

Assessment Component 2

Written Essay

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Introduction

According to Hippocrates 'it is more important to know what sort of person a disease has than to know what disease a person has' (Mills, 2017). Unbelievable, society has thought about the meaning of person-centred care and a treatment program tailored to specific individuals not long ago.

Person-centred care is a private interaction between the client and the therapist, a benefit of person-centred treatment (Health Foundation, 2016). The patient has the upper hand and is treated more as someone who needs to be comforted than as an authoritative figure in therapy. It is predicted that client attitude and behaviour would change, promoting more appreciation and better interpersonal relationships. Additionally, it allows the client to reflect on prior activities and identify potential improvement areas (Coulter, A., 2016). It takes away the opportunity to make suggestions or remarks that could be helpful.

This essay is about the concept and theoretical underpinning of person-centred care. It shows main benefits and limitations of person-centred care. The ethical elements of person-centred care are evaluated by examining a range of ethical concepts.

Finally, this work demonstrates the main benefits and limitations of person-centred care and an example of its application in practice.

Underlying concept of person-centred care

To provide person-centred care, patients and their healthcare providers work closely together. This allows patients to engage in their medical treatment actively. Person-centred care entails focusing on the needs of the individual for specific service delivery. Make sure that patient preferences, requirements, and values are considered while making therapeutic decisions and giving patients compassionately, thoughtful care. According to the evidence, the co-production of health and wellbeing outcomes with workforce partners and people leads to improved patient outcomes and lower costs for the health and care systems (Kunz et al., 2022). A framework for teaching and training in core skills called "person-centred practices" explains how to educate and help the workforce. It defines what being person-centred implies. Patients who enter care usually lose their independence, which puts their dignity at peril.

By honouring their preferences and providing them with compassionate, sympathetic care, person-centred care enables patients to keep their dignity. Patients must interact with various health and social service institutions to continually offer person-centred care. If not, patients will need to revisit their knowledge of their unique requirements and goals whenever they switch services or providers (Berntsen et al., 2021). In the meantime, the patient would not get the necessary degree of care. Include patients in decision-making and assist them in taking action to support themselves as part of person-centred care. They may grow in confidence and learn how to take care of themselves independently because of doing this.

Theoretical underpinning of person-centred care

Patient-centred care (PCC) and person-centred care (PCC) are often used interchangeably. According to the Institute of Medicine, patient-centred care involves respecting and understanding each patient's needs and choices. However, it is crucial to remember that person-centred care is more extensive and takes preferences, context, family, and close friends into consideration, in addition to prevention, promotion, and other aspects (Riley and Jones, 2022). Morgan and Yoder highlighted four characteristics of person-centred care in their concept study of the subject, namely that it is comprehensive, customized, respectful, and empowering. They said that while planning and providing care, leaders in person-centred care settings prioritize connection above work and set the example for how they and others will embrace and preserve the culture.

Person-centred care is specifically advanced via the ten caring characteristics that Jean Watson highlighted in her theory of nursing and definition of nursing. Watson argues that nursing is a human science that investigates how individuals experience health and illness in the context of their professional, interpersonal, intellectual, creative, and moral relationships (Mold and Duffy, 2022). Watson listed a few essential curative or caring characteristics, including altruism, enabling faith and hope, sensitivity to oneself and others, human care in assisting and creating trust, allowing for, and accepting of both excellent and negative expressions of emotions, employing creative problem-solving methods, being real when coaching or teaching, practising from a place of dignity and respect in protective and corrective, and meeting fundamental human needs.

According to Kristen Swanson's idea of caring, a good nursing practice should be:

- motivated by passion and dedication,
- see the other with respect,
- be physically and emotionally present,
- thoughtfully present while conveying that the patient is not alone,
- do activities to promote health and recovery when the patient is unable to do so on their own or aid the patient with a peaceful death or transition (Melin et al., 2021).

Her last stage, enabling, uses various communication techniques, such as touch, encouragement, and presence.

Madeleine Leininger's third hypothesis is presented to further our awareness of the connection between culture and nursing care. The strength of this theory is in how we interact with others with different beliefs and viewpoints while respecting and considering their environment and culture (Downey et al., 2021). It puts pressure on individuals to consider every individual's expressed and implicit needs and to create therapeutic interventions that are cognizant of and inclusive of the lifeways of those receiving care.

Ethical underpinning of person-centred care

Various ethical concepts will need to be examined in-depth while evaluating the ethical elements of person-centred care.

Respecting uniqueness and self-determination is central to the concept of autonomy. The fundamental idea behind person-centred care is giving someone the freedom to decide what to do and how to accomplish it. It emphasizes the caregiver's duty to support patients in acting in line with their morals and making their own choices when required. When urging patients to be independent, there are two highly crucial factors to consider (Wallengren et al., 2022):

- The first factor is to educate patients about how their beliefs and preferences could be interpreted in the culture and how such interpretations might affect other people's rights.

- The second factor is considered the patient's capacity for logical and wise decision-making. Children and some individuals with mental health issues are two examples of people who should not be let make decisions that might hurt them or others.

Justice is the equitable treatment of all parties considering their notable differences. Justice does not include treating everyone equally. The person-centred care provider must be able to justify why a person should get alternative therapy and why it is necessary. Fairness is shown, for example, when a person-centred care provider gives a blind person a form to fill out in braille or talks them through the process rather than providing them with a conventional written form to do so (Stanhope et al., 2021). However, in all other respects, the person-centred care provider would treat him or her the same as any other patient.

The caregiver is obligated to promote the patient's wellness via person-centred care. Expressed, it is taking the initiative, behaving morally, and, if feasible, preventing damage (Mast et al., 2021). In addition to proactive measures that benefit patients, such as early intervention and prevention, benevolence may also take many other forms.

The nonmaleficence principle states that we should not harm other individuals. In theory, all the principles are equally important, yet some believe this one to be the most crucial. The concepts of not intentionally injuring others and abstaining from behaviours that could damage others are included in this rule (Hofdijk and Cillessen, 2021). A person-centred care practitioner must weigh potential benefits against dangers to ensure no damage.

The concept of loyalty, faithfulness, and keeping one's word are all included in the term "fidelity." If patients are to advance, they must have confidence in the therapeutic alliance and the person-centred care provider (Stanhope et al., 2021). Consequently, the person-centred care practitioner must exercise caution to avoid jeopardizing the therapeutic alliance or disobeying commitments.

Benefits and limitation of person-centred care

Benefits

The benefit of person-centred care is that counselling is a private conversation between the client and the therapist. The client is encouraged to discover their selves by being honest, and this care gives them the confidence to handle their problems. The patient has the upper hand and is not seen as an authoritative figure in treatment but rather as someone who must be consoled (Goeschel, 2021). It allows them to demonstrate their empathy, objectivity, and ability to understand the client despite their unique behaviour.

With the aid of self-fulfilment, the client may entirely focus on themselves. Which also helps decision-making for personal growth and encourages the client to become more independent, unselfish, and truthful.

Consequently, the consumer ceases continually depending on others and develops more independence. The client grows personally, developing a stronger feeling of self-worth and self-awareness.

The process of developing one's abilities aids the client in accepting both himself and other individuals. Another benefit of person-centred treatment is that the therapist can accept the patient exactly as they are without criticizing them or placing any pressure on them to change (Kidd MA, 2021). In return, it gives clients a secure place to communicate their feelings. It empowers them to improve themselves as people and members of society. Additionally, it allows the client to reflect on prior activities and identify potential improvement areas.

Limitations

A disadvantage is that the customer cannot test others or participate in a competition to determine or prove their competency. It takes away the opportunity to make suggestions or remarks that could be helpful. The therapist cannot argue anything since it is too straightforward and clear, even if they are concerned (Hofdijk and Cillessen, 2021). It may be challenging for the client to create and come up with answers even if the therapist abides by their profession's ethical principles, which provide guidance on their boundaries. The method has changed since the 1960s, even though no contemporary theory or study exists. Furthermore, this approach does not use any techniques like explanation or questioning.

The lack of an intervention, a practice intended to have impacts and results, is another flaw in this strategy. The therapist is not interfering or interested, yet she could provide helpful suggestions. Person-centred care lacks the components of participatory dialogue and present intervention. In contrast to crisis intervention, person-centred therapists are not permitted to give support, which assists when a service user encounters difficulty (Stanhope et al., 2021). By identifying the issue and creating a strategy to support and advocate for the client, crisis intervention aids the practitioner in lowering the client's stress and influencing their behaviour.

Application of person-centred care in to practice

Example of person-centred care

Malcolm, a 57-year-old hospital patient, was diagnosed with bone cancer. Both of his arms required surgery due to complications of the disease. He will need help from others with numerous daily care responsibilities since he must stay in the hospital for two further weeks before being released. Malcolm and his nurse discuss indulging needs and cravings, such as having a bath and passing the time. Malcolm claims that he likes to read and spend time with his wife, who comes to see him every night. After discussing it, they decide on a care strategy jointly. The hospital often helps patients with their morning showers.

However, they agree to allow his wife to help him with his evening grooming ritual. Malcolm has access to Malcolm's wife's electronic reader, which has audiobooks. This makes more sense than literature, considering his present level of health. When he wants to listen to it, the nurse offers to assist him in setting it up and donning headphones. By prioritizing the patient in this situation, the nurse efficiently provided care. Malcolm was informed of his alternatives and asked for his opinion. The hospital staff gave him the freedom to suit his preferences and requirements. Also, the care assistant promised to address these needs every day while in the hospital. Malcolm will experience foster care as far less taxing since he will feel physically and emotionally taken care of.

Analysis of the example

The values, strategies, and practices of person-centred care have been successfully used in this instance. Patients entering care often lose their freedom, endangering their dignity. The nurse could retain her approach by keeping in mind that patients

have their own beliefs, values, and perspectives, which are not immediately negated by their physical state. By providing person-centred care, the nurse gives the patient a kind of empowerment (Riley and Jones, 2022). The nurse must work with other health and social care providers to deliver person-centred care continuously. In this case, the nurse had set up the services so Malcolm could deliver top-notch therapy. Malcolm received treatment that was person-centred in this manner.

Recommendation for improving person-centred care

There are several guidelines for person-centred care when there is a disability at work. Information therapy is beneficial when employed as a person-centred disability treatment component. High-quality written or digital health information is more widely available, which may improve people's comprehension, cognition, and coping skills. The effect is increased when spoken information from medical experts is paired with written, specific, and personalised material. Reminders, helplines, and telephone counselling are also advantageous (Melin et al., 2021).

Engaging patients results in better healthcare choices, mainly when those decisions are backed by efficient, professional decision support and data-driven patient decision aids. Person-centred care for individuals with disabilities results in improved communication, more accurate risk perceptions, and more appropriate treatment options (Mold and Duffy, 2022).

People with chronic diseases may improve their quality of life with self-management education and assistance. In the context of person-centred care for impairments, the outcomes may be evident in enhanced knowledge, comprehension, confidence, coping capacity, and health behaviours. Communication training enhances the care patients get and increases their patients' ability for self-care.

Altering healthier behaviours may be possible. In the context of person-centred care for people with disabilities, opportunistic medical advice carefully targeted health promotion initiatives. More extensive media campaigns can all impact smoking rates, eating patterns, physical activity levels, and the uptake of screening and immunisation programs (Wallengren et al., 2022).

Conclusion

Giving someone the freedom to choose what to do and how to do it is the primary tenet of person-centred care. The second consideration is the patient's ability for rational and intelligent decision-making. The person-centred care practitioner must be able to explain why an individual needs alternative treatment and why receiving it is both essential and appropriate. A person-centred care practitioner must balance possible advantages with risks to guarantee no harm.

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