How person-centred care can improve nurses' attitudes to hospitalised older patients


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Abstract

The relationship between the attitudes and behaviours of nurses and the resulting care that they provide to older people is explored. It aims to raise nurses’ awareness and encourages them to reflect on their personal values and behaviours. The person-centred framework developed by McCormack and McCance (2010) is presented as one approach to improve care. The biographical approach (Clarke et al 2003) is also described as a means to enable nurses to see patients as people first and place them at the heart of healthcare.

Aims and intended learning outcomes

The aim of this article is to encourage nurses to reflect on the quality of care that they provide to older adults in the light of their own values and beliefs about older age. After reading the article you should be able to:

■ Discuss the impact of nurses’ personal values, behaviours and attitudes on older patients.
■ Reflect on your values and beliefs of older age and the impact they may have on the care you provide.
■ Identify the main principles of person-centred care.
■ Be aware of interventions that may improve attitudes in a healthcare culture.

Introduction

Older people occupy two thirds of general and acute hospital beds in the UK (Department of Health (DH) 2010) Although nurses spend most of their time caring for older people, the needs of this patient group are not being met (Care Quality Commission 2011). Higgins et al (2007) found that prejudiced beliefs about patients were transferred from one nurse to another during handover and colleagues’ attitudes towards patients were influenced through informal communication and the use of stereotypical labels. Thompson et al (2006) explain how these labels can lead to uncertainty, speculation and preconceived beliefs that affect the care that nurses deliver. For example, the suggestion that a patient is ‘low in mood’ during one handover may later result in an informal diagnosis of depression.

Now do time out 1.

Handover

Consider the handover period. Identify and note the terms used to describe older people. Are they objective, that is, based on fact, or subjective, that is, based on assumptions. How do the subjective assumptions make you feel about the person to whom they relate? Keep your notes to hand as you read the rest of the article.

Ageist attitudes have a negative effect on quality of care and recovery time (Courtney et al 2000, Cornwell and Goodrich 2009). They cause nurses to lose the ability to accurately and impartially assess patients and their healthcare needs (Taylor 2005). Bailie (2007) explains that negative behaviour reduces patients’ ability to maintain autonomy over healthcare choices and can lead to undignified care delivery. Courtney et al (2000) observe that the stereotypical view that older adults lack independence encourages patients to become dependent on others when they would otherwise have...
been independent. However, it is important to note that factors such as lack of staff and resources, time constraints and care home or hospital routines affect patients’ autonomy by prompting nurses to do things for patients, rather than help them to be independent.

Now do time out 2.

**2 Practice situation**

You arrive at your ward in the afternoon. An older female patient was admitted to the ward in the morning. During handover, the staff nurse says the patient is ‘miserable’ and has been ‘rude to staff’. You are aware of the potential for labelling, so how might you proceed? Will you ask the staff nurse to clarify her diagnosis? Will you independently assess the patient’s psychological state, gathering more information?

**Person-centred care**

McCormack and McCance (2010) have developed a person-centred framework (Figure 1), which they argue has the potential to improve care by encouraging nurses to appreciate patients as significant and autonomous individuals in healthcare settings (Box 1). They state that the framework can be used to evaluate quality of care and enable practice development.

For nurses to change their values, patients must take centre stage in nursing culture. Person-centred care ensures that the cultural philosophy evolves around patients and eradicates ageist attitudes (Moss and Chittenden 2008). The importance of person-centred care is acknowledged in standards of conduct and national guidance (DH 2001, McCormack 2004, Nursing and Midwifery Council (NMC) 2008).

The person-centred framework consists of four main elements that result in the most effective individualised

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**Box 1 Principles of person-centred care**

- Listen to patients.
- Treat patients as individuals.
- Understand patients’ rights and values.
- Respect dignity and confidentiality.
- Empower individuals and encourage autonomy.
- Build mutual trust and understanding.

(Adapted from Department of Health 2001, McCormack and McCance 2010)
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care: prerequisites of the nurse, care environment, care processes and person-centred outcomes.

Prerequisites Professional competence, job commitment and satisfaction, interpersonal skills, clarity of personal beliefs and values and self-knowledge are prerequisites of the nurse.

Professional competence comprises a sufficient level of knowledge and skills to provide effective care as outlined by the NMC (2008). McCormack and McCance (2010) explain that less competent nurses may lack confidence in their abilities, appear untrustworthy from patients’ perspectives, may lack the ability to prioritise workloads and be unable to understand patients as individuals. Lack of competence, as well as poor communication skills and an unstable nurse-patient relationship, can have a detrimental effect on patients’ physical and psychological health during the hospital stay.

Job commitment and satisfaction is achieved when nurses provide care because of personal motivation rather than doing what is expected of them (McCormack and McCance 2010). However, nurses’ job satisfaction is dependent on managerial support, workplace culture and provision of staff and resources.

Clarity of beliefs and values is important in changing attitudes but it may also be considered the most complex and challenging prerequisite to develop and evaluate. Hinchliff et al (2003) argue that nurses must understand the factors that influence their attitudes and behaviour, and become aware of their own values and beliefs. Stangor (2000) supports this, stating that nurses may be aware of the correct behaviour expected of the profession but unaware of their own beliefs and the nursing care that they provide.

Luft and Ingham (1955) developed a model of self called the Johari Window, which enables individuals to examine and explore their inner values and beliefs. In its original state, the Johari window consists of four equal panes: open/free area, blind area, hidden area and unconscious area.

The open/free area represents the information, values and behaviour known by the person and others. For example, the ways in which we typically problem solve and how we like to help.

The blind area represents what is known about a person by others, but unknown by people themselves, for example, stereotypes and prejudices.

Unacceptable thoughts and feelings that we are aware of but others are not are situated in the hidden area. This implies that if we are aware of our negative feelings and stereotypical opinions about older people we would try to hide them while caring for this patient group. A disclosure from the hidden area can have harmful effects on patient care. This may occur when stressful or anxiety-inducing practice situations result in beliefs being exposed through the blind area.

Finally, the unconscious area is information that neither nurses nor others are aware of.

To understand feelings and beliefs, facilitated self-reflection may be required, for example, through psychoanalytical training or by qualified practitioners. It must be stressed that the process of self-reflection may be too complex for the individual to explore alone.

Now do time out 3.

3 Stressors

Make a list of nursing situations that cause you stress or anxiety. What do you think these stressors reveal about your beliefs and values?

Care environment Nurses require an appropriate care environment to fulfil their potential. Culture is an important part of the care environment.

Nurses are socialised into teams or cultures. Individuals may not always share the same opinions but often display the culture’s accepted attitude. For example, a newly qualified nurse aims to become a staff nurse. To do so, the nurse not only has to engage with personal feelings and attitudes, but also embrace those of the group that she wishes to become part of (Thompson et al 2006).

A positive culture comprises the prerequisites and elements of the care environment shown in Figure 1, while a negative culture lacks these.

As soon as attitudes are practised they become the norm and are difficult to change once integrated into the culture. Cultural change begins at an organisational level (Goodrich and Cornwell 2008) and requires the co-operation of all staff and a united dissatisfaction with the workplace philosophy (Moss and Chittenden 2008).

Now do time out 4.

4 Challenging the culture of care

Imagine that you are a newly qualified nurse entering a care environment that you consider to hold negative attitudes towards older adults, for example, a culture that demonstrates ageism, prejudice towards patients or use of patronising terms. How would you feel about confronting these attitudes and trying to change the local philosophy? What might be the consequences of resisting norm behaviours, accepted definitions of what is going on and what is reasonable?
As well as nurses experiencing pressure to conform, patients are encouraged by the nursing team to adopt the ‘sick role’ (Parsons 1951). Patients temporarily become dependent on others while in hospital and are expected by the nursing culture to conform and aim to ‘get better’. If patients do not co-operate, they may be considered problematic and unpopular by staff (Larsen et al 2005). By encouraging patients to adopt the sick role, nurses’ popularity and influence on the culture of care will increase, but patients are likely to experience anxiety and a poor recovery time (Moss and Chittenden 2008).

This controversial issue first arose in 1984 when Felicity Stockwell published research about nurse-patient relationships. The study found that nurses favoured certain patients while disliking others and that nurses’ attitudes towards those in their care were attributed to patients’ personalities and characteristics. Stockwell (1984) also found that nurses’ behaviours and attitudes affected the care that patients received.

Now do time out 5.

Care processes Nurses can provide patient-centred care by methods such as engaging with individuals, working impartially with their beliefs and values and collaborating with other staff in the multidisciplinary team.

Person-centred outcomes These include patient satisfaction with care, improved health and involvement of patients in decisions relating to their care.

Biographical approach Clarke et al (2003) suggest the biographical or patient narrative approach may improve the care of older people. Narratives are accounts of living and the personal meaning attributed to them. If nurses understand these, patients are appreciated as individuals. The biographical approach encourages nurses to discover the ‘person behind the patient’ and the individual’s attitudes, aspirations, past experiences and life history (Clarke et al’ 2003).

This approach resembles Stockwell’s (1984) guidance that nurses should increase their interaction if they experience negativity towards a patient. It implies that the nurse-patient relationship should focus on connection, trust and understanding between two individuals, rather than on like and dislike. Clarke et al (2003) found that photographs of the patient eradicated stereotypes and assumptions, provoked communication and therefore enhanced the nurse-patient relationship.

Now do time out 6.

The person-centred framework can be implemented by use of a practice development approach through work-based learning and facilitated self-exploration, using the Johari Window, for example (McCormack and McCance 2010). The process may improve workplace culture. Carlisle et al (2001) explain that a practice development approach incorporates the re-education of staff and evaluation of the care setting beginning with the introduction of anti-discriminatory policies and guidelines by the organisation. An organisational member outside of the nursing culture, who is trained to assist self-exploration of another individual, can act as a facilitator to enable staff members to explore the culture and encourage the development of more person-centred attitudes (McCormack and McCance 2010).

Conclusion Nurses may adopt negative attitudes towards patients, particularly those who are older. These attitudes cannot be changed swiftly; the process is complex and comprises self-discovery, self-reflection and education as well as organisational input.

Practice development to implement a person-centred framework is one approach to improve nursing attitudes. Nurses must be co-operative and want to improve. Most significantly, they must understand themselves before any development can be made. The practice development approach requires nurses...
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To discover the origin of their values and beliefs about older adults and determine the factors that uncover these beliefs from within, for example, workplace stressors. Self-exploration is complex and challenging and, in some instances, it may require the assistance of a skilled psychotherapist to discover inner beliefs and values.

It is also important to understand that the development of nurses’ attitudes is a long-term process and attitudes will not improve immediately after self-exploration activities. Reformed attitudes must be maintained and transferred to new staff members. Practice development should be implemented in healthcare organisations to ensure that positive attitudes continue in accordance with a person-centred ethos.

Alternatively, the biographical approach declares that nurses must discover the person behind the patient, and their values and beliefs to strengthen the nurse-patient relationship.

Person-centred care reminds nurses that they are caring for a person. It may also empower patients to be at the heart of nursing culture. Nursing culture is fundamental in the improvement of attitudes because the most powerful figure in the group decides what practice is acceptable, what is not and when change needs to happen.

**Practice profile**

Now that you have completed the article you might like to write a practice profile. Guidelines to help you are on page 37.

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**References**


Practice profile

What do I do now?

■ Using the information in section 1 to guide you, write a practice profile of between 750 and 1,000 words – ensuring that you have related it to the article that you have studied. See the examples in section 2.
■ Write ‘Practice Profile’ at the top of your entry followed by your name, the title of the article, which is: ‘How person-centred care can improve nurses’ attitudes to hospitalised older patients’, and the article number, which is NOP623.
■ Complete all of the requirements of the cut-out form provided and attach it securely to your practice profile. Failure to do so will mean that your practice profile cannot be considered for a certificate.
■ You are entitled to unlimited free entries.
■ Using an A4 envelope, send for your free assessment to: Practice Profile, RCN Publishing Company, Freepost PAM 10155, Harrow, Middlesex HA1 3BR by February 2013. Please do not staple your practice profile and cut-out slip – paperclips are recommended. You can also email practice profiles to practiceprofile@rcnpublishing.co.uk. You must also provide the same information that is requested on the cut-out form. Type ‘Practice Profile’ in the email subject field to ensure you are sent a response confirming receipt.
■ You will be informed in writing of your result. A certificate is awarded for successful completion of the practice profile.
■ Feedback is not provided: a certificate indicates that you have been successful.
■ Keep a copy of your practice profile and add this to your professional profile – copies are not returned to you.

1. Framework for reflection

■ Study the checklist (section 3).
■ What have I learnt from this article?
■ To what extent were the intended learning outcomes met?
■ What do I know, or can I do, now, that I did not/could not before reading the article?
■ What can I apply immediately to my practice or client/patient care?
■ Is there anything that I did not understand, need to explore or read about further, to clarify my understanding?
■ What else do I need to do/know to extend my professional development in this area?
■ What other needs have I identified in relation to my professional development?
(It might be helpful to convert these to short/medium/long-term goals and draw up an action plan.)

2. Examples of practice profile entries

Example 1 After reading a CPD article on ‘Communication skills’, Jenny, a practice nurse, reflects on her own communication skills and re-arranges her clinic room so that she will sit next to her patients when talking to them. She makes a conscious decision to pay attention to her own body language, posture and eye contact, and notices that communication with patients improves. This forms the basis of her practice profile.

Example 2 After reading a CPD article on ‘Wound care’, Amajit, a senior staff nurse on a surgical ward, approached the nurse manager about her concerns about wound infections on the ward. Following an audit which Amajit undertook, a protocol for dressing wounds was established which led to a reduction in wound infections in her ward and across the directorate. Amajit used this experience for her practice profile and is now taking part in a region-wide research project.

3. Portfolio submission

Checklist for submitting your practice profile

■ Have you related your practice profile to the article?
■ Have you headed your entry with: the title ‘Practice Profile’; your name; the title of the article; and the article number?
■ Have you written between 750 and 1,000 words?
■ Have you kept a copy of the practice profile for your own portfolio?
■ Have you completed the cut-out form and attached it to your entry?

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Please complete this form using a ballpoint pen and CAPITAL letters only, then cut out and send it in an envelope no smaller than 23 x 15cm to:

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