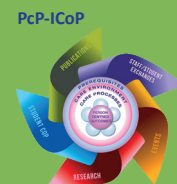


International Practice Development Journal

Online journal of FoNS in association with the IPDC and PcP-ICoP (ISSN 2046-9292)



CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

A student reflection on person-centredness

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Submitted for publication: 3rd March 2019

Accepted for publication: 11th March 2019

Published: 15th May 2019

<https://doi.org/10.19043/ipdj.91.012>

Abstract

Background: This article describes, from a reflective stance, my experiences of exploring the concept of person-centred culture (McCormack and McCance, 2017) in healthcare, as an undergraduate nursing student. It also examines my early attempts to apply person-centred practices. I will share how I began to apply person-centred ideals in my student involvements, work experiences and everyday life. In my current environment person-centred approaches are not commonly emphasised and I wish to learn more about applying person-centredness in my nursing practice.

Aim: To use self-reflection to describe how I have started to apply the principles of person-centredness to my experience as a nursing student, as a current healthcare provider and as a person.

Conclusion: Person-centredness and person-centred practice are complex but learning is continuous and the lessons learned can be applied in small ways in order to improve healthcare for practitioners and those receiving care.

Implications for practice:

- Readers can take this work and use it as an aid to examine their own experiences and how they relate to person-centredness
- This reflection could help others working in environments where person-centred approaches are not commonly emphasised to start developing their own person-centred care practices

Keywords: Person-centredness, student nurse, self-care, nursing, reflection, practice development

Introduction

This article takes a reflective approach to a learning experience I had in relation to person-centred care. Reflection is used with the intention that the learning process will be ongoing and the ideas presented here will continue to develop. Seven years ago, I began my journey working in healthcare in a practical nursing programme at a local community college. The only thing I was sure I wanted from my future career was for it to involve working directly with people to help them improve their lives. I was keenly interested in making a difference with my fellow humans and felt nursing was a way to accomplish this. I hoped that at the end of every shift, I would know I had helped someone that day and been instrumental in improving their circumstances.

After graduating from the practical nursing programme, I worked as a licensed practical nurse (LPN), initially in long-term care and then on a unit that specialises in acute mental health care for persons who have an additional developmental diagnosis. Originally, I genuinely loved this work. I found each shift rewarding and valued the time I spent caring for and learning from clients. However, nursing is a physically and mentally stressful occupation (Sarafis et al., 2016) and I was also struggling with my finances. I sustained some moderately serious injuries while working on this unit due to incidents of aggression involving those I was caring for, which is unfortunately a common experience for psychiatric nurses (Ridenour et al., 2015). I noticed some cynicism developing, and I was becoming burned out. I knew I liked nursing and felt drawn to expand on my current nursing knowledge in a university setting; I hoped enhancing my education would help me regain the enthusiasm I had when I began my nursing career. Several years of job hunting as an LPN had shown me that locally there was a greater variety of work environments for registered nurses, so after much consideration and personal sacrifice, I decided to join the bachelor of science in nursing programme at Dalhousie University. I felt the chance to be more intentional with the job choice I would make as an RN could help me re-energise my career. I am now in the final semester of the degree and continue to work as an LPN in mental health services.

My journey

This journey formally began in the third year of the four-year degree programme. I had determined that I wanted to take some control over my education and decided to try my hand at an independent study course for one of my required nursing electives. With the help of an enthusiastic professor, I developed a learning plan that involved exploring person-centredness and how to develop it within my practice. I chose this topic because from what I knew of it (granted, very little), I thought it aligned with many of my values. Through various assignments and experiences, including writing my first literature review, participating in focus groups for research studies and frequent reflective journaling, I planned to learn as much as I could about the topic of person-centredness and start shaping how I might apply it in my practice – as a student, an LPN and a future registered nurse.

From the very beginning of this journey – at times without my even knowing it – a person-centred approach was in play. First, before I joined the nursing programme at Dalhousie, I was developing the prerequisite of ‘knowing self’, which McCormack and McCance (2017) name as a necessary attribute for building person-centred practice. For me, knowing self included examining my strengths and weaknesses as a professional, as well as my personal values. I came to realise through this process that although I was doing an adequate job – keeping my patients safe and doing thorough assessments – my growing cynicism and fatigue meant I could not use a wholly person-centred approach. Another of the prerequisites included in McCormack and McCance’s 2017 framework is to develop ‘clarity of beliefs and values’. Using this as a starting point, I was able to develop goals for my schooling, including the decision to attempt an independent study. The syllabus that was created acted as a ‘commitment to the job’, a further prerequisite in the framework. This syllabus, and the commitment to completing the study plan on it, provided me with specific expectations and tasks to pair with the internal commitment I had already made to developing my learning in a more independent manner.

One of the more challenging aspects of my independent study course was learning the foundational theories behind person-centredness. McCormack et al. (2015, p 2) described person-centred care as:

‘A movement that has an explicit focus on humanising health services and ensuring the patient/client is at the centre of care delivery.’

Another definition is:

‘... an approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development’ (McCormack and McCance, 2017, p 20).

The complexity of these two definitions underlines how much reading and contemplation I had to complete to gain an understanding of the model. This research not only informed me about specific concepts behind the culture, but also acted as an example of how being 'professionally competent' is a prerequisite to the process of person-centredness (McCormack and McCance, 2017). Although this was in the context of theoretical knowledge, I think it is a valid example of how this step must be taken seriously in all nursing processes.

Another of the methods I used in my independent study to start establishing a more person-centred approach was a weekly meeting with my course professor. Each time we met we started by 'checking in'. We would inquire with each other as to how we were doing and discuss recent personal successes and challenges. I always felt that if something was bothering me professionally or personally, I could unload this before we began our more formal learning. I contend that this was a way of using the person-centred framework within an academic setting; in order to engage fully in the learning process, we started our meetings by unloading anything that might interfere with that process. This connection was a way in which I learned the importance of 'working holistically' as well as 'engaging authentically' (McCormack and McCance, 2017).

As McCormack and McCance (2017) identify in their framework, the care environment is an element to consider when enriching person-centredness. I feel the care environments in which I have had my main nursing experiences as an LPN have a lot of work to do if they are to develop an environment conducive to being person-centred. Priorities such as interpersonal collaboration, personal growth, and self-care need to be encouraged to a greater degree than that which I have experienced on the front line. I have witnessed managers pressuring reluctant staff to take overtime shifts, and instances of staff not being given designated time for mandatory education yet being disciplined if this education was not completed. There has also been a general power struggle between different disciplines in nursing units, albeit sometimes subtle. None of these examples seems to promote the idea of person-centred care. McCormack and McCance (2017) describe a care environment in which person-centredness would create a context that allows the flourishing of all involved. One of the reasons I feel so connected to this theory is that it entails not just positive outcomes for clients' health, but also a workplace that is meaningful and positive for staff. Perhaps my incipient cynicism was due in part to an environment unfavourable to my own personal outcomes or values. When a nurse's own needs for personal fulfilment are not being met, I suggest it becomes more difficult to work successfully with a client to achieve their care goals.

Lessons learned and everyday application

Using person-centred language, collaborating with clients, and understanding and verbalising my own personal values and boundaries are among the small ways in which my practice is beginning to progress. I no longer go to work, complete my tasks for the day and drive home thinking my work is done. Personal reflection has drastically changed the way I experience each shift. There are few days when I do not examine what I have done well, what I could have done better and what my goals for my next shift are. The framework developed by McCormack and McCance (2017) has persuaded me to see the foundational importance of the prerequisites it lists. I also believe there are ways an individual can see some success in person-centred approaches to care, even if the organisation they work for has yet to adopt this model. Individual attempts at person-centredness can make a significant difference, even if only by improving the morale of the individual, or by giving a more human focus to an interaction between a nurse and client; these are flourishing moments (McCormack and McCance, 2017). I believe that, as nurses, it is important to take the lead in this approach to care, and to encourage our managers and policymakers to do the same in the hope of more system-wide change.

One thing I did not expect to get out of this course was potential for learning in my everyday life. Unlike a lesson on inserting a catheter or cleaning a wound, a lesson in person-centred practice can be applied beyond the workplace. Even when I am not working, I attempt to become more person-centred. On

a daily basis, when interacting with my family, my partner, friends or even a stranger on the bus, I am considering what would help us complete our mutual goals. I am ensuring that I am engaged and have sympathetic presence. I can't emphasise enough the potential for positive outcomes in everyday interactions when this person-centred lens is used. After all, even when we aren't wearing our nurse's uniform, we are still a person. This highlights the authenticity of the person-centred framework.

Discussion

When I first learned about person-centredness, I focused on its effect on clients and their care. What I have learned through my recent experiences, however, is that being person-centred also affects care providers. Pope (2012) reasoned in her research that person-centred approaches can help change negative attitudes nursing staff may hold towards those they care for, especially older persons. Viewing each patient as an individual with specific needs and histories can guide care in a person-centred manner. This person-centred awareness helps the nurse to challenge any personal negative attitudes that may have developed from the workplace culture. I contend that this is one of the reasons person-centred care is valuable: it can make positive changes in the lives of patients and also allow for positive improvement in those providing patient care. I went into nursing with the hope of improving the lives of others, but this practice also includes improving my own life. After only a short time in a nursing role, my job satisfaction had begun to suffer; had I stayed in that situation the care I provided could have suffered too. I believe the potential to have a positive effect on those caring and on those cared for is what makes being person-centred truly something to strive for.

From the position of a student and a lay person in the educational curriculum development processes, I would argue person-centredness is worthy of inclusion in nursing curricula. I ponder how my school could accomplish this in the future. Although many nursing schools do a wonderful job of producing students who are 'professionally competent' and have developed adequate 'interpersonal skills' – both prerequisites listed by McCormack and McCance as crucial to person-centredness – these schools do not necessarily do a thorough job of teaching us what to do with our values and beliefs, or those of our clients and colleagues. I came across the concept of person-centredness by chance, because of an opportunity to participate in an independent learning course. This course has provided me with some of the tools to develop a person-centred practice. Sadly, I suspect that not every nursing student is fortunate enough to gain awareness and understanding of person-centredness during their years of study. Person-centredness in nursing education is still in need of much development, or as McCormack and McCance (2017) noted, it is still 'a work in progress' (p 114). I feel lucky I was able to participate in an aspect of this development, and that I will be in a position to continue to observe my progress.

Conclusion

I will admit, when beginning this course, I was not sure how much new learning I would walk away with. Once I understood the definition of this care lens, I wondered if most of my work would be over; I did not anticipate there was further complexity to person-centredness and person-centred practice. The more I learned, the more I came to realise that the topic could continue to be applied to my learning in a lifelong way. Although initially the topic seemed daunting, I found the first step was learning how I could apply it in small and meaningful ways. Also, the more I read, the more I was also inspired by the impact this theory had on my own personal experiences in healthcare, and the differences a focus on the practice of being person-centred would make to the lives of clients and all those involved in the healthcare team.

One of the main lessons I take from this personal academic experiment, and what I would like to end this article with, is that what I have learned as a nursing student can be put into my practice in everyday life. When I am no longer registered for this course, and when I am no longer a student, person-centredness will be a practice I continue to learn more about each day. The biggest lesson I have learned about person-centred care is that the lesson is never over.

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Acknowledgments

I would like to thank Dr. Erna Snelgrove-Clarke for her guidance, understanding and lessons in person-centred practice.

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