PERSON-CENTRED CARE AND PERSON-CENTRED *CARING:* A CRUCIAL DISTINCTION

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OUR STARTING POINT: THERE IS A PARADOX IN PERSON-CENTRED HEALTHCARE

OUR IDEA: TO BRING CARE BACK TO THE PATIENT VIA THE NURSE-PATIENT RELATIONSHIP

OUR PROPOSAL: TO USE THE DISTINCTION BETWEEN PERSON-CENTRED CARE AND PERSON-CENTRED *CARING* TO RESOLVE THIS PARADOX

WHAT IS PERSON-CENTRED CARE?

NHS
Health Education England

Person-Centred Care

Health and wellbeing outcomes need to be co-produced by individuals and members of the workforce working in partnership, with evidence suggesting that this provides better patient outcomes and costs less to health and care systems.

The Kings Fund

Making shared decision-making a reality: No decision about me, without me

Institute for Healthcare Improvement

CHANGING THE CONVERSATION FROM "WHAT'S THE MATTER?" TO "WHAT MATTERS TO YOU?"

coalition for collaborative care
ACTION FOR LONG-TERM CONDITIONS

Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.

WHAT IS PERSON-CENTRED CARE?

Two Core Features:

- Care-pathways are co-produced between patients and their care-givers.
- Patients are considered to be experts in living with their condition.

CRITIQUE OF PERSON CENTRED CARE

"I ask again, what's wrong with 'Patient safety'? So much! Just play a trick on yourself and move the words around. Make them read 'the safety of patients'. What has happened? It's not just the language that has changed. The focus of concern has changed. When caring for patients, the safety of the care provided is paramount. You capture that by talking of the 'safety of patients'. But 'patient safety' shifts that focus. Suddenly, though imperceptible to most, a discourse concerned with patients has become a discourse about an abstract concept 'patient safety'. It is a short step to reducing this abstraction to a managerial concern; something to be ticked off as having been looked at and dealt with. It plays out as the creation of the 'patient safety team' whose job, apparently, is to be concerned with something called 'patient safety'."

Sir Ian Kennedy QC, 'Limits and the Role of Language', *Professor Aidan Halligan Memorial Lecture*, 23rd November 2016, p.16

CRITIQUE OF PERSON CENTRED CARE

Risks

- We may mistakenly assume that we are acting it out in reality
- Moral statements are accepted without question
- Systems prioritise sending the message that they ***think*** the right things, with no guarantee that they *do* them effectively
- Paradoxically nursing care becomes task-centred rather than person-centred
- Emphasis on 'doing' (Isabel E.P Menzies, 1970)
- Lose the interpersonal interaction that is the essence of nursing (Freshwater, 2002, p.X)

AN APPEAL TO INTUITION: THE ORIGIN OF THE DISTINCTION

We see a disconnect between the value-language of nursing and the experience of caring and illness.

All of us *sense* what good care looks and feels like.

This powerful feeling is difficult to put into words.

AN APPEAL TO INTUITION: THE ORIGIN OF THE DISTINCTION

What follows is a non-exhaustive proposal.

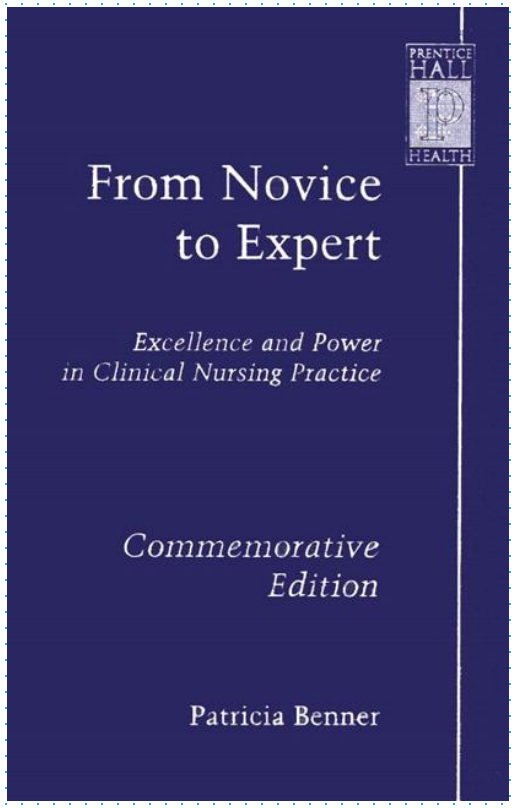
PHENOMENOLOGY: OUR BASIS FOR CARING

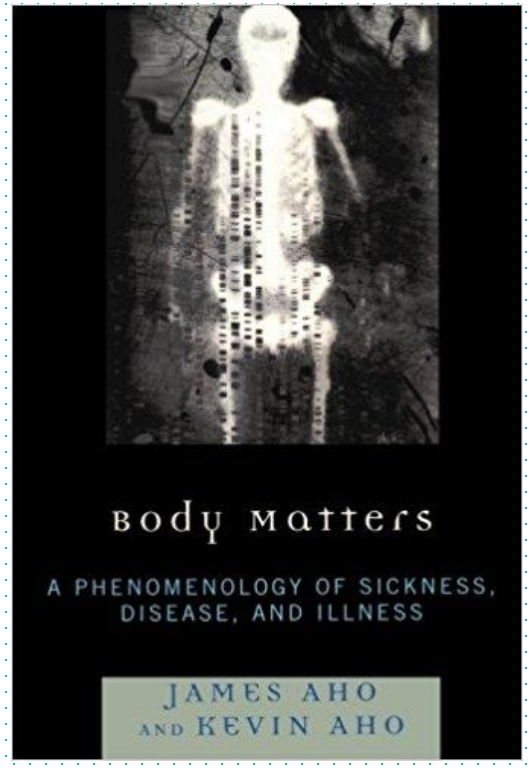
The starting point for person-centred caring is the attempt to understand an individual's own subjective experience of their illness.

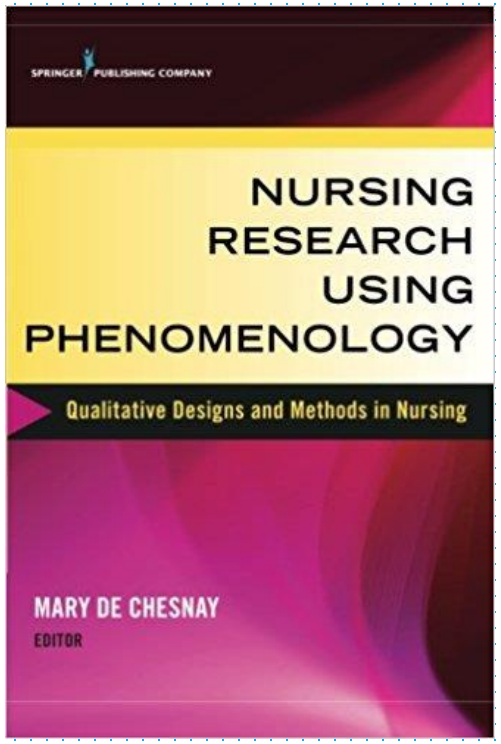
Phenomenology looks at the *lived-body*.

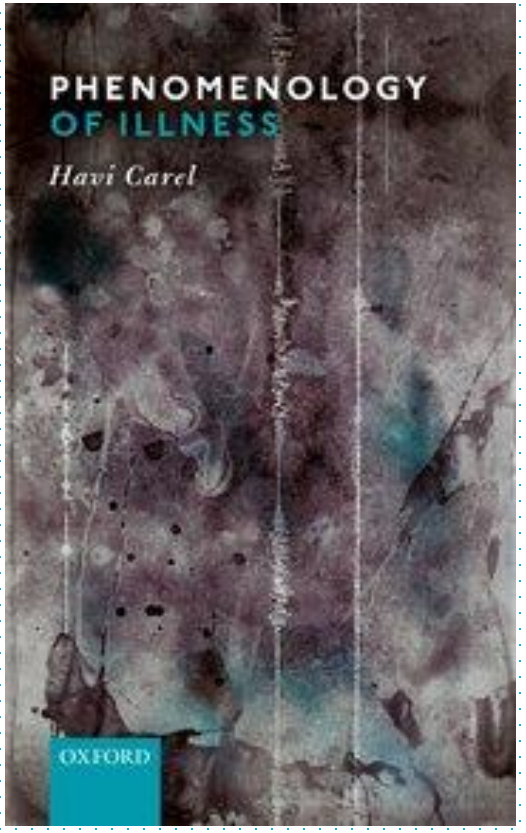
It attempts to describe and understand phenomena such as illness, caring and healing *as they are experienced*.

PHENOMENOLOGY: OUR BASIS FOR CARING









PHENOMENOLOGY: OUR BASIS FOR CARING

Two Themes

Reflection:

- On the Patient's Experience
- On the Nurse's Role

Agency:

- Therapeutic Use of Self

REFLECTION: ON THE FIRST-PERSON EXPERIENCE OF ILLNESS

Positive symptoms, though they contain delusional content, are not delusional experiences

(Spitzer, 1988)

=> They should be understood as true statements about the patient's own experience.

Mental illness can affect experience more subtly as well:

"When […] I looked at a chair or a jug, I thought not of their use or function - a jug not as something to hold water and milk, a chair not as something to sit in - but as having lost their names, their functions and meanings

(Mathew Ratcliffe, 2013, p83)

Changes to one's experienced world can also be seen in somatic illness.

Functional everyday objects (stairs etc.) become objects to avoid

(Toombs, 1995)

REFLECTION: ON THE FIRST-PERSON EXPERIENCE OF ILLNESS

In all cases of illness, these changes in meaning will pervade one's whole experienced world

(Carel, 2013)

"The world is inseparable from the subject, but from a subject which is nothing other than a project of the world; the subject is *inseparable from* the world"

(Merleau-Ponty, 1962, 449)

=>We don't *have* an illness, we *exist* it.

REFLECTION: ON ROLE AS A NURSE

If the patient's experienced world is part of their experienced illness, then nurses, by inhabiting that world in an inpatient setting, *are themselves a constituent part of the experienced illness, and also the experienced-recovery from that illness.*

As nurses are so intimately bound to the patient's experienced illness, we contend that **everything nurses do is potentially therapeutically salient.**

Accepting this requires a unique kind of **self-awareness**: awareness of oneself as existing within another's experience.

This is what we are calling *therapeutic co-existence*.

It is easy to forget the significance of this due to the repetition of routine tasks and a focus on 'doing.'

AGENCY: THERAPEUTIC USE OF SELF

It is the nurse themselves who is the agent of change, not simply the mechanism or the type of therapy

(Winship & Hardy, 2013)

Reflection can help nurses see themselves in this way.

AGENCY: THERAPEUTIC USE OF SELF

Use of Body

The body is communicating at *all* times, not just during direct interventions, but also in any interaction, no matter how fleeting.

"The language of the body is the primary language of human beings and therefore is unavoidably present in the relationship between nurse and patient"

(Winther, 2015, p.184)

Is the body behind the nursing office or is it at the dinner table sharing a meal?

AGENCY: THERAPEUTIC USE OF SELF

Use of Language

All uses of language within the ward context both *with* but also *about* patients are potentially therapeutically salient.

With: Both emphatic and phatic communication

About: Do we give sufficient credence to the patient's subjective experience of illness when discussing their care?

PERSON-CENTRED CARING: UNDERLYING PRINCIPLES

The starting paradox:

Administrative attempts to enact person-centred care may come to inhibit nurses from providing care that is centred on the patient.

As a claim:

Person-centred caring speaks to both the *quantitative* and *qualitative* aspects of the nurse-patient relationship.

PERSON-CENTRED CARING: UNDERLYING PRINCIPLES

From a phenomenological perspective:

The Nurse is experienced as part of illness and recovery.

Therefore:

Everything they do is potentially therapeutically salient

– when a nurse is on the ward, they are *never not nursing*

This reveals the nurse/nursing team as the agent of care and recovery.

CONCLUSION

Ward nurses should explore ways to facilitate person-centred caring.

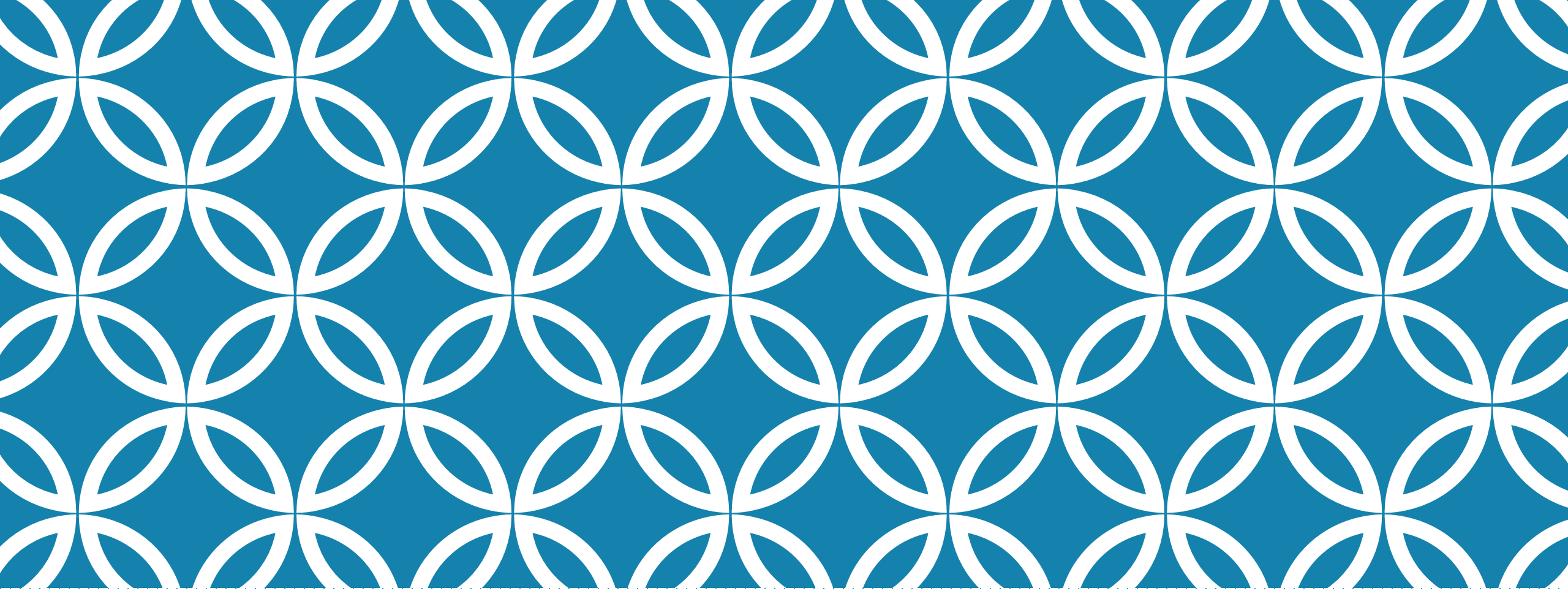
A new institutional model of nursing is *not* necessary for this to happen.

Reflection and agency can help model-users (i.e. nurses) become model-makers for *themselves* and their patients.

Nursing is personal and interpersonal, not institutional.

In illness "a world is lost [...] that has to be remade"
(Oliver Sacks, 1986, p18)

In an in-patient setting, nurses inhabit the world of the illness, and must play a part in its remaking.



END

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