

ETON TIMMY LARRY

1818179

LECTURER: RACHEAL ADEBAYO

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Introduction

This essay focuses on person centered care specifically in the Cancer Research UK settings. According to Ulin, Malm and Nygårdh, (2015), person-centered care is playing a significant role in the health and social sector of the UK. It is mainly used for physically unable patients. However, it can also be used for patients with dementia or cancer. Person-centered care is a method of treatment in which patients are at central focus and each patient gets proper support and care. As a result, they are satisfied because the staff with the health professionals support them, listen to them, and offer due dignity and respect. This modern social and health care, focuses more on treating and supporting cancer patients, Greenhalgh, Humphrey and Woodard, (2018). Therefore, person-centered care not only cares for the patients but also cares about the patient's preferences and values. As a result, patients along with their family members satisfied with the services given by care settings in the UK. Some organizations including Cancer Research UK, Age UK, Macmillan UK, and so on are one of the reputed care settings in the UK Lloyd, (2016). This essay mainly describes Cancer Research UK and reveals the principles, benefits, and limitations, ethical and theoretical underpinning as well as the practice of person centered care in the Cancer Research UK setting and how this care is provided to patients in the UK.

Discussion/Analysis

The Concept of person-centered care

According to Gill, P. (2013), person centered care is a pattern of thoughts and actions that views an individual who is making use of health and social services (a patient) as equal associate in setting up, developing and examining care to ensure that it meets their needs. The concept of person centered care covers placing people (patients involved) as well as their families at the centre point of decisions/resolutions and perceiving them as experts, operating hand-in-hand with professionals to attain the best and most convenient outcome. Person-centred care is not only focused on providing individuals with anything they want or offering information. It concerns considering an individual's family situations, values, desires, lifestyles, and social circumstances; perceiving the person as an individual, and working collectively to build suitable solutions. Person-centered care is a unique way of offering treatment to the patients in the care settings in such a way that every patient gets treatment individually with proper respect and finds comfort in the healthcare. In Cancer Research UK, the patient gets focused on and is

properly attended to be the nurses, physician, and other health care workers. The patient also receives excellent and proper treatment as well as care from the settings Santana *et al.*, (2018). Therefore, Person-centered care is the required treatment that every patient wants from the care settings. The UK Cancer Research settings follow some key principles that develop confidence in the patients of the UK. Consequently, patients have started to rely upon care settings. Key principles of care are given the following:

Offer integrated care: Person-centered care offers integrated and coordinated care support to each patient individually with the help of the staff and other stakeholders of the care settings Nolan *et al.*, (2018).

Individual preference: One of the significant elements of Person-centered care is to value the preferences of the patients and take decisions according to their consent (Ulin, Malm and Nygårdh, 2015). Therefore, these care settings give importance to individual preferences.

Offer respect and dignity: Cancer Research UK is mainly popular for focusing on each patient with due respect and assist them to take proper treatment and offerings to the patients (Brooker, 2013). As a result, each patient gets proper attention and stays with proper dignity.

Person-centered care settings including Cancer Research UK, Age UK, Macmillan support UK are one of the popular care settings in the UK (Ford, Byrt and Dooher, 2018). They work under the NHS (National Health Service) of the UK. There are some key elements of Person-centered care settings in the UK.

Empathy: Unlike other organizations, Cancer Research UK offers empathy to the patients as these care settings are more suitable for cancer patients.

Listen to the patients: Cancer Research UK makes a system in which patients can tell their stories to the staff of the settings. Therefore, patients can share their stories (Lloyd, 2016).

Reflective conversations: There is a great chance to reflect on their conversations in this care settings because the staff is very amicable and well-trained to behave well with the patients.

Theoretical foundation of Person-centered care

The theoretical background of Person-centered care settings is immense and gives reinforcement towards Person-centered care settings in the UK. Some theories are used to reinforce the person-centered care settings including humanizing care theory and Person-centered nursing theory. Both the theories give insights into how Person-centered care plays

significant roles for the sensitive patients of Cancer Research UK (Symposium, 2015). Key theories that reinforce Person-centered care are given the following:

Humanizing care: Humanizing care theory reinforces to development of Person-centered care settings in the UK. Humanizing care theory refers to a process in which care settings maintain four specific phases including the acknowledgment of patients, patient assessment, patient empowerment, and understanding patients. In humanizing care theory, these four phases are interrelated and develop person-based healthcare sectors. The acknowledgment of patients means approving any types of patients irrespective of their class, race, origin, disease, and so on. Patient assessment means diagnosis of the patients with due care and dignity. Patient empowerment means listening to the stories, views, problems of the patients and take an instant action for them. Understand the patients means finding put the overall requirements of the patients (Greenhalgh, Humphrey and Woodard, 2018). In sum, humanizing care theory unfolds the overall practice of healthcare and helps to implement Person-centered care like Cancer Research UK.

Person-centered nursing care: Person-centered nursing care theory is another theory that reinforces the development of Person-centered care settings in the UK. In this nursing theory, it is seen that a nursing framework is developed that emphasizes key factors including the care environment, care processes, conditions of professionals, and so on Chenoweth *et al.*, (2019). These factors work for the development of Person-centered care settings. Furthermore, the care environment indicates the context of care and how the care will be delivered to the patients. Care processes refer to a series of activities that shape the care settings. In sum, this theory shows how to increase the healthcare sector in the UK and increase the facilities of Person-centered care in the UK.

Ethical foundation of Person-centered care

Ethical values are also pivotal in governing the practices and policies in healthcare. Ethical principles help to determine right and wrong, good and bad. Therefore, it triggers health professionals to focus on Person-centered care in the UK. Some key ethical principles are given the following:

Health maximization: Health maximization of the patients is the key ethical principle that encourages health professionals to maximize the resources by offering maximum health benefits to the patients Ekman *et al.*, (2017). Consequently, public health will be reached in a good position. Therefore, these ethical principles surely motivate health professionals.

Appreciation for autonomy: Another ethical principle is the appreciation of autonomy that means empowering the power to the patients. While treating the patient's Cancer Research UK, the health professionals must inform all the risks and benefits to the patients carefully.

Beneficence: Beneficence refers to show kindness. If health professionals are benevolent, they will show kindness towards the patients. Person-centered care emphasizes the beneficence of health professionals.

Non-maleficence: Non-maleficence is a term that refers to not harm anybody. The health professionals along with the staff maintain this ethical value. They believe that they will not do any harm to the patient Reimer and Keller, (2019). Therefore, this ethical value reinforces the person-centered care settings in the UK.

Justice: Justice refers to offer equal resources and equal support to the patient. Therefore, equal resource management for providing benefits to the patients of Person-centered care is required to ensure ethical rights Poey *et al.*, (2017). Health professionals along with staff must show equal treatment to the patients.

Benefits and Limitations of Person-centered care

Benefits

Person-centered care has been popular in the health care sectors in the UK because it offers a wide range of benefits that help patients with cancer and dementia to take proper treatment. The benefits of Person-centered care are given the following:

Patient Satisfaction: The patients of Cancer Research UK are more satisfied than the other care settings. For example, a cancer patient's family wants to stay with the patient for few days. Person-centered care has arranged all the necessary things to make them comfortable. In this regard, the patients and the family get satisfaction.

Appreciate the values, preferences, and needs of patients: Only Person-centered care settings appreciate the patient's preferences, needs, and values. Therefore, patients can share their stories and ask for their needs from the health professionals McCormack and McCance, (2016). For example, a cancer patient can ask for staying with his family members in the care settings. In Person-centered care, the preferences of the cancer patient will be kept.

Ensure public health: To ensure the public health of the UK, the health minister of the UK has emphasized person-centric care that increases the well-being of cancer and dementia patients Greenhalgh, Humphrey and Woodard, (2018).

Healthcare accessible: Due to the increasing number of patients, all the patients cannot get the privilege to access healthcare. However, Person-centered care allows and offers healthcare accessible Lloyd, (2016).

Limitations

Though Person-centered care offers a wide range of benefits to the patients and the staff, it has some limitations that hinder to proceed the Person-centered care settings in the UK. The limitations are given the following:

Resource constraints: As each patient has cared with justice, huge resources are required to support them. However, resource constraint is a big barrier to Person-centered care.

Chance of financial loss: Person-centered care is designed for meeting up the needs of the patients. However, the care settings need huge investment that shows the probability of financial loss Brooker, (2013).

Heavy workloads: Heavy workloads are seen in the care settings as the staff needs to meet up the requirements of the patients and his family.

Time constraints: Heavy workloads and pressure is observed in Cancer Research UK because time is limited. Therefore, time constraints create barriers to Person-centered care.

Application of Person-centered care

In Person-centered care, a 75 years old man admitted into a care home, he had cancer and was getting to the end of life, his family made a request to be with him till the end days came (which happened 2 days and a night after his request), as a means of employing person centered care (which entails that the preferences and needs of the patient be met), the care home had to ensure that his family were in a comfortable place and had no course to complain drinks and food was served and there was provision for pillows, mattress, and bed covers. We also ensured that the man was properly taken care of, we had to give him personal care, turned his position of sleep every two hours to avoid him being bed sore. He was made comfortable with constant swapping of his mouth so it does not get dry. When he finally gave up, we still employed person-centered care, straightened him up, cleaned and dressed him neatly.

As a result, the family were happy to get the person-centered care benefits and showed gratitude Brownie and Nancarrow, (2013). Then, they managed to take out the body. This case study reveals how Person-centered care is employed.

Recommendations for developing Person-centered care settings

To develop Cancer Research UK, some recommendations are required to improve the conditions. The recommendations are given the following:

Manage sufficient resources: As this care system requires more resources, the authority must manage the necessary resources to improve the care settings.

Consider the patient as an individual: To treat and support the patients, Cancer Research UK must be considered the patients as an individual and gives proper treatment to each patient Nolan et al., (2018).

Build a relationship: It is important to make relationships with the patients to provide proper support and treatment. Care settings must emphasize building relationships.

Tailor unnecessary arrangements: As resource constraint is the primary problem, Cancer Research UK must tailor the unnecessary arrangements and ensure proper support to the patients Ulin, Malm and Nygårdh, (2015).

Encourage patient involvement: Cancer Research UK must encourage the patient's involvement in making decisions. Patients can give their preferences if they involve in decision making Reimer and Keller, (2019).

Conclusion

This study describes the overall care settings in the UK and how it changes the entire paradigm of the health sector. Person centered care mainly concentrates on person-based treatment and care. Patients who are suffering from cancer benefit from the support and treatment from the care settings. The elements of care including personal reference, empathy, reflective conversations, assist to improve the health care and these elements grow satisfaction both patients and staff. Moreover, the patients are privileged because this care offers key benefits including personal needs and preferences, coordinated services, shared feelings, and so on. These benefits encourage the patients to take care. Despite offering key benefits to the patients, the care settings face some constraints including resource constraints, staff constraints, time

shortage, budget constraints, and so on. Therefore, these limitations are the key barriers to develop care in the UK. Consequently, the health authorities of the UK have taken initiatives to overcome the barriers and improve the health care sector. Furthermore, this study unfolds the application of this care by describing an example of a cancer patient who admitted care and got the support and proper treatment from there. Consequently, his preferences as well as those of the family were accepted and they were happy about the care settings. Therefore, these care settings are improving day by day in the UK.

References

- Brooker, D. (2013) What is Person-centered care in dementia?. *Reviews in clinical gerontology*, 13(3), pp.215-222.
- Brownie, S. and Nancarrow, S. (2013) Effects of care on residents and staff in aged-care facilities: a systematic review. *Clinical interventions in Aging*, 8, p.1.
- Chenoweth, L., King, M.T., Jeon, Y.H., Brodaty, H., Stein-Parbury, J., Norman, R., Haas, M. and Luscombe, G. (2019) Caring for Aged Dementia Care Resident Study (CADRES) of Person-centered care, dementia-care mapping, and usual care in dementia: a cluster-randomised trial. *The Lancet Neurology*, 8(4), pp.317-325.
- Ekman, I., Swedberg, K., Taft, C., Lindseth, A., Norberg, A., Brink, E., Carlsson, J., Dahlin-Ivanoff, S., Johansson, I.L., Kjellgren, K. and Lidén, E. (2017) care—ready for prime time. *European journal of cardiovascular nursing*, 10(4), pp.248-251.
- Ford, K., Byrt, R. and Dooher, J. (2018) Preventing and Reducing Aggression and Violence in Health and Social Care. New Providence: Open University Press.
- Gill PS. *Patient Engagement: An investigation at a primary care clinic*. *Int J Gen Med* 2013;6:85-98.
- Greenhalgh, T., Humphrey, C. and Woodard, F. (2018) User involvement in health care. Chichester, West Sussex, UK: Wiley-Blackwell/BMJ Books.
- Lloyd, M. (2016) A practical guide to care planning in health and social care. Maidenhead, England: Open University Press.
- McCormack, B. and McCance, T.V. (2016) Development of a framework for person-centred nursing. *Journal of advanced nursing*, 56(5), pp.472-479.
- Nolan, M.R., Davies, S., Brown, J., Keady, J. and Nolan, J. (2018) Beyond 'person-centred' care: a new vision for gerontological nursing. *Journal of clinical nursing*, 13, pp.45-53.
- Poey, J.L., Hermer, L., Cornelison, L., Kaup, M.L., Drake, P., Stone, R.I. and Doll, G. (2017) Does care improve residents' satisfaction with nursing home quality?. *Journal of the American Medical Directors Association*, 18(11), pp.974-979.

Reimer, H.D. and Keller, H.H. (2019) Mealtimes in nursing homes: Striving for care. *Journal of Nutrition for the Elderly*, 28(4), pp.327-347.

Santana, M.J., Manalili, K., Jolley, R.J., Zelinsky, S., Quan, H. and Lu, M. (2018) How to practice person-centered care: A conceptual framework. *Health Expectations*, 21(2), pp.429-440.

Symposium, C. (2015) *Health Care in a Changing Setting*. Hoboken: John Wiley & Sons.

Ulin, K., Malm, D. and Nygårdh, A. (2015) What is known about the benefits of patient-centered care in patients with heart failure. *Current heart failure reports*, 12(6), pp.350-359.

Van Zwanenberg, Z. (2016) *Leadership in social care*. London: Jessica Kingsley.