

Artigo de opinião

My Vision for Person-centred Nursing

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Introduction

Since starting out in my nursing career at the age of 18, I cannot remember a time when the needs of persons were not my top priority. However, it is only in the past 20 years or so that it has truly become a vision for nursing and one that is a life-long ambition of achieving as a global philosophy – and of course like all good visions, will outlive me completely!

Person-centred nursing has been in the literature in various shapes and guises for

many decades, but the ideas written about were not conceptualised in that way. As a student nurse, I was introduced to nursing theories and studied many of the nursing models and frameworks of the great 'giants' of (mostly American) nursing theory (such as Virginia Henderson, 1966; Imogene King, 1971; Dorothea Orem, 1991, to name but a few!). These theorists expounded the meta-theory of nursing (Lee, & Fawcett, 2013) and articulated the interrelationship between person, environment, health and nursing.

Depending on their philosophical perspective, the relationship between these four constructs created a different approach to how persons were perceived and thus how nurses operationalised our role. I remember being fascinated by the work of Dorothea Orem and studied her theory of nursing and implemented it in practice. However, I always had the nagging doubt that every person was capable of ‘self-care,’ as conceptualised by Orem, and indeed the characteristics of many of our healthcare facilities weren’t conducive to such autonomous practices. Further, convincing other nurses that self-care was the most important thing to promote in persons was a continuous challenge and of course not all nurses bought into such a beliefs system – as it clashed with their values. So, this dilemma of ‘which theory is better to use’ has in my view plagued nursing and has not been helpful to the articulation of the essence of nursing and the provision of evidence-informed person-centred care and this has also been articulated by other nurse academics (cf McCrae, 2011).

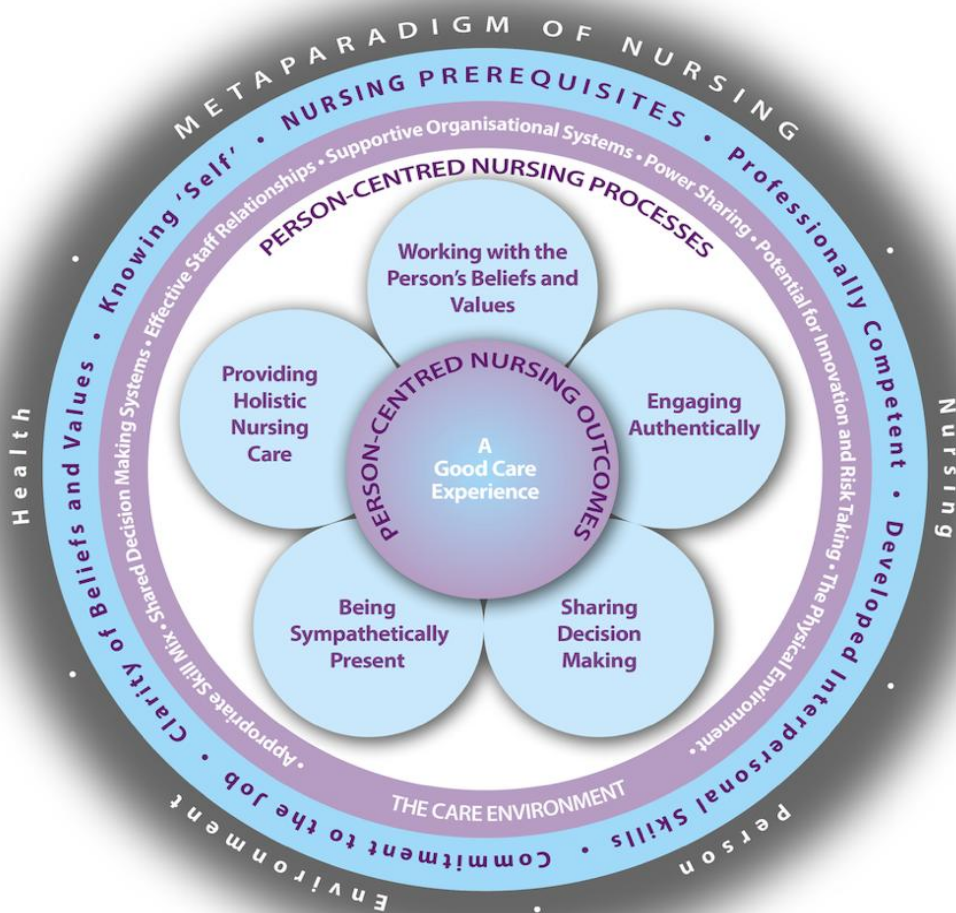
These issues dominated my thinking about my practice for much of my early career in nursing. While debates about nursing theories, the role of the nurse, the science of nursing practice and the search for an evidence-base persisted, it became abundantly clear to me that day-to-day experience of patients and staff wasn’t changing significantly and we as nurses

continued to practice in the same ritualistic and routine ways regardless of theory, concepts or evidence! It was during my PhD studies when I focused on how patient-autonomy was experienced by older people in hospital that I began to focus on the ‘authenticity of persons’ (McCormack, 2001). Coming to know how authenticity is central to who we are as persons provided a rationale for why so many nurses struggle with ‘applying’ pre-determined theories to patient experience. I conducted a hermeneutic study combining methods of conversation analysis in order to explore the meaning of autonomy for older people in acute care settings. Through the analysis of 14 case studies of nurse–patient relationships I developed a conceptual framework for person-centred practice based on an understanding of autonomy as ‘authentic consciousness’ (McCormack, 2003). This framework of authentic consciousness formed one of the core theoretical perspectives underpinning the current ‘Person-centred Nursing’ and ‘Person-centred Practice’ Frameworks of McCormack and McCance (2006; 2017). The Person-centred Nursing Framework, a mid-range theory, is underpinned by empirical research derived from three key studies published between 2000–2008. The framework was developed for use in the intervention stage of a large quasi-experimental project that focused on measuring the effectiveness of the

implementation of person-centred nursing in a tertiary hospital setting (McCormack, & McCance, 2006; McCormack et al., 2008). The Framework was derived from McCormack’s conceptual framework (2001; 2003) focusing on person-centred practice with older people, and McCance et al.’s framework (2001) focusing on patients and nurses experience of caring in nursing. McCance et al. (2001) conducted a phenomenological study using narrative methods to explore patients’ and nurses’ experience of caring

in nursing. The process of developing the Person-centred Nursing Framework involved a series of systematic steps that are outlined in McCormack and McCance (2006; 2010). In 2017 the framework was revised for multidisciplinary stakeholders and the Person-centred Practice Framework was born (McCormack, & McCance, 2017). A revision of the Person-centred Nursing Framework has recently been made, so as to incorporate the meta-paradigm of nursing into the framework (Figure 1).

Figure 1 – The Person-centred Nursing Framework (McCormack, & McCance, 2019)



The Person-centred Nursing Framework has been adopted globally as a way of conceptualising nursing policy, practice, education and research. It has been used to inform care-delivery models (McCormack et al., 2012), curriculum frameworks (McCormack, & Dewing, 2019), research methodologies and research practices (McCormack et al., 2017). The appeal of the framework largely lies in my critique of previous nursing theories that pre-determined a particular epistemological perspective of persons, health, environment and thus the conduct of nursing - the Person-centred Nursing Framework doesn't do this. Instead it articulates what we have determined, through more than 20 years of research and practice development, to be the key components of the essential constructs of person-centred nursing, i.e. the prerequisites of the nurse, the characteristics of the care environment and the processes of person-centred nursing, all of which lead to the outcome of 'a good care experience' for patients and nurses. How individual nurses, nursing teams and organisations translate these into practice, i.e. how they construct the relationship between these constructs, is determined by how they make explicit the values underpinning their construction of the meta-paradigm of nursing. The relationship between the constructs of the framework is represented pictorially, in

that to reach the centre of the framework, the attributes of nurses must first be considered, as a prerequisite to managing the care environment, in order to provide effective nursing care through the person-centred processes. This ordering ultimately leads to the achievement of the outcomes – the central component of the framework. It is also acknowledged that there are relationships between the individual elements of each construct.

The Person-centred Nursing Framework has become a recognised model of nursing (McCormack, & McCance, 2016). The essence of nursing depicted within the framework reflects the ideals of humanistic caring. Caring is a central concept in nursing, no matter the context. Meaningful caring involves the interaction between values, beliefs and attitudes and is a far more complex activity than is often perceived, requiring intentional actions by a person. Caring requires a person to know themselves and in developing this self-knowing the practice of nursing can be elevated from a series of tasks to the balance that is the art and science of nursing. We define person-centred nursing as:

... focusing on the formation and fostering of healthful relationships with service users and others significant to them in their lives, as well as between all care providers. It is underpinned by values of respect for persons (personhood), individual right to self-determination,

mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development (McCormack, & McCance, 2017)

The definition of person-centredness by McCormack and McCance surfaces five core attributes of persons and person-centred relationships:

- Respect for the 'personhood' of self and others ('human valuing')
- Mutual respect and embodied understanding
- Engagement and collaboration
- Individual and collective right to self-determination
- Equity and equality

Despite significant advances in person-centred nursing and healthcare and the adoption of the philosophy globally (The Health Foundation, 2014; World Health Organization [WHO], 2016), it remains the case that patients experiences of person-centredness remains patchy. Previously we have argued that in fact, few patients experience person-centred nursing or healthcare. Instead what they experience are 'person-centred moments' (Laird et al., 2015), i.e. moments in a 24-hour period when the attributes of person-centredness are lived out and experienced by them as persons. However, these moments are inconsistent and in between these moments, patients and families often describe their experience of care as being

like a 'thing/object'. It is my contention that a key reason for this is the lack of person-centred cultures in care settings and organisations. Our work has clearly demonstrated that the provision of person-centred care is dependent on the existence of a person-centred culture of care (Laird et al., 2015). Indeed we would further argue that it is immoral to expect nurses and care workers to provide such care if they themselves don't experience the same person-centred values in their day to day work. The core attributes of persons as reflected in the concept of 'personhood' apply to all persons and so if we expect nurses to respect these attributes of patients then organisations need to respect these same attributes of nurses. Thus, healthcare organisations need to adopt a whole-systems approach to the development and provision of person-centred nursing and healthcare and ensure that the values of 'respect for personhood' permeate all aspects of the organisation. We know that when organisations commit in this way, that nurses and care teams are able to move from moments of person-centredness to continuous provision of care that is truly person-centred and that all persons have a 'good care experience'.

Nursing is a global profession and it is thus imperative that many of the divisions that prevent nurses from achieving their full potential are addressed if the vision for person-centred nursing is to be achieved.

Person-centred nursing theory is not ontologically or epistemologically exclusive! Instead it recognises the core value of personhood as the central quality of all persons, but that how that personhood is 'lived' differs for all persons. Nurses need to be responsive to these differences whilst at the same time having a knowledge base that enables them to be 'fleet of foot'; in responding to different persons in different contexts. This is what makes nursing the exciting profession that it is and also a complex profession that requires a sophisticated knowledge base for practice. We need to use opportunities such as those presented to us through the #Nursing Now Campaign <https://www.nursingnow.org/launch/> to fight for care provision that is person-centred and for nurses to work in person-centred organisations. After all the same organisations who support person-centred healthcare (WHO, International Council of Nurses) are also supporters of Nursing Now. Our time is now!

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