

This essay will be comparing and contrasting between the two medical professions Occupational Therapist (OT) and District/Community (DN) Nurse in regard to Person Centred Practice (PCP). What Person Centred Practice is, how each professions view this practice, how each profession uses this practice and with catcall analyses comparing how one profession uses PCP compared to the other. This essay will explain how each of the professions are seen, OT as holistic (NHS.GG.ORG.UK, N/D), and DN as a more clinical role. Person Centred Practice tools will be used to explain how each profession may use PCP, as well as the theory behind PCP (Handy,ND) and how it engages the client and the medical profession in the rehabilitation of their client/patient. The Medical Model of care (Swaine Z. (2011). will be critically compared to a Care Model (1991 Cited Shin,2018) and how each model works with each profession. It will then conclude with an explanation of how the two medical professions have used PCP, how research has found the contribution of PCP in the wellness of the clients/patients and how it has changed the view of the progression of the care that has taken place.

Firstly, it is important to define what person-centred practice is. The following comment is made from the nursing profession. According to Victoria State Government Australia

Person-centred practice puts the person at the centre of everything we do. It recognises that every patient is a unique and complex person. It respects their needs and preferences and the knowledge they bring about their health and healthcare needs. (Victoria State Government,2020)

The focus of this essay will be on the differences between an Occupational Therapist (OT) and a District Nurse (DN) with regard to how they practice Person Centred Practice (PCP). It will critically reflect upon the differences between a Care Model, such as Swanson's Middle Range Theory of Care (1991 Cited Shin,2018) and a Medical model (Swaine Z. (2011). There will be an exploration of each profession, highlighting the way in which an OT's main focus is on the

clients' physical needs and wishes, from a holistic viewpoint, and comparing this to the clinical and medical needs of the same client through a DN's medical viewpoint.

Watson (1997) highlights an interpretation of how people have been treated, with the explanation:

humans cannot be treated as objects and that humans cannot be separated from self, other, nature, and the larger workforce (Watson 1997).

And that the theory of how caring has to be interpersonal, with her explanation:

the centrality of human caring and on the caring-to-caring transpersonal relationship and its healing potential for both the one who is caring and the one who is being cared for (Watson 1997)

OT's and DN's work in areas of Health and Social Care, administering to their clients' clinical and physiological needs, this essay will consider the Medical needs of a client, using 'The Medical Model' (Swaine Z. (2011) versus the social and mental need, looking at a Care Model, such as Swanson's Middle Range Theory of Care (1991 Cited Shin,2018) Due to the client's medical, physical and mental requirements these two vocations are consistently entwined in order to give the client the best care, such as Community Integrated Teams (HSC 2020). These two vocations are examples of how a Medical Model and a Care Model cross over in the community creating multiagency, working with the client at the centre of the practice (HSC,2020). As such there are rules and regulations that cover both professions, but this essay will compare how different they are with PCP in mind such as The Equality Act 2010(The Equality Act, 2010).

In order to make this comparison of professions, definitions of each job role should be given in order to highlight their differences. The Royal College of Occupational Therapists (RCOT) definition clearly outlines the empowerment that an OT gives to their client:

...occupational therapy provides practical support to empower people to facilitate recovery and overcome barriers preventing them from doing the activities (or occupations) that matter to them. This support increases people's independence and satisfaction in all aspects of life

(RCOT, 2019).

Their focus is on how to enable and empower their client to be able to complete the 'occupation' or task, 'to' or 'for' the client's satisfaction. This may be, for example, simply a day-to-day task that many people take for granted, such as making a cup of tea, (NHS.GG.ORG.UK, N/D), however the skill set that is required to enable a person to do such an easy task is vast. OTs will break down the task into smaller, more manageable, chunks and work on the strengths that their client has to find a way to make this task achievable (NHS.GG.ORG.UK, N/D), and so with this in mind the main function of the OT is Person Centred Practice.

The Northern Health and Social Care Trust define a District/Community Nurse as a professional, clinical trained nurse who can give care and treatment to a variety of patients/clients within the setting of their own homes. They deliver care throughout different communities. They work closely with General Practitioners, GP's, in order to provide the best individually tailored treatment plans for each patient. The Northern Health and Social Care Trust explain that District Nursing is:

District nursing helps patients cope with ill health and disability thus allowing them to reach the best possibility of life, whilst maintaining dignity and respect.

(HSC Northern Health and Social Care Trust (2020))

In order to explain and expand on PCP, this essay will focus on a person who has both physical and mental disabilities. Trying to explore what is 'important' to the client is the starting point at which a plan can be created and where Person Centred Thinking must begin (Thompson *et al.*, 2008). This could be thought of as an obvious starting point as illustrated by Thompson *et al.*'s account of a client leaving their sheltered accommodation endangering their own health in search of jam! (Thompson *et al.*, 2008). The professional/carer did not ask the client what was important to THEM, instead the staff in the client's accommodation block only considered the client's welfare, i.e., what was important FOR the client (Thompson *et al.*, 2008). A basic thought, but overlooked, as the professionals could only see the danger the client was in, instead of the reasoning behind the client's actions. Maintaining a balance between the two is critical to providing effective, sympathetic care (Thompson *et al.*, 2008).

The person who the plan is designed around must always be the focus, with thought given to what is important to that person (Thompson *et al.*, 2008). Thinking about what may be 'important to' a person as well as what is 'important for' that person, creating the perfect balance of clients' needs versus what a client should have, so in order to describe PCP one must explain and expand on Person Centred Thinking and what it entails (Thompson *et al.*, 2008).

According to Thompson *et al.*, the main tool used in 'Person Centred Thinking' is listening; taking in what is important to and for the client (Thompson *et al.*, 2008). The professionals involved, whether it be carers, nurses, OTs or any professionals that are involved in the care of an individual, must also include outside factors within this focused thinking (Thompson *et al.*, 2008), such as family members (Thompson *et al.*, 2008). This process must be viewed as a constant cycle, evolving and growing rather than a yearly occurrence.

Techniques and tools can be used by the caring professionals so then the client's wishes and wants may be understood. One example is Charles Handy's 'The Doughnut', a learning tool which can assist health and social care workers reflect upon 'What is central or core to their role' (Handy,ND). Judgement and creativity can be used in order to visualise what is external to their paid responsibilities (Handy ,ND) in order that the practitioner can see the person that has the illness not just the illness.

District/ Community Nursing

Well known nursing theorist Jean Watson, said in '*Nursing: The Philosophy and science of Caring* (1979) that the basis for nursing care could be manufactured into a well-ordered science (Watson, 1979) and that behind the science must be a 'Humanistic' system and as such the two, science and humanism, must be combined to ensure the best delivery of care through nursing (Watson, 1979). Historically, pre -1970s, it was known that student nurses should not become 'emotionally involved' with their patient (Benner& Wrubel, 1989) as the Medical model of care states (Swaine Z. (2011).

Dunlop mentioned how Benner made the comment:

That emphasis was made on professionalism, separation, and linkage in practice: you must remember that the other is a stranger"- and linkage "you must think and act as if he were not.

(Dunlop 1984 Cited in Benner & Wrubel 1989).

And so even now there is a clear conflict between a nurse following a strict hierarchy system, with the patient being at the bottom (Arinstein (1969), being controlled, silenced and disempowered by the district/community nurse evoking the medical model of care, knowing what is best and with constant reliability of treating a biological problem instead of acknowledging the psychological issues also (Swaine Z. (2011). If the comparison was made to the Care Model, (1991 Cited Shin,2018) then a medically trained professional would need

to conceive that there could be shared power between the nurse and the patient and that, as Fine (2007) describes, care givers need to be given a higher status than they are currently (Fine,2007). It has also been noted that if a professional care giver, such as a nurse, was seen as having affectional collusion with patients, it could be preserved as potentially dangerous for the professional nurse' with clinical compromise of said patients care, as being non-objective, endangering the efficiency of the treatment plan created (Fine,2007).

According to a study that was carried out exploring Person Centred Care in Community/District nursing and how feasible it would be to implement an eight-stage person centred performance, Key Performance Indicator (KPI) (McCance et al., (2020)). Measuring community/district nursing quality nursing comes with negative responses as due to the complexity of such nursing, the delivery in a non-institutionalised setting (McCance et al., (2020). Reflection taken on delivery of such 'Person Centred Care' with "increased focus on humanising health care, foregrounding patient and carer experiences" (Picker Institute, Europe,2014; WHO 2016: Department of Health, 2016), with recognition that PCP is a core proficiency within social and health care working (Nursing & Midwifery Council, 2018: WHO 2005).With the Medical Model in mind, this study re-evaluated the care that Community/District nursing was providing and recognised that a shift in nursing was required, with the focus now on the 'persons voice being heard'(McCance et al., (2020). With the collation of surveys, interviews and observational tools, Community/District nursing turned to the 'person' for critical reflection of nursing practices and delivery (McCance et al., (2020). The focus now turned to how the relationship between nurse and patient should be more respectful and open (McCance et al., (2020). In this way, the patient is empowered; the Care Model and Medical Model unable to stand alone in their significant and unique practice (McCance et al., (2020).

Taking into consideration Arnstain's 'Ladder of Participation', (Arnstain (1969), in order for the client to commit to PCP, the client needs to feel that they have an input into their treatment plan and so any professional would be able to involve the client with the use of this involvement tool. Increasing the client's ability to recognise the part they have to play in their own rehabilitation.

Critical Reflection of Person Centered Practice by an Occupational Therapist

OTs claim that their profession is completely holistic with their client at the centre of all of their practices, therefore PCP is the only form of practice that is permissible (NHS.GG.ORG.UK, N/D), however according to Hammell (2013) the client's perspective has not been taken into direct account during the delivery of occupational therapy services (Hammell, 2013) and that the OT profession should actively critically reflect upon their client centred practice.

With the Medical Model of care in mind, reflecting back to the early 1960s, institutions such as Mental Asylums stripped back the humanisation of an individual, especially if they had mental disabilities, to pigeonhole them with titles such as a 'Lunatic' referring to a person with inconsistency of memory and understanding (National Archives, ND), and such people were institutionalised (Goffman, 1968). Goffman (1968) noted how such people were stripped of their formal identity and re-socialised into an institution's routines. He stated that these 'inmates' (Goffman, 1968) had been imprisoned using the Medical Model of care as reasoning, but his research led him to see that in fact there were complexities to the care of a person inhabiting such imprisonment (Goffman 1961). The care that was needed would empower the person and community care would much better suit such care needs. Due to his essay, peer reviewed in the Lancet (Patrick and Luchins, 1999), medical eyes were turned to such cruel

imprisonment and community care was seen in a new light, with the acknowledgement that a patient's social world must be taken into consideration when prescribing care (Goffman, 1968).

It could be argued that the nursing profession has always maintained its professionalism and that holding the professional title of 'Nurse' meant professionalism, giving that person the proud title that was easily recognised. But with consideration made to delivering person-centred care, in nursing, Price's (2019) identifies how the professional identity of the nurse must be maintained whilst 'high standards of person-centred nursing care remain hidden' (Price 2019). Almost proclaiming that the sight of the 'Person centred Care' has to be hidden, as not to show the unprofessionalism of this style of care, as it has always been given by these professionals. Price (2019) lectures student nurses sharing his vision of the connection with patients, in order to find the pathway of communication, so as to provide dignified care, creating clear avenues for self-advocating with the creation of safety within a clinical setting, so as to have the voice of the patient heard (Price, 2019).

He states, 'While patients retain the power of consent, they might not have a range of treatment or support options to choose from' (Price, 2019). This increases the reliance that the patient has on the professional's care and the enforcement of the responsibility the nurse has to 'innovative, structured, pragmatic approach to person centred nursing care' (Price, 2019) affirming that 'Person Centred Care transcends all areas of care' (Price 2019). The argument has been identified that research into patients' experiences of their health care would indeed provide an abundance of information, moving forward with the patient's Person-Centred Care (Price 2019).

When considering Person Centred Practice in nursing, the theorist Dorothea Orem's theory on Self Care (Taylor *et al.* (2003) can elaborate on how self-care is vitally important to a patient's health and recovery, for example, during the current pandemic it has been vital for people to stay in their homes, in isolation, away from the communities which have been formed, in order to halt the spread of the virus (Gov.UK (2021). The pandemic has severed connections in society, creating loneliness and isolation (Mental Health Foundation (2021). Dorothea Orem's Self Care theory indicates the need for human contact, creating human agency, advocating the need for structured relationships (Taylor, *et al.* (2003) in order for people to help themselves and others in their self-care (Taylor, *et al.* (2003).

With Person centred practice in mind, which has been greatly affected, during the past 11 months of the pandemic and cannot be ignored (Bottery, (2020). Both professions have been greatly affected, by job role and contact with their patients during these challenging times (NHS Wales (2021). With the current lock down regulations, (NHS Wales (2021) requesting the UK citizens to stay at home and minimise the contact that they had with anyone, which includes professional health care teams, many people have not been able to receive the care that is needed (Bottery, (2020). Both professions, Occupational Therapy and District nursing, have also had to take into consideration of the legislation for the wellbeing of their clients, such as The Social Services and Well Being (Wales) Act, 2014(Gov.Wales (2019) which has a person-centred practice in mind. The constant need to change the legislation in line with the need to keep people safe and to reduce the spread of the virus, it is a constant challenge for the NHS workers to keep up with the regulations (NHS Wales (2021).

The perception of the rigidity that comes with the title of nurse, this should not mean that their Person-centred Practice should be hidden from their patient/client. The nursing profession has always had care as its core, but with the stigma of being cold hearted and in order to maintain the professionalism, nurses are now taking a much kinder look at their caring roles. Swanson (1991) verifies how nursing and caring must be used:

Nurturing way of relating to a valued other towards whom one feels a personal sense of commitment and responsibility (1991, Cited in McKelvey, 2021)

According to Swanson's 'Middle Range Theory of Caring' (1991 cited in McKelvey 2021), giving clear definition of care of clients: 'The five Caring processes; Knowing, being with, doing for, enabling and maintaining belief' (1991 cited in McKelvey ,2021). But as a nurse has always had to keep in the mind the '4P's', which are (1) Pain (2) Positioning (3) Potty and (4) Proximity of personal items (Shin,2018).

The research carried out by Shin & Park (2018) concluded with an adaptation to their Professional Practice Model (PPM) with the ideology of Swanson's 'Five Caring Process' being used (Shin, 2018). It could now be acknowledged that with Swanson's 'Middle Range Theory of Caring' (1991 Cited Shin,2018) and the newly created PPM that a Nurse will be seen in a new light, a welcoming and caring light. Creating an approachable, caring, yet professional position who have now incorporated a more Person-Centred Practice (Shin,2018).

The conclusion could now be made that with inclusion of patient's opinions, the creation of Person-Centred Practice/Care will produce the best out comes, not just for the patient but also for the professional caring team that support and strive for the correct rehabilitation (Shin,2018) and that with the collaboration, working in unison, the best results for the patient can be increased (Shin,2018).

It can then be concluded that within the complex needs of health care, both a holistic and medical view should be made when considering Person Centred Practice. That with the client/patient at the heart of the care, requesting the opinion of the ill patient, that with both professions bringing their practitioner attributes to the ever need of the patients care, that a patient's response to the care and devotion showed to them can only enhance their want/need to gain back their health. But to also advance both professions gaze upon one another's rolls, giving a new sense of appreciation to such unique yet similar caring professions. With this in mind caring in the community, Person Centred Care/Practice, is evolving with the amalgamation of these amazing professionals with the introduction to "integrated "health care system in the shape of an Integrated Care Centre (NHS Wales (2021), which holds many different professionals who will and always have kept the client/patient/person in the centre of the care that they can provide. Person Centred Practice can only enhance the treatment of patients/clients and increase their rehabilitation rates thus, hoping, for a more efficient treatment plan. As the integrated Care Centre (NHS Wales (2021), has not been open for along enough period of time for results of increased rehabilitation of their patients it can only be estimated this new system is working. Time will tell how efficient an Integrated Care Centre is working within its community (NHS Wales (2021),

References:

Arnstein S (1969) *A Ladder of Citizen Participation*, Journal of The American Planning Association

Bottery S,(August 2020) '*How Covid-19 has magnified some of social care's key problems*', Kingsfund.org.uk, [online] Available at: <https://www.kingsfund.org.uk/publications/covid-19-magnified-social-care-problems> (Accessed: January 2021)

Fine M. (2007) *A Caring Society?*, Hampshire, Palgrave Macmillan.

Goffman, E. (1968). '*Asylums: essays on the social situation of mental patients and other inmates*'. Harmondsworth: Penguin

Gov.uk (2010), '*The Equality's Act 2010*', [Online] Available at : <http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/doughnut/#:~:text=Developed%20by%20Charles%20Handy%2C%20the,outside%20of%20their%20paid%20responsibility> (Accessed: 3 December 2020)

Gov.Uk (January 2021), '*National Lockdown: Stay at home*', [online] Available at: <https://www.gov.uk/guidance/national-lockdown-stay-at-home> (Accessed :21 January 2021)

Gov.Wales (2019) '*Social Services and Well Being (Wales) Act 2014*',[Online] Available at: <https://gov.wales/sites/default/files/publications/2019-06/social-services-and-well-being-wales-act-easy-read.pdf> (Accessed:7 January 2021)

Hammell K. R. (2013). '*Client-centred practice in occupational therapy: critical reflections*'.

Scandinavian journal of occupational therapy, 20(3), 174–181.[Online] Available at:

<https://doi.org/10.3109/11038128.2012.752032> (Accessed: 16th December 2020)

Handy C,(N/D) '*The Doughnut*' [Online] Available at :

[http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-](http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/doughnut/#:~:text=Developed%20by%20Charles%20Handy%2C%20the,outside%20of%20their%20paid%20responsibility)

[tools/doughnut/#:~:text=Developed%20by%20Charles%20Handy%2C%20the,outside%20of%20their%20paid%20responsibility](http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/doughnut/#:~:text=Developed%20by%20Charles%20Handy%2C%20the,outside%20of%20their%20paid%20responsibility) (Accessed: 1st December 2020)

HSC Northern Health and Social Care Trust (2020) *Community Integrated Teams* [Online]

Available at: <http://www.northerntrust.hscni.net/services/older-peoples-services/community-integrated-teams/> (Accessed; 26 January 2021)

McCance T, et al, (2020) '*Implementing Person centred performance indicators to strengthen leadership in community nursing: A feasibility study*' . Ulster University. [Online]

Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/jonm.13107>

(Accessed:22nd December 2020)

McCance, T., Dickson, C.A.W., Daly, L., Boomer, C.A., Brown, D., Brighide, L., MacArthur,

J., Mountain, K., McCormack, B. (2020) '*Implementing person-centred key*

performance indicators to strengthen leadership in community nursing: A feasibility

study', Journal of Nursing Management, 28(6), pp.1443-1452, Wiley Online Library

[Online]. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/jonm.13107>

(Accessed: 22 December 2020).

McKelvey, M (2021), '*Finding meaning through Kirsten Swanson's Caring Behaviours: A*

Cornerstone of Healing for Nursing Education' [Online] Available at:

<https://connect.springerpub.com/content/sgrcn/24/1/6> (Accessed: 27th January 2021)

Mental Health Foundation (January 2021), *How loneliness affect our Mental Health* [Online]

Available at: <https://www.mentalhealth.org.uk/coronavirus/loneliness-during-coronavirus#:~:text=However%2C%20the%20longer%20the%20pandemic,be%20very%20hard%20to%20manage>. (Accessed 27 January 2021)

NHS Wales (2020) *'Information on Health and Social Care'*, [Online] Available at:

<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-health-and-social-care/> (Accessed: 21st January 2021)

NHS Wales(2021), *'Tany Fron Primary Care'* [Online] Available at:

<https://www.tanyfronsurgery.co.uk/> (Accessed 27th January 2021)

NHSGGC(N/D)'*Occupational-Therapy-General-Hints-and-Tips*'[Online] Available at:

<https://www.nhsggc.org.uk/media/249147/occupational-therapy-general-hints-and-tips.pdf> (Accessed: 1st December 2020)

Patrick W ; Luchins, Daniel J, (1999), *'Sociological models and health care Corrigan'*,

England: Elsevier Ltd The Lancet (British edition) Vol.353 (9170), p.2163-2163

[Online] Available at : [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(98\)07304-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(98)07304-8/fulltext) (Accessed: 10th January 2021)

Royal College Of Occupational Therapists (2019) *'What is Occupational Therapy'*, [Online]

Available at: <https://www.rcot.co.uk/about-occupational-therapy/what-is-occupational-therapy> (Accessed: 1st December 2020)

Shin ,N, Park J. (2018)*The Effects of Intentional Nursing Rounds Based on the Care Model*

Patients' Perceived Quality and their Satisfaction with Nursing [Online] Available at:

<https://www-proquest-com.ezproxy.uwtsd.ac.uk/docview/2114161272?OpenUrlRefId=info:xri/sid:primo&accountid=130472> (Accessed: 27th January 2021)

- Swaine Z. (2011) Medical Model. In: Kreutzer J.S., DeLuca J., Caplan B. (eds) *‘Encyclopedia of Clinical Neuropsychology’*. Springer, New York, NY. [Online] Available at: https://doi.org/10.1007/978-0-387-79948-3_2131 (Accessed: 10th January 2021)
- Swanson, K. (1991). *‘Empirical development of a middle range theory of caring. Nursing Research’*, 40(3), 161–166 [Online] Available at: <http://dx.doi.org/10.1097/00006199-199105000-00008> (Accessed: 27th January 2021)
- Taylor, et al.(2003) *‘Self- Care Theory in Nursing: Selected Papers of Dorothea Orem’*. United States, Springer Publishing Company.
- Victoria State Government (2020) *‘Hospitals and health services/patient care/older people’*,[Online] Available at : <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/comm-topics/person-centred-practice#:~:text=Person%2Dcentred%20practice%20puts%20the,their%20health%20and%20healthcare%20needs> (Accessed: 18th January 2021)
- Watson, J. (2007). *‘Watsons theory of human caring and subjective living experiences: carative factors/caritas processes as a disciplinary guide to the professional nursing practice’*. [Online] Available at : <https://dx.doi.org/10.1590/S0104-07072007000100016> (Accessed: 18th January 2021)
- World Health Organisation (2005), *‘Preparing a Healthcare workforce for 21st Century’*, [Online] Available: at https://www.who.int/chp/knowledge/publications/workforce_report.pdf (Accessed: 22nd December 2020)