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Person-Centred Care, Partnership Working and Ethical Practice in UK Health and Social Care:

A Reflective Report

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CONTENTS

Introduction	page 2
---------------------------	---------------

Task 1 Reflection on the Importance of Principles of Health and Social Care	page 3
--	---------------

Person-centred care.....	Page 3
Partnership working.....	Page 4
Ethical practice.....	page 4,5

Task 2: Applying the Principles in Practice	page 5
--	---------------

Person-centred care.....	Page 5
Partnership working.....	Page 6
Ethical practice.....	Page 6

Task 3: Self-Reflection as a Future Health and Social Care Professional	Page 6
--	---------------

Description.....	Page 6
Feelings.....	Page 6
Evaluation.....	Page 7
Analysis.....	Page 7,8
Conclusion.....	Page 8
Action Plan.....	Page 8

Conclusion	Page 9
-------------------------	---------------

Reference list.....	Page 10
----------------------------	----------------

Introduction

High-quality health and social care in the UK is underpinned by the principles of person-centred care, partnership working and ethical practice. These principles support healthcare professionals to deliver safe, compassionate and effective care while respecting patients' rights, dignity and individual preferences. Their importance has increased with an ageing population, the growing prevalence of long-term conditions and closer integration between health and social care services.

Although these principles are central to professional practice, applying them consistently remains challenging because of organisational pressures, limited resources and the need to balance patient preferences with evidence-based care.

This report critically evaluates person-centred care, partnership working and ethical practice within UK health and social care. It applies these principles to the care of my grandmother, referred to as Mrs A to maintain confidentiality, who lives with chronic obstructive pulmonary disease (COPD), and reflects on how observing her care has influenced my development as a future health and social care professional.

Task 1: Reflection on the Importance of Principles of Health and Social Care

Person-centred care

Person-centred care places the individual at the centre of decision-making rather than focusing solely on their illness. The Care Act 2014 promotes individual wellbeing and involvement in care decisions, while the National Institute for Health and Care Excellence (NICE, 2021) recommends shared decision-making to enable patients to participate actively in planning their care.

Evidence suggests that person-centred care improves patient satisfaction, engagement and the overall care experience (Ekman *et al.*, 2011). However, Rathert, Wyrwich and Boren (2013) found that although patient experience consistently improves, evidence of improved clinical outcomes is less conclusive. This indicates that person-centred care is highly effective in enhancing patients' experiences, but it does not always guarantee better health outcomes.

Implementing person-centred care also presents practical challenges. Shared decision-making assumes that patients have sufficient health literacy, confidence and emotional capacity to participate, which may not always be possible during acute illness. In addition, the Social Care Institute for Excellence (SCIE, 2020) warns that involvement can become

tokenistic if professionals seek agreement rather than genuine collaboration. Workforce shortages and increasing service pressures may also reduce the time available to deliver truly person-centred care (The King's Fund, 2021). Therefore, the effectiveness of person-centred care depends not only on professional values but also on the organisational environment in which care is delivered (SCIE, 2020; The King's Fund, 2021).

Maslow's Hierarchy of Needs (1943) further supports person-centred care by recognising that psychological and social needs are as important as physical health. Although the model has been criticised for limited empirical support and its assumption of a linear progression of needs, it remains a useful framework because it encourages professionals to consider the whole person rather than focusing solely on physical symptoms (Maslow, 1943).

Partnership working

Partnership working involves healthcare professionals from different disciplines collaborating with patients, families and carers to provide coordinated and holistic care. The Health and Care Act 2022 promotes integrated working through Integrated Care Systems to improve communication and continuity of care.

Evidence suggests that effective interprofessional collaboration can improve care coordination and patient outcomes, although the overall evidence remains limited (Reeves *et al.*, 2017). Effective partnership working enables professionals to share expertise, coordinate treatment plans and provide more consistent support for people with complex health needs. However, successful collaboration may be hindered by professional hierarchies, poor communication, incompatible information systems and increasing pressures on health and social care services. As The King's Fund (2021) argues, successful integration depends not only on organisational structures but also on effective communication, mutual respect and shared professional responsibility (Reeves *et al.*, 2017; The King's Fund, 2021).

Ethical practice

Ethical practice underpins both person-centred care and partnership working. Beauchamp and Childress (2019) identify four key ethical principles: autonomy, beneficence, non-maleficence and justice. These principles provide an important framework for decision-making but often conflict in practice. For example, respecting a patient's autonomy may differ from what healthcare professionals believe is in the patient's best interests, while limited resources can create tensions between beneficence and justice.

Ethical decision-making therefore requires professionals to balance competing responsibilities according to the circumstances of each individual case rather than applying fixed rules. Sound ethical practice also involves maintaining confidentiality, obtaining informed consent and ensuring that care is delivered fairly and respectfully. Consequently, professional judgement remains essential when applying ethical principles within complex healthcare environments (Beauchamp and Childress, 2019).

Task 2: Applying the Principles in Practice

The principles of person-centred care, partnership working and ethical practice are most effective when applied together. This is demonstrated through the care of my grandmother, referred to as Mrs A to maintain confidentiality, who lives with chronic obstructive pulmonary disease (COPD). Following treatment for an acute exacerbation, she was medically stable but anxious about returning home because breathlessness affected her daily activities and reduced her confidence in managing independently.

Person-centred care

Person-centred care begins by understanding what matters most to the individual rather than focusing solely on the medical condition. NICE (2021) recommends shared decision-making, which in Mrs A's case involved discussing her concerns about discharge, identifying her personal goals and developing a care plan that reflected her preferences.

Maslow's Hierarchy of Needs (1943) helps explain Mrs A's experience. Although her physical condition had improved, her need for safety remained unmet because she lacked confidence in managing breathlessness at home. This anxiety could reduce her ability to follow self-management advice, demonstrating that psychological wellbeing is as important as physical recovery for people living with COPD (British Thoracic Society, 2022). Applying theory in this way supports more holistic and person-centred care.

However, person-centred care also presents ethical challenges. If Mrs A declined pulmonary rehabilitation because of anxiety, healthcare professionals would need to balance respect for her autonomy with evidence that rehabilitation improves long-term outcomes (NICE, 2018). The most appropriate approach would be to provide clear information, explore her concerns and revisit the discussion over time while respecting her right to make an informed decision (Beauchamp and Childress, 2019).

Partnership working

Effective care for Mrs A required collaboration between professionals from different disciplines. Her care involved a respiratory consultant, nurses, physiotherapist, occupational therapist, pharmacist, GP, community respiratory nurse and, with her consent, family members who supported her at home. This multidisciplinary approach promotes continuity of care and may reduce hospital readmissions for people with COPD (Reeves et al., 2017; British Thoracic Society, 2022).

Despite these benefits, partnership working is not always straightforward. Delays in communication, limited community resources and poor information sharing between organisations can disrupt discharge planning and reduce the effectiveness of coordinated care. This demonstrates that successful partnership working depends not only on involving the appropriate professionals but also on effective communication, shared responsibility and integrated services (Reeves *et al.*, 2017; The King's Fund, 2021).

Ethical practice

Ethical practice underpins every aspect of Mrs A's care. Respecting her autonomy meant recognising her right to make informed decisions about treatment, while beneficence and non-maleficence required healthcare professionals to ensure she understood the potential risks and benefits of those decisions. Justice also required fair access to community services and ongoing support regardless of personal circumstances.

Rather than providing simple answers, ethical principles require professionals to balance competing responsibilities according to each individual's needs. Mrs A's experience demonstrates that ethical decision-making is an ongoing process that supports both person-centred care and effective partnership working (Beauchamp and Childress, 2019).

Task 3: Self-Reflection as a Future Health and Social Care Professional

This reflection is structured using Gibbs' Reflective Cycle (Gibbs, 1988), which provides a systematic framework for examining experiences, evaluating practice, and identifying learning for future professional development.

Description

Observing my grandmother's care during her hospital admission for COPD gave me valuable insight into how person-centred care, partnership working and ethical practice are applied in

a real healthcare setting. Although the multidisciplinary team (MDT) managed her clinical condition effectively, most discussions focused on medical priorities such as treatment, medication and discharge planning. Comparatively less attention was given to her anxiety about returning home and how this might affect her confidence in managing her condition independently.

Feelings

Watching these discussions made me realise how important communication is in delivering holistic care. I recognised that my grandmother's concerns were not explored in as much depth as her physical condition, and this made me question whether psychological needs always receive the same attention as clinical needs. As a student, I lacked the confidence to ask questions or discuss these observations with healthcare professionals. Looking back, I recognise that my hesitation reflected a lack of confidence rather than a lack of understanding. This experience highlighted the importance of developing the confidence to advocate respectfully for the person's perspective throughout my future career.

Evaluation

The MDT managed my grandmother's acute condition effectively and ensured she was medically fit for discharge. This demonstrated beneficence through appropriate clinical treatment and effective partnership working between healthcare professionals. However, the emotional impact of living with COPD and her concerns about coping at home received less attention during discharge planning. This suggests that although the physical aspects of care were delivered successfully, person-centred care was only partially achieved because psychological wellbeing was not explored to the same extent as physical recovery (NICE, 2021). The experience reinforced my understanding that successful discharge planning should address both physical and emotional needs to promote long-term recovery and independence (The Health Foundation, 2014).

Analysis

Reflecting on the Care Act 2014 has strengthened my understanding that promoting wellbeing involves recognising emotional, psychological and social needs alongside physical health. Initially, I believed that my role as a student was mainly to observe healthcare professionals rather than critically reflect on the care being provided. However, this experience challenged that assumption and encouraged me to think more critically about the importance of advocacy and holistic care. Jasper (2013) suggests that students often lack confidence when observing experienced professionals, but reflective practice enables them to learn from these situations and develop professionally.

Maslow's Hierarchy of Needs (1943) also helped me understand why my grandmother's anxiety was significant. Although her physical health had improved, her confidence in managing breathlessness at home remained uncertain. This demonstrated that recovery involves more than treating illness; psychological security and confidence are essential for maintaining independence and supporting effective self-management. Reflecting on this experience has strengthened my understanding that person-centred care requires healthcare professionals to consider the whole person rather than focusing only on clinical outcomes.

Conclusion

This experience has strengthened my understanding that effective health and social care depends on balancing clinical treatment with emotional and psychological support. It has also helped me recognise that professional practice requires confidence, reflection and a commitment to advocating for the person's individual needs. These insights will influence the way I approach person-centred and ethical care throughout my future career. As this reflection is based on the care of a family member, I recognise that my personal relationship may have influenced my perceptions of the experience.

Action Plan

To improve my future professional practice, I will:

- continue developing my knowledge of person-centred care by reviewing current NICE guidance and relevant legislation, including the Care Act 2014 and the Mental Capacity Act 2005;
- use reflective models, such as Gibbs' Reflective Cycle, after practice experiences to evaluate my communication, decision-making and professional development (Gibbs, 1988);
- improve my confidence in communicating within multidisciplinary teams by participating in group discussions, simulation activities and interprofessional learning opportunities at university;
- develop my understanding of COPD management and discharge planning so I can better appreciate the physical, psychological and social needs of people living with long-term conditions; and
- ensure that, in my future practice, I actively consider the person's own views, concerns and priorities alongside clinical information when contributing to care planning.

Conclusion

The principles of person-centred care, partnership working and ethical practice are fundamental to effective health and social care in the UK. However, as this report has demonstrated, applying these principles consistently remains challenging because of organisational pressures, resource limitations and the complexity of clinical decision-making. My grandmother's experience highlighted the importance of addressing psychological and social needs alongside physical health, while my reflection reinforced the importance of having the confidence to advocate for the person's perspective. Overall, this report has strengthened my understanding that delivering high-quality care depends not only on clinical knowledge but also on effective communication, ethical judgement and collaborative working. These insights will guide my future development as a compassionate and accountable health and social care professional, ensuring that person-centred values, partnership working and ethical decision-making remain central to my practice.

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