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Module: Principles of Health and Social Care Practice

Module Code: BMHP5016

Assignment Title: Component 2 Report – Hospital Setting

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Abstract

In a hospital context, person-centred care and collaboration are examined in this report. It describes how person-centred care promotes patients' choice, dignity, and respect. The significance of collaboration between healthcare providers, patients, families, and other services is also examined in the report. It includes discussion of pertinent laws, regulations, and professional standards that direct safe and efficient practice. The study emphasises how shared decision-making and efficient communication enhance patient outcomes and experiences. The functions of interdisciplinary teams in providing coordinated care are also taken into account. The primary conclusions demonstrate that patient safety, satisfaction, and care quality are enhanced by person-centred care and collaborative efforts. According to the report's conclusion, healthcare providers should uphold effective communication, encourage teamwork, and respect each person's requirements. To improve patient-centred practice, recommendations centre on enhancing communication skills, fostering teamwork, and encouraging ongoing professional development.

Introduction

In a hospital context, person-centred care and collaboration are examined in this report. The study examines how these strategies help patients receive safe, efficient, and excellent medical treatment. The NHS promotes person-centred care and partnership working, which are fundamental to contemporary healthcare practice (**NHS England, 2024; Health and Care Act 2022**). The first section of the study defines person-centred care and discusses its advantages and drawbacks in hospital settings. After that, it looks at pertinent theories that promote person-centred practice and analyses how they may be used in medical settings.

The ethical precepts of autonomy, beneficence, non-maleficence, and fairness that govern professional conduct are also examined in the report. In multidisciplinary healthcare teams, partnership cooperation is assessed by taking into account its significance, advantages, and difficulties. There is discussion of pertinent laws and national policies that affect hospital practice. The paper then offers evidence-based suggestions to enhance partnership work and person-centred care. Lastly, the conclusion stresses the significance of collaborative practice in attaining favourable patient outcomes and summaries the key findings.

Definition of PCC

An approach known as person-centred care (PCC) centres healthcare planning and decision-making around the individual. It acknowledges the rights, needs, interests, and values of every individual. PCC promotes active patient participation in healthcare decisions (**National Institute for Health and Care Excellence (NICE), 2021**).

Person-centred care is defined by the **Health Foundation (2016)** Health Foundation (2016) as healthcare that supports informed choice and collaborative decision-making while respecting individual preferences. This strategy encourages respect, decency, empathy, and clear communication. Additionally, it promotes the development of therapeutic alliances based on mutual respect and trust among medical experts.

By acknowledging that patients have physical, emotional, psychological, cultural, and social needs, person-centred care in a hospital setting promotes holistic care. Whenever feasible, medical practitioners should include patients in the planning of their treatments. Additionally, they ought to give patients precise information so they can comprehend their selections and make wise choices. When appropriate and with the patient's permission, family members and caretakers may participate in decision-making.

Person-centred care offers a number of significant advantages. Patients who take part in decision-making frequently report better healthcare experiences and higher levels of satisfaction (**NICE, 2021**). Improved treatment compliance and fewer miscommunications between patients and medical staff are two benefits of effective communication. Because PCC encourages patients to voice concerns and ask questions throughout their care, it can also increase patient safety.

However, it might be difficult to continuously execute person-centred care in hospitals. Opportunities for meaningful communication may be diminished by high patient numbers, staffing shortages, resource constraints, and time constraints. Some patients may be unable to completely participate in decision-making due to cognitive disability, severe sickness, or linguistic problems. Healthcare providers may need to make quick clinical choices in emergency settings in order to save lives and avoid injury.

Even though person-centred care is acknowledged as excellent practice, both organisational support and individual professional practice are necessary for its success. Person-centred care cannot be ensured by policies alone if staff members do not have enough time, resources, or training. To increase person-centred practice, healthcare organisations should encourage supportive leadership, continual professional growth, and productive multidisciplinary teamwork.

In general, the data indicates that person-centred care has more advantages than disadvantages. Effective PCC implementation enhances patient experiences, fortifies therapeutic alliances, and advances safer, better healthcare. To guarantee that person-centred care can be provided uniformly across all services, hospitals must, however, overcome practical obstacles.

Relevant Theories

Multiple ideas advocate for person-centred care within hospital environments. These theories assist professionals in comprehending patients' demands and enhancing the quality of care. They additionally endorse evidence-based decision-making.

Maslow's Hierarchy of demands posits that fundamental physiological and safety requirements must be satisfied prior to the attainment of higher-level demands (Maslow, 1943). This philosophy advocates for the provision of holistic care by specialists in hospitals. Patients need medical care, emotional support, and a secure setting. Fulfilling these demands could enhance healing and overall health. Critics counter that patients' requirements don't always follow a predetermined sequence. Therefore, rather than depending solely on the hierarchy, hospital staff should evaluate each patient on an individual basis.

The diagnosis and treatment of illness are the main goals of the medical model of disability. It seeks to improve health and lessen symptoms. Because prompt diagnosis and treatment might avoid consequences, this strategy is still crucial in hospitals. The medical model, however, might ignore social, psychological, and emotional demands. Care may so shift from being person-centred to being task focused.

An alternative viewpoint is provided by the Social Model of Disability. It implies that social barriers, rather than physiological conditions, frequently restrict people's ability to participate (Oliver, 1996). This strategy urges medical staff to reduce obstacles to care and involve patients in decision-making. For example, offering interpreters or accessible information may enable patients to participate in decisions about their treatment. This could entail offering translators, easily available data, or extra assistance. But during an acute illness, the social model might not be sufficient to provide critical clinical needs.

Combining these beliefs promotes a balanced approach to care. The Medical Model focuses on clinical requirements, whereas the Social Model advocates for inclusion and engagement. Maslow's theory advocates for comprehensive evaluation. Collectively, these methodologies enhance person-centred care and elevate patient outcomes in hospital environments.

Ethical Fundamentals

In hospital settings, professional decision-making is guided by ethical considerations. They encourage collaboration and person-centred care. Additionally, they assist practitioners in striking a balance between safe therapeutic practice and patient rights.

Respecting a patient's autonomy entails allowing them to make educated choices (Beauchamp and Childress, 2019). Professionals in hospitals should involve patients in the planning of their care and give them precise information. This idea encourages collaborative decision-making, which improves person-centred care. Patients might, however, reject suggested therapy. While making sure people are aware of the potential risks, professionals must honour their desires.

Professionals must behave in the patient's best interests in order to be considered beneficent. They must refrain from harming others in order to be non-maleficent. When making therapeutic decisions, these ideas frequently cooperate. For instance, in order to avoid major complications, a multidisciplinary team could advise immediate surgery. Nonetheless, if feasible, the patient's wishes must be taken into account. Professionals can debate treatment choices and make well-rounded recommendations when they collaborate.

Fairness and equal access to healthcare are key components of justice. Regardless of a patient's age, disability, race, or social background, hospital staff should treat them appropriately. Patients can be given equitable opportunity to participate in decision-making, for instance, with the use of translators or easily accessible information. Both inclusive practice and person-centred care are supported by this strategy.

To be deemed beneficent, professionals must act in the patient's best interests. To be non-maleficent, they must abstain from doing harm to others. These concepts often work together while making therapeutic judgements. For example, a multidisciplinary team might recommend quick surgery to prevent serious consequences. However, the patient's desires must be considered if at all possible. When professionals work together, they can discuss treatment options and provide comprehensive suggestions.

Equal access to healthcare and fairness are essential elements of justice. Hospital employees should treat patients fairly regardless of their age, disability, race, or social status. By using interpreters or readily available information, for example, patients can be given an equal chance to participate in decision-making. This approach supports both person-centred care and inclusive practice.

Evaluation of Partner working

In partnership working, organisations and professionals collaborate to provide person-centred, coordinated care. Effective teamwork enhances patient outcomes, continuity of care, and communication in hospital settings.

By uniting NHS organisations, local governments, and other health and social care providers, Integrated Care Systems (ICS) improve collaboration (NHS England, 2024). This method facilitates more seamless transfers between hospital and community services and enhances care coordination. Additionally, it encourages collaborative decision-making and lessens service duplication.

Multidisciplinary teams are also essential to hospital partnerships. Different specialities are contributed by physicians, nurses, pharmacists, physiotherapists, and social workers. For instance, before a patient leaves the hospital, discharge planning calls for clinicians to exchange information and reach a consensus on safe care arrangements. Because patients and their families can participate in the planning process, this collaborative approach promotes person-centred care.

Working in partnerships has advantages, but there are drawbacks as well. Decision-making may be delayed by poor communication, conflicting professional priorities, and obstacles to information exchange. Opportunities for productive cooperation may also be diminished by staff shortages and rising service demands. As a result, patient safety and continuity of care may be impacted by fragmented communication.

Overall, partnership working is essential in hospital settings because it improves coordinated care, supports safe discharge planning, and enhances patient outcomes. However, its effectiveness depends on clear communication, shared accountability, and organisational support.

Policy and Legislation

By enhancing cooperation between NHS entities through Integrated Care Systems (ICSs), the Health and Care Act 2022 encourages effective partnership working. This facilitates the provision of person-centred care, enhances communication, and enables coordinated care in hospital settings. However, sufficient staffing and open communication amongst interdisciplinary teams are necessary for successful implementation (Department of Health and Social Care, 2022).

By encouraging dignity, patient participation, and equal access to healthcare, the Care Act of 2014 and the Equality Act of 2010 enhance person-centred care. In order to improve patient

outcomes in hospital practice, these rules encourage healthcare personnel to respect individual needs and collaborate (Care Act, 2014; Equality Act, 2010).

The NHS Constitution for England advocates for patient-centered care by acknowledging individuals' rights to participate in decisions regarding their care and treatment. In hospital environments, these principles enhance collaborative efforts by promoting transparent communication, mutual respect, and joint decision-making among healthcare staff and patients (Department of Health and Social Care, 2021).

Recommendations

The effectiveness of partnership working and person-centred care in hospital settings can be diminished by communication barriers, limited information exchange, and time constraints, according to this paper. Hospitals should regularly offer multidisciplinary team (MDT) training to improve patient involvement, cooperative decision-making, and communication in order to solve these issues. In order to facilitate safer discharge planning and continuity of care, hospital departments and community services should be encouraged to use integrated digital systems more frequently. This approach is also consistent with the Health and Social Care Act 2012, which supports integrated working and improved coordination of healthcare services across organisations (Health and Social Care Act, 2012). However, sufficient resources, employee training, and organisational commitment are necessary for successful implementation. Despite encouraging national policies and laws, it may be challenging to strengthen partnership working without these resources (NICE, 2021; NHS England, 2024; Health Foundation, 2016).

Conclusion

In hospital settings, providing safe, effective and high-quality care requires effective partnership working and person-centred care. Multidisciplinary teams that work well together enhance patient outcomes, collaborative decision-making, and communication. However, obstacles including time constraints, scarce resources, and poor communication might lower the standard of treatment. Healthcare providers can better fulfil the unique requirements of their patients and foster collaborative practice by implementing pertinent laws, national policies, and professional standards. To further collaboration and raise the standard and safety

of healthcare services, ongoing professional development and effective leadership remain essential (NMC, 2018; Care Quality Commission, 2023).

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