

Assignment 2

Principles of Health and Social Care Practice

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Introduction

Patient-centred care, allow patients to be treated holistically, and not just their disease or illness. Hippocrates once said, 'it is more important what sort of person has a disease; than to know what sort of disease a person has'. (Coulter and Oldham, 2016). This essay aims to discuss the theoretical concepts and theories which underpin, current practice within health and social care. The underlying concept of person-centred care will be discussed as well as the theoretical underpinning of person-centred care. The Ethics underpinning of person-centred care will be highlighted, also the main benefits and limitations of patient-centred care will be explored. Patients living with dementia will be used; to demonstrate the application of person-centred care in practice. Finally realistic recommendations for improving patient-centred care.

Patient centred care was founded by Carl Rogers, in 1951. (Fazio et al, 2018). Patient centred care is becoming very popular, in the health care industry as it is seen to be very effective. Gemmae et al (2018) Agree with this line of thought and emphasize that; patient centred care is not only used internationally but is extending beyond the provision of health care and is now being adopted in the medical, educational and law fields.

Patient-centred care can be defined, as a process in which the patient is fully involved; in the care which he or she is receiving; and all the decisions that are made, are focused on the patient. The best form of practice is applied when caring for the patient. Stanhope and Choy-Brown (2017) explain that patient centre is driven by service users. There has been an increase in the importance of independence, in the care of patients with mental health issues, toward patient centre care and shared decision making.

Discussion

All patients have needs, and these needs can be put into categories as to how important they are. Maslow's hierarchy of needs (1943) is one of the theories of needs and they are five steps, which are first, physiological this is the air one breathes, sleep, food water, homeostasis and excretion. Secondly, safety is security, confidence, employment, health, property. Thirdly love and belonging include family and relationships, sexual intimacy. Fourthly esteem includes one's low esteem or high esteem, respect for others and oneself. Lastly self - actualization

includes morality, creating, problem-solving, lack of prejudice, acceptance of facts. (Horne, 2021). These are the factors that assist when planning care for patients. NEJM Catalyst (2017) explains that patient-centred care focuses on the health needs and desired health outcomes, hence; this is always the driving force to all the decisions made when it comes, to the patient. It is important that patients have an input in the care that they receive; as it helps for the patient to comply better when they know what is happening to them; and the rationale for their treatment. Ashdow (2018) explains that patients are the service users of the health care delivery, and their absence would lead to no health care, it is therefore imperative for patients to play a significant role in their own care.

Choy-Brown et al (2020) state patient-centred care identify, that there six factors, meant to enhance the quality of care, these are; delivering care that is respectful, responsive to individual patient choices, wants and values, also making sure that patient values guide all clinical outcomes. This demonstrates that it is of utmost importance that when providing care for patients, such as dementia patients they are at the centre of it.

Patients must feel that they are equal partners as regards their care. Respect and dignity should always be at the heart of whatever decision and care are being given. For example, there are times when a dementia patient could, present with a challenging behaviour due to the nature of their disease, it is up to the healthcare givers to find a way in working around this.

Dementia patients are known to suffer from memory loss, this must be considered when giving such patients information, and healthcare professionals should be patient with them, and not make them feel that they are not intelligent. Empathy must be adopted when caring for dementia patients. Leung et al (2019) support this line of thought and explain that memory loss, is a very prevalent symptom of dementia affecting the daily life of older people, however, it will be sometimes possible that the information given to them may not be retained. Universal Personalised Care Implementing the Comprehensive Model (2019) explains that personalised care allows individuals to make choices over the delivery of their care and how it is planned, based on their preferences.

The Care Quality Commission (2021), acknowledge regulation 9 of the health and social care act (2008), which discusses the patient – centre and treatment that is planned from the assessment that has been undertaken. Patients want to be treated as individuals whose knowledge, values, preferences, family, and social circumstances are acknowledged as being the focus when deciding how to plan their care. (Coulter and Oldham, 2016). Patient-centred care can be demonstrated in various ways when caring for patients such as dementia patients, for example, it is of utmost importance when considering dementia patient wishes are clearly

stated and written down. The rationale for this is because there will be a time where they will not be able to voice out their choice, since it is already being specified it will be easy to carry out what the patient's wishes are. This is known as advance care planning, when they are still able to make informed decisions, because of all the different choices that are open to them, hence; the patient can weigh each option, discuss with their family, and then give their well thought decisions, without coercion and intimidation, by any of the health care professionals.

Dael et al (2020) explain that advance care planning for people living with dementia is vital as end-of-life care is not undertaken properly for dementia patients. When dementia patients are at the point of their lives where they, have the mental capacity to make informed decisions and directives; it is then that such decisions should be well documented. These decisions can be revised if needed, at any point in time; and this needs to be communicated to the patient. Dixon et (2017) emphasize that advance care planning is a voluntary process, of discussion and review concerning the preference for future care; when a person is unable to make decisions for themselves. This makes all the care that is given to the patient, patient-centred. It is not what choice the healthcare professionals think, the patient should have, but the patient's choice.

There are various organisations in the United Kingdom, who have adopted the patient – centre care approach, an example of one of these organisations, is Age UK. Lambeth Age UK (2018) explain that people living with dementia and their Carers, still find it difficult to get quality care, and support hence, Age UK looked at what is called “living well”, this is to help dementia patients and their family. “promising approaches to living well with dementia” was able to explain what people with dementia, need to be comfortable also for them to have, positive relationships with friends and family; so that they carry on with their daily activities, also the findings were able to show, that patients living with dementia should, be able to access with ease; services in their local environment. It was reported that one in three people living with dementia, do not have a care plan therefore they may be unaware of the support that is available to them.

Age UK has taken the time to carry out, research to make the lives of those living with dementia, a little more comfortable, also that they are not left out as regards social activities, as it is very easy for people living with dementia to be socially excluded, due to the fact that their diseases make them, want to be on their own. Greenwood et al (2018) agree with this idea and explain that social exclusion has a bad effect on the quality of life and state that people living with dementia have been known to be socially excluded. It is important that

patient's cultures, beliefs, values, religion, likes and dislikes are taken into consideration when planning care for patients. Equal opportunities are a must for all patients, as well as fairness.

Empowerment is important for patient care, because when patients are given the option; it favours patients, who have the early onset of dementia, as they are able to explain their wishes, hence the healthcare providers are able to explain their options also when patients know what to expect, they are more likely, to cooperate with their care providers, as they see themselves and the care provider as equal partners, in the decision making of their care. Bodlica and Spraggon (2019) agree with this line of thought and state that allowing patients opinions to be heard and given to health care providers enhances self-care efficacy, increased compliance for patients to take their prescribed medications and improved citizens well-being.

A very important aspect as regards the ethical side of patient – centre care is for, patient to feel valued. For a patient that is living with dementia to feel valued, it is important for the patient to be respected and should be at the centre of whatever care and planning is being undertaken. It is important that patients are always given the emotional support whenever they need it. Owen and Keller (2018) agree with this point of view and expresses that confidence is related to self -esteem and this further allows for health care professionals and patients, to develop a trusting relationship. Once there is trust the outcome of the patient's care will be much better as the patient is able express their fears and questions can be asked without feeling that they will be judged. This helps also with the self -esteem of the patient.

Collier (2020) explains that the six Cs which are care, compassion, competence, communication, courage and commitment was established by the National Health Service Commissioning Board, developed a strategy known as compassion in practice, and supporting patients to make informed choices about the service they receive. This helps patients to make informed choices. It is always one of the targets of any healthcare professional that the patient is as independent as possible, also the fact that the patient who is the one receiving the treatment should be at the heart of every decision making in order for there to be a better outcome, and it helps with patients' compliance. There should always be a shared decision making between the caregiver and care receiver.

Park (2020) argues that the lack of service user's involvement, in the health and social service planning process is an issue. It is important for them to be engaged as this brings mutual consent and hence brings about a better outcome to patient's satisfaction for example a patient living with dementia would like to feel safe and wanted, the fact that there is a lot of confusion and lack of understanding of what is going on around them, would make it even

more stressful when decisions are imposed on them, but when a safe environment is provided, then trusting and better relationships are formed between the care giver and the care receiver.

Self – actualisation enable clients to gain confidence, the role of the patient should be a partner and not a receiver, this makes the process of looking after patients, smoother and patients are more understanding, for example, it is very common for a patient living with dementia to state that, they do not understand what their care is all about; and why they have to use a particular medication. This shows that proper communication has not taken place, and even though dementia does affect short term memory, the patient must be given the information in a clearer and jargon-free manner as the patient can easily forget. Informed choices can be made with the relevant and correct information, otherwise, there will be a bridge of trust. Once this happens this leads to a breakdown in communication. Tiwary et al (2019) highlight that communication refers to exchanging information, communication issues with patients could lead to an increase of adverse effects that could have been stopped, which are most of the time drug-related. The patient should be able to navigate their care, with ease and there needs to be proper care co-ordination between the healthcare professionals looking after patients.

When considering the positive aspects of patient-centred care, firstly it makes the patient feel satisfied as they have an understanding about what is happening to them, also it always promotes honesty and openness. It also allows patients to have access to the appropriate health care they need when it is needed. Jakbsson et al (2019) state that cares focused on the foundations of patient-centredness appears to boost both patients' perceptions of been satisfied and symptom management, this was discovered after research was undertaken evaluating the effects of person-centred inpatient care in terms of satisfaction with care and person-centred care.

Secondly, patient-centred care enables, patients, to have a say as regards; their care and hence they become partners in their care, with the caregiver. Fix (2017) et al explain that patient-centred care allows for patients to be seen as people and sharing power between the patient and the healthcare professional.

Lastly, patient-centred care helps dementia patients, to be less aggressive and more trusting since, they have a say in their care, which makes them feel that they are inclusive. Jopling (2017) agrees with this argument and states that the person-centred approach has been recognised as best practice by the National Institute of Care and Excellence stated that patient-centred care reduces anxiety and aggression among people with dementia.

There are some limitations as regards patient centre care, firstly it can be expensive to maintain as patients may have to; opt for private care to have such personal care, which costs

a lot. Meranios et al (2020) agree with this line of thought and state that patient-centred care can bring about an increase in personal and financial cost.

Secondly patients may overshare information about their personal life that is not relevant to their medical condition. Hansson and Froding (2020) agree with this line of thought and argue that patients; may divulge too much information about themselves thinking; that it is relevant to their situation.

Recommendations

Patient-centred care allows for patients and their family to have a voice and say as regards the care they have hence should be encouraged where possible. Ogden et al (2017) agree with this thought and says patient-centredness can be considered a necessary attribute for patient-centred care. If patient-centred care is used properly it improves the quality of care that patient receives.

It is often stated that the needs assessment of dementia patients are not often carried out in time, as it is a progressive disease, when the patient is still in the early stage of their disease the wish of the patient is known hence the need for the patient – centred care. Jackson et al (2017) explain that dementia is a long- term condition for which the aim is to ‘live well’ palliative needs assessment with discussions, about goals and expectations of treatments as part of a shared decision – making.

Patient centred care encourages the patient to be autonomous hence this allows patients to be empowered. Which allows patients to feel that they have a say in what is happening to them. Manalastas et al (2020) agree with this line of thought and states that patient-centred communication enables this by empowering the patient to take part in decisions as regards their care.

Conclusion

This essay has demonstrated the importance of patient – centred care, with patients living with dementia. A brief background of how patient-centred care was started was explained. The positive aspects of patient – centred care were explored also limitations of it were also explored. Examples of the use of patient-centred care were also given. Recommendations were also discussed on how the use of patient-centred care can be improved in the care of patients living with dementia were also discussed.

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