insight into policy development and decision making. This knowledge has enabled me to forge ahead with service developments.

**Education, training and development** Following years of holding formal training and education sessions, I have adopted a practice-based learning approach to education. Ascertaining what clinicians know, what they believe they need to know, and demonstrating how best to build on clinical skills is a very effective method of learning. I am also able to access older people across a range of settings. Primary and secondary prevention of stroke in residential care is vital and I have undertaken work in partnership with both statutory and non-statutory providers.

**Practice and service development** My duty is to be flexible and adaptable, facilitating innovation and service redesign from the patient’s perspective. I have developed a community stroke rehabilitation team based on a study that gathered the views of older stroke survivors and their carers. Listening to and being able to represent their needs provided the stimulus to modernise local services.

Research I have undertaken has affected clinical care by ensuring that ethical, sensitive decision making regarding feeding after stroke is person and family-centred. The use of audit and evaluative data ensures that stroke care remains a high priority on each local organisation’s agenda.

The role of consultant nurse in stroke care is dynamic and innovative. Eighty per cent of strokes occur in people over the age of 65 and keeping abreast of the needs of older individuals is crucial. It is imperative to be politically aware at local and national levels, and to have the courage to speak out and be innovative. Retaining clinical credibility and having sound leadership skills will ensure that other clinicians learn by example and aspire to consultant practitioner roles.

Jane Williams

Person-centred care is defined by the Department of Health (2005) as people ‘having the information they need to make informed decisions about their care and treatment and, where appropriate, to support them to manage their conditions themselves’. The principles of personal choice and active public engagement with care services underpin current policy.

The National Service Framework for Older People (NSF) (DH 2001a) identifies a framework for person-centred care using a single assessment process, which promotes dignity and personal choice. Though person-centred care is not a paper exercise, well-documented assessment and communication are vital if care professionals are to avoid duplication and contradiction in supporting personal choice.

Communication is key to promoting choice. Older people often identify person-centred care as the right to be treated with respect, and for staff to listen (Clegg 2003).

Making person-centred care a reality depends upon staff attitudes which are influenced by organisational culture and pressure of work. The reality is that small numbers of staff in highly dependent areas have to prioritise care and competing demands. The emotional strain of working in an environment where you cannot deliver...
optimum care all the time should not be underestimated.

Care assistants and qualified staff must have effective training and should be valued and supported by organisations in order to deliver person-centred care in, at times, challenging and demanding circumstances.

Angie Clegg and Sally Mansfield

Much has been written by leading nurses about approaches to care that value older people. Standard 2 of the NSF (DH 2001a) aims ‘to ensure that older people are treated as individuals’ and requires managers and professionals to ‘enable older people to make informed choices, involving them in all decisions about their needs and care’. Although the philosophical approaches described in the NSF may be familiar to many nurses working across older people’s services, older people report that they do not always find themselves at the centre of care. A large national survey of stroke patients carried out on behalf of the Healthcare Commission (Picker Institute 2005) found that one in five patients felt that they were not involved at all in decisions about their care and treatment while in hospital; one in ten said doctors often talked in front of them as if they were not there. So it cannot be assumed that all nurses are prepared to deliver care in a person-centred way.

In order to translate theory into practice nurses must have appropriate educational opportunities. If they do not, familiar, traditional approaches to care are likely to continue. As we work with limited resources this often needs to be opportunistic, on a one-to-one basis, rather than relying on formal teaching. Easy access to key documents and journal articles can help get messages across to nurses who do not always have access to appropriate resources. ‘See the person’, a recent DH-funded poster campaign facilitated by Help the Aged (2005), has helped raise awareness and discussion among staff.

The Essence of Care (DH 2001b) record-keeping standard includes benchmarking evidence of patient/professional partnerships, and the benchmark of best practice is: ‘Patients are actively involved in continuously negotiating and influencing their care.’ Indicators of best practice include ‘evidence of discussions or negotiations recorded’ and ‘evidence available to demonstrate that discussions influenced actions’. This has provided opportunities for discussion, leading to changing practice so that nurses can demonstrate how older people are consulted and involved in their care. Regular audits ensure that improved practice is sustained.

Older people must be empowered to put themselves at the centre of care by developing more equal relationships with professionals, rather than being the traditional passive recipients of care. One way this is being addressed in rehabilitation settings is by involving individuals in planning their own goals. In nursing homes individualised nursing care is supported through knowing the individual as a person. Often this involves relatives and friends providing information on the person’s life history, including personality and preferences. A variety of different formats can be used to record this information, but one side of A4 can be just as meaningful.

Although older people are now closer to the centre of care, there is still a long way to go before it is a reality for everyone.

Mary Clay

An underlying aim of patient or person-centred care is integral to all my work, not just with individual patients but also in service and practice development, education and training, professional leadership and research.

Examples of this include:

- developing policies and guidelines that support practice
- encouraging nurses to get to know patients, asking them their views, offering choices wherever possible and generally seeking feedback on the patient experience
- suggesting a framework for the trust nursing strategy that makes explicit reference to patient-centred care
- involving older people in service planning
- promoting and supporting the role of listening events and other ‘creative’ ways of seeking older people’s views
- leading developments in practice for groups of patients for whom it is particularly difficult to provide person/patient-centred care, such as older people with dementia in the acute hospital setting
- carrying out research for my PhD that considers the meaning of patient-centred care when applied to vulnerable older people in the community, from the perspectives of older people and health and social care professionals. The study will also highlight barriers to and facilitators of patient-centred care for vulnerable older people. Despite the emphasis on patient-centred care in national policy, such as the NSF (DH 2001a), it could be argued that alternatives to this approach, such as ‘carer-centred care’ or ‘family-centred care’, might also exist in everyday practice. This is particularly evident in primary care, where the needs of carers and other family members are intricately linked to the needs of the patient. Carer-centred care or family-centred care may conflict with the wishes of the individual patient, and striving to meet everyone’s needs may be challenging. Day-to-day provision of patient-centred care is complex and the challenges of providing it, particularly for vulnerable older people in the community, should not be underestimated.

Clare Aby

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Clare Aby

References


Department of Health (2001b) Essence of Care. London, TSO.


Who’s who

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