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Introduction

Person-centred care is known to be the approach that focusses mainly on the values, needs and preferences of the patient making sure that their decisions are valued within their own treatment plan (Ekman, 2022). The following report however aims to delve on other aspects of care as well such as partnership working and the presence of ethics in health and social care. The report begins with an introduction after which it is divided into three tasks. The first task discusses the significance of partnership working, ethics in health and social care along with person-centred care. The following task focusses on a real-world example where person-centred care, partnership working and ethics were effectively applied. This task also describes the current guidelines and associated policies in the UK (United Kingdom). The third and the final task reflects on how health and social care students can include person-centred care, partnership working and ethics in their daily work.

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

As already stated, person-centred care is the approach wherein the patient is prioritised and their decisions are valued when creating a treatment plan for them. Partnership working in medical care includes the collaborative effort between different professionals and organisations so that healthcare services and outcomes are improved (NHS England, 2026a). NICE (National Institute for Health and Care Excellence) suggest that their principles include a focus on values, morals and ethics. It is also suggested that when they are making decisions their committees strive to ensure that the greatest number of individuals are benefitted (NICE, 2026). It is also

understood to be ensured that respect for individual choice and fairness is ensured. As per the NHS (National Health Service) person-centred care includes the meeting of dementia, mental health, learning disability and end of life care programmes (in cases where the patient is suffering from the long-term condition of dementia) (NHS England, 2026b). The practice of providing person-centred care also includes the identification of behaviours and basic competencies required for any individual who is involved in making sure that the service users are healthy, engaged and are able to control their own choices. Partnership working in the UK may be witnessed when case managers connect a series of healthcare-based professionals for the advantage of patient such as local authorities, adult social care providers, NHS trusts and primary care providers, etc.

Ethical care is provided when doctors and other healthcare professionals act within their abilities and do not try to provide care beyond the level of their competence unless the situation is extremely critical or in a state of emergency (British Medical Association, 2025). This aspect resonates with the ethical principle of non-maleficence or doing no harm. Under this principle the healthcare professionals are supposed to reduce unnecessary suffering of the patient while trying to help them. This is where person-centred care, partnership and ethics overlap since ethically the healthcare professionals are supposed to act in the best interests of the patient (beneficence) however at times the situation may be so critical that the professional(s) engaged may have to provide treatment beyond their level of competency. As per Maslow's Hierarchy of Needs, however the focus is more on physical needs rather than interpersonal or social since the lowest tier dictates that individual require food, housing and clothing as the bare minimum to survive (Zou *et al.*, 2024). Although these principles are

interconnected and overlapping, they are required in medical care so that professional services do not become overly impersonal.

Task 2: Practical Examples of Concepts in Practice

The NHS provides professional help to patients such as Marielle (name changed) who was a working professional with autism. She had started facing chronic fatigue and post-traumatic stress disorder (PTSD) due to some of her life events since 2015 (NHS England, 2026c). Marielle sought help from her doctor however the doctor realised that in this case, the patient requires more than just medications and hence asked her to reach out to a social prescribing link worker. The help provided to Marielle was to combat her situation wherein she was finding everyday activities to be overwhelming. As understood person-centred care being provided includes the decisions made by the patient within their treatment plan. In this case the link worker, Kristy (name changed) provided the same by interacting with the patient and finding out which aspects mattered to her. Partnership working or collaborative care in this case was witnessed between Kristy, the patient and her doctor who had referred Marielle to the social link worker. Ethical considerations were also looked after in this case since the patient's autonomy was respected and they were allowed to make informed decisions. Marielle was allowed to choose a hobby from amongst many options including yoga, taking art classes, singing, walking, knitting, joining reading groups, museums and gardening and her decision was respected. As per the HCPC (Health and Care Professions Council) Codes of Conduct, Kristy ensured that she, Marielle and the doctor could work as partners making sure that the patient was involved while making decisions about their care. Kristy made sure that the service user or Marielle was

empowered in this case since her confidence returned after a period of three years under treatment. It was ensured that the patient was able to maintain their own wellbeing and health while making informed decisions (Health and Care Professions Council, 2026). As per the NMC (Nursing and Midwifery Council), being person-centred meant thinking about what makes each individual unique and putting their needs first (The Nursing and Midwifery Council, 2026). Kristy, in this case had done the same by recognising Marielle's talent as a singer. She also spent time with the patient to understand what was important for her and hence what options could be provided to her within the wider community. The case study shows that the autonomy of the patient being preserved is of utmost importance since it often helps medical professionals to help the patients cope as in this case. This case study therefore highlights that it is important for healthcare professionals such as the case link workers to ensure that they understand what makes their patients special and help them cope using the same.

Task 3: Self-Reflection as a health and social care professional

As a student pursuing a career in health and social care, I have reflected on the principles of partnership working, person-centred care, influence and ethics in my field of work using the Gibbs reflective cycle since it is one of the simplest models and approaches. Gibbs reflective cycle has been used in this case since it is known to facilitate meaningful and systematic reflection that is extremely critical for the improvement of professional competence (Ocampo *et al.*, 2025). The following stages describe some of the problems and positives discovered while working in a patient ward as a student.

Description

As a nursing student I have created my professional identity by linking clinical experience and theoretical learning. My role as a nurse is to deliver compassionate, effective, and safe care, while working with multi-disciplinary teams and experienced nurses while adhering to ethical standards and professional code of practice (Williamson *et al.*, 2020).

Feelings

Throughout my practice I was feeling confident while delivering person-centred care as I tried to prioritise empathy, respect, dignity, operations, during treatment. I use the communication style which was dependent on the needs and demands of the service users while simplifying the language (Williamson *et al.*, 2020). This was necessary for those service users who had problems in active listening for cognitive impairments in order to understand their problems. This approach helps in building rapport and trust, thereby enhancing patient involvement during decision making. However, there was several challenges that I felt regarding work pressure and the time spend with each patient which affected the engagement and care plan.

Within the aspect of partnership working, I was mostly collaborating with multi-disciplinary team and colleagues by participating shared observations and care discussion (Benbow *et al.*, 2024). My role of advocacy of patient rights was also important in care planning. I recognised the need to involve families in decision making particularly in situation square patients required additional care. However, in some point of time I was feeling less confident

if I had any disagreement with team members or if the expectations of the family were different from the wish of the patient.

However, I tried to maintain ethical principles throughout my practice by increasing responsibility and upholding nursing values like beneficence, justice, and non-maleficence (Pearson, and Wallymahmed, 2020). My requirement was to respect choice of the patient and maintain their confidentiality. However, in complex situations I certainly felt uncertain as there was conflict between autonomy and patient safety. Therefore, I think that there is a need for increased experience and further guidance in my career as a nurse.

Evaluation

Upon reflecting on my practice, there are several strengths that I think is able to improve effective care. One of the major strengths is effective communication, as I tried to adapt my communication with the requirements of the service users, using simple language for patients suffering from cognitive impairment. I try to ensure dignity, of the patient so that they feel hurt and respond to patient engagement technique (Lidster, and Wakefield, 2021). I also try to incorporate compassion and empathy in my care gaining respect, the values, and dignity of service uses. I tried to maintain individualised care by aligning with the person-centred care principles and building therapeutic relationship. Additionally, I tried to incorporate collaboration while working in interdisciplinary teams to support holistic delivery. This helps share my observations with the team and contribute to various discussions in order to create a coordinated care plan (Leigh, and Roberts, 2018).

However, there are different areas that I need to improve upon for example my reflective practice skills where I need to increase descriptive and critical analysis to effectively link existing theory with experience. I also lack in confidence during conflict resolution, because I am not able to manage these agreements and challenging behaviour between service users and family members. I will try to improve my communication strategies and assertiveness to handle such kind of situations. Finally, I also need to enhance upon my digital literacy skill using e-health records and effectively improving accuracy and speed, during documentation for creating ineffective care service (Leigh, and Roberts, 2018).

Analysis

The experience that I have shared as a student nurse can be analyse with the professional course of standards like the NMC code 2018 which prioritises people, preserves safety, practices effectively, and promote trust or professionalism. Although I tried to apply person-centred care with the requirements of the individuals ensuring respect and dignity, it is also important for me to understand their preferences and need which is important for care delivery (Leigh *et al.*, 2019). Similarly, my engagement in partnership and MDT is important because collaboration helps in achieving positive outcomes for patients.

The NMC ethical principles within professional accountability, upholding autonomy, confidentiality, and ensuring patient safety to meet the responsibilities of nursing. According to the key lines of enquiry of the Care Quality Commission, it is important to provide effective safe responsive and caring services (Rixon, 2023).

According to this analysis I need to improve competency with professional standard, reflecting and conducting learning to achieve excellence.

Action Plan

Aim	Ways to achieve the aims	Resources required	Success criteria	Time required (approximately)
Learning conflict resolution	I can enrol for courses regarding conflict resolution from reputed organisations such as the CPD (Continuing Professional Development) Certification Service (The CPD Certification Service, 2026).	Time and monetary resources	Being able to resolve almost 75 per cent of all conflicts faced when working in patient wards (van Asch, 2025).	6 months.
Learning communication for patient advocacy	For this, I must learn to be a better listener so that I can engage patients by learning about their concerns and providing	Podcasts and other learning-based materials online that teach listening actively.	Providing appropriate healthcare-based data and actively engaging almost 75 per cent of the patients who seek my advice (Alexis <i>et al.</i> ,	12 months

	appropriate information to empower their healthcare-based decisions (Center For Health Care Strategies, 2024).		2022).	
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Table 1: Action Plan

(Source: Smart and Creighton, 2022)

Conclusion

This reflection has highlighted the necessity of person-centred care, ethical principles, and partnership working in professional practice. These principles will help in directing my interactions with families, patients, and colleagues. Although I have demonstrated skills in teamwork, empathy, and communication, I will need to improve conflict resolution, digital competence, and reflective practice in future.

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