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Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Principles of Health and Social Care Practice (BMHP5002_LON)

Assessment Component 2

Written Report

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Submission Date: 6-sept-21

Word count: 2518

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Introduction

According to NHS Scotland (2013), person-centred care is the approach to care where an individual who needs health care is put at the centre while assessing their needs, and giving health care. Unlike the traditional approach of health, person-centred care focuses on the best interests of the patients by considering what they can do, and what they prefer instead of putting the focus on the health condition or disability of the patient. (Williams, 2013). Person-centred care emphasizes that the patient should be at the centre of decision making regarding their own care by considering the age, culture, experience, gender, beliefs, and heritage among others. (Gill, 2013). Person centred care outlines **principles** to be followed while providing health care; the care giver should always show respect to the needs and preferences of the patient, a care giver should show empathy and kindness to the patient, the system should be flexible enough to accommodate the patient's desires, needs and priorities as well giving the patients a chance to make their own choices out of respect and dignity. (Kitson et al., 2013; Collins, 2014; Lawton et al., 2013). In the United Kingdom today, every country practices person centred care in the health and social care. For example, Clinical commissioning groups have been involving patients in their care as guided by the National Health Service in compliance with The Health and Social Care Act 2012. In Scotland, Vision 2020 supports self-management for the patients, and Northern Ireland's 2020 quality strategies that put patients at the centre of care, while the Welsh White Paper 'The listening organizations' focuses exclusively on making sure that care is person centred in NHS Wales.

Analysis

Theories of Person-centred care

Systems theory

In the 1920s, Karl Ludwig developed systems theory on the principle that operations in the organizations should be run wholly as a system. In the health and social care, person centred care should also focus on care of patients as a system in order to achieve better health results. (Von Bertalanffy, 1967). According to systems theory, patient quality of care and patient safety can be achieved by appreciating the whole system that contributes to the expected outcomes. This is why care givers should work as partners with the patient care network and other experts to achieve better health outcomes. Application of system theory in person-centred care is very helpful

in fulfilment of care, delivery of timely services, and fulfilment of attributes and expectations of those who in need of care thereby enhancing better health care. (Anderson, 2016).

Social learning theory

According to Nabavi (2012) social learning theory is very helpful in proving person-centred care for both patient and the care giver. By using the social learning theory, a care giver or social worker is advised to assess individual needs as well as assessing other environmental factors that may contribute to the patient's behaviour, health condition or disability. This enhances knowledge and awareness of the care giver in regards to the needs assessment process and how to administer reliable care. In addition, the care giver should also learn about the lifestyles of the patient in order to get a better understanding of the patient better in order to provide personal care. (Nabavi, 2012). Through social learning theory, the care givers learn through observing, imitation and getting advice from role models in care in order to interpret health consequences while providing care. Therefore, social learning helps care givers to raise and keep standards in care while providing person-centred care by enhancing knowledge and awareness.

Ethical underpinning of person-centred care

Patient safety: while providing care, the care giver should ensure the patient is safe at all times. For example, during the COVID-19 pandemic, the care giver should ensure that all standard operating procedures are followed, and should wear a mask at all times to protect the patients from getting the virus. However, sometimes patients compromise their own safety by refusing to follow instructions. In such a case, it is ethical to provide professional guidance and supervision to ensure the patients are not exposed to any risks of getting harmed or harming themselves.

Patient's right: Person-centred care asserts that patient's rights should be respected by allowing them to be at the centre of decision making process regarding their care. The patient also has a right to make their own care choices by considering their beliefs, cultural background, experiences, gender and heritage among others. Even though we have to respect their rights and decisions, sometimes we act unethical by refusing their decisions especially the harmful decisions. In this case, it is ethical to follow what is morally good and right as defined by the society and the decisions. It is not all times that patient's rights and decisions are respected more so the dangerous

ones.

Equity of resources: Person centred care approach should be applied on the principle of equality and fairness. Patients in the same facility should be treated equally and fair by allocating same time and good care. However, it is sometimes impractical to offer equal opportunities in a care home. For example, some patients are more vulnerable than others, and therefore deserve more time and care.

Person-centred care for someone with dementia

Carl Rogers therapeutic theory

According to Rogers (1957), care for dementia should be largely person-centred in order to achieve better health outcomes. In this theory, for care to be more effective, it should be non-directive and emphatic so that to get a better understanding of the patient. By doing this, the patients with dementia are empowered in the therapeutic process to be active to achieve better results. (Raskin et al., 2008). According to Carl therapeutic theory, a dementia patient should be given chance to fulfil their maximum capacity and potential by finding out what they are can and what they want to do. This is because a patient believes and wants to get well. Therefore, a care giver should consider the following factors while caring for a patient with dementia; patient perceptions and choices, should show kinds and empathy, and should be genuine. (Rogers and Carl (1980).

According to NHS Scotland (2013), the patients should take control of their own care with the help of their care network like family members and other experts. Care should be person centred and every resident in a care home should have their own care plan indicating the; diagnosis review, effective support for carer's review, medication review, evaluations, and intervention. Below is a simple Care Plan for Mrs. Penelope who has Progressive Dementia.

Client: *Mrs. Penelope*

Care Plan by: *Benah. N*

Date initiated: *12/8/2021*

Nursing Diagnosis	Outcomes and Evaluations	Intervention
✓ Progressive dementia ✓ Diabetes ✓ Heart failure	✓ No medical reports ✓ Unable to do his personal hygiene chores well	✓ Washing ✓ Cooking ✓ Evening walks ✓ Feeding & Giving

✓ Very old ✓ Hypertension	✓ Disturbed by noise ✓ Forgetful and confused	treatment ✓ Provide quite environment
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While caring for a person with dementia, is it important to apply Carl's factors by giving them a chance to make choices of foods at meal time by asking them what they want, showing them pictures of the foods available on the menu. In case the patients fail to make choices of the foods they want, it is best to give them foods they have always enjoyed. By doing this, you are being kind and emphatic. (Collins, 2014; NHS, 2017).

While giving personal care like bathing and dressing dementia patients, I usually make it a point to give them an opportunity to choose what they prefer wearing. To ensure they make right choices, I usually give them options of clothes depending on the weather and time of the day. For example, during cold days, I provide choices of only heavy clothes, and light clothes for hot days. This makes them comfortable and happy. (Gill, 2013).

It is also very important to respect daily routines of these dementia patients. (Abbott et al., 2018). For example, a dementia patient should be given to follow daily routines with the assistance of the care like evening walks, playing certain games, reading papers and watching television. In case the dementia forgets their daily routine, it is required of the care giver to remind the patient. This will help them to maximize their potentials. (Raskin, et al., 2008; Rogers and Carl, 1980).

In most cases, dementia patients are unable to reason and make sound decisions regarding many issues including their personal care due to their mental incapacity. It is ethical to make decisions on their behalf by putting their interests at the fore front in partnership with the care network like families. (Mental Health Act, 2010). By doing this, you are putting the patient at the centre of decision making process in regards to their care.

Above all, caring for a dementia patient requires the care giver to validate the patients feeling, tastes and preferences as well as learning their individual stories. (NIICE, 2009). This is important because it helps the care giver to provide care more emphatically by looking at things from the patients point of view, which is commonly called "putting yourself in the patient's shoes". (Abbott, et al., 2018).

Benefits of Person-centred care.

Enhances customer satisfaction

According to Edwards (2012), person-centred care enhances customer satisfaction because the customer (patient) is put at the centre of their care. This is important because the patient is able to make best choices for the care depending on their tastes and preferences. When the patients make their own care choices, it will eventually enhance their satisfaction. (Fazio et al., 2018).

Promotes respect and dignity.

Following the principles of person-centred care, the care giver has no choice but to treat the patients with dignity and respect while administering care. Treating patients with respect and dignity enhances better health outcomes since it creates a genuine positive relationship between the care giver and patient as well collaboration from the family members. (Edwards, 2012).

Relevant in multi-cultural society

Most care homes in developed countries like USA and UK are multi-cultural because the residents originate from different countries with different cultures. Some cultures are very difficult to understand and adopt to but person-centred care makes it possible. (McCormack and McCane, 2010). Person centred care gives the care givers a chance to understand the cultural backgrounds and beliefs of the patients by following their point of view, and seeking help from family members and care network. This makes it possible for care givers to understand their patient's ethnic, language and cultures for better health outcomes.

Empowers care providers to understand their patients

Person-centred approach gives the patients under care a voice to express themselves especially by ensuring they make their own care decisions. This enables the care giver to understand care preferences of majority patients which helps to provide care in line with what patients want, and what they are capable of doing. Person-centred approach also leads to a positive relationship with patients hence enabling them to open up to care. (Abbott et al., 2018). Daily interactions and conversation with different patient also helps the care giver to grow and achieve professional satisfaction with care.

Limitations of person centred care

Ignores the feelings of the Care giver

Person centred care eliminates the feelings and independence of the care providers

by emphasizing that the patient should be put at the centre of the care ignoring how the care provider should feel it puts the patient at the centre and advises to follow the decisions of the patient, making it hard for the health and social care professionals to give their professional views. (Kadri et al., 2018).

Risks of fatigue

Person centred care puts the care providers at a risk of fatigue. This is because of the principle to show empathy and compassion to all patients. Too much compassion gives the care workers more work which leads to stress and fatigue. (Hansen et al., 2018).

No clear consensus of groups to be considered

There is no clear consensus of which group should be included for person centred approach. This causes inconsistency and exclusion of certain groups from receiving health and social care. In addition to inconsistency, unclear consensus leads to bias on some people and may lead to segregation. (O'Dwyer, 2013).

Conclusion

Basing on the challenges of the traditional approach to care, Person-centred approach was developed and greatly encouraged in care homes, hospitals, nursing homes, rehabilitations and others places in health care. Person-centred approach of care is being recommended by Department of Health through National Health Service England and Care Quality Commission partnering with National Institute for Health and Clinical Excellence because of the benefits associated with person-centred care like; enhancing patient satisfaction, promotion of respect and dignity, relevant for multicultural society as well as achieving more positive health outcomes. Person-centred is widely used in health and social care because of its principles; empathy, kindness, respect for patient's decisions, and above all, putting patients and their families at the centre of decisions in regards to care. People with dementia need special personal centred care because dementia is associated with other health issues like; hearing impairments, memory loss, blurred vision, mental incapacitation among others. To a greater extent, person centred approach has helped to promote health and social care by; enhancing customer satisfaction, savings costs, improving the process of decision making, promoting respect and dignity, and empowering care and social professionals to understand their clients. However, person centred approach of care still has some limitations specifically on the side of the care

providers because it ignores how they feel, and it also gives them a burden of being empathetic and caring which causes fatigue and stress.

Recommendations

I recommend various social events for Dementia patients like walking clubs, exercise clubs, arts and crafts, storytelling groups, and other events that would keep the minds of patients occupied to prevent them from becoming confused, and assist them with recovering their memories. (Hibbard and Gilbert, 2014).

I recommend use of pictures while communicating with elderly patients with dementia and other mental illness because it will help them to make choices like meals, exercises they prefer, activities they want to do among others. The use of pictures will make communication easy and will improve on decision making in the process of administering care and support. (Dooley, Bailey, & McCabe, 2015)

For person-centred care to yield more positive results in all health and social care centres, care providers need to learn to recognize and accept the patient's realities. This can be done by seeing things from patients point of view. This will make communication and decision making easy especially while providing care. (Williams, 2013)

Staff in all care homes, nursing homes, rehabilitation centres, and hospitals should keep training and teaching their workers about respect for patients, and should be reminded at all times to be kind and show gratitude while administering care.

Care providers should make it a point to develop a relationship with patients and their care networks like family members. They should also identify and support opportunities for meaningful engagement. This will help in saving time, enhancing customer satisfaction, and achieving better health outcomes. (Hickey & Bourgeois, 2018)

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