

Nursing Practice Theory in practice Person-centred care

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In this article...

- Definition and description of person-centred care
- Implications of person-centred care for nursing practice

Nursing Theories

Nursing theories 1: person-centred care

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The underpinning theory that guides nursing practice can sometimes be forgotten in busy clinical environments. This article, the first in a six-part series providing a snapshot of nursing theories and their implications for practice, discusses person-centred care.

What is person-centred care?

Person-centred care involves knowledge of the individual as whole person, involving them – and where appropriate their family and friends – in helping to assess their own needs and plan their own care. The opposite of this is a task-focused approach, where Maslow's hierarchy of needs is used to prioritise physical tasks over social care (Rollin, 2011).

Where does it come from?

The origins of person-centred care are in humanistic psychotherapy. Carl Rogers (1951) suggested we develop a view of ourselves in childhood based on our interactions with important others. If we are loved, valued and respected, we feel worthy of love, value and respect. Rogers called this unconditional positive regard.

If we are only valued for behaving in a certain way, we learn to hide some thoughts and behaviours. This conditional positive regard leads to a lack of congruence. Congruence is when the person we see ourselves as, and our ideal self, are similar. If we think we are a failure, we are afraid to 'be ourselves', preventing personal growth.

Rogers (1951) believed we need to learn throughout our lives and are capable of achieving personal growth through unconditional positive regard within trusting, genuine and open relationships, whatever our age. If this growth is prevented through feelings of insecurity, we

become unhappy and even mentally ill.

In person-centred therapy, a trusting relationship requires the therapist to be genuine with their clients, to empathise with them (understand the service user's world from their own perspective), and to value them without judging them. Over time, clients develop a sense of congruence, where the self and the ideal self meet.

This process of self-actualisation enables clients to gain confidence and self-esteem, making them open to new feelings and experiences, focusing on life as a process rather than a goal and valuing deep relationships with others (Rogers, 1959).

What does this mean for nurses?

In person-centred care, caring is central to nursing practice, and nurses' relationships with the service user are fundamental to that individual's experiences of care. The service user's role is one of partnership, rather than a passive receiver of care. A person-centred relationship promotes self-esteem (positive self-regard) and self-efficacy (a feeling of being able to achieve one's goals). Box 1 outlines the implications for practice.

Choice and education are central to person-centred care, which is also related to increased service user satisfaction. However, this move from a dependent, passive service user to an empowered partner in care requires a trusting relationship in which nurses do not react negatively to missed appointments or perceived 'non-compliance'. Instead, nurses support the person to express their fears and concerns, to develop a trusting relationship that will promote self-caring behaviour. These humanistic concepts of "respect for persons, individual right to self-determination, mutual respect, and understanding" (McCormack et al, 2011) underpin person-centred care. **NT**

Box 1. Implications for practice

When interacting with service users:

- Treat them as individuals, and take cues from them regarding their interests, concerns and wishes
- Try to see their situation as they understand it and do not dismiss their views or fears – if they feel pain or are worried about their health, carry out relevant assessments and explain your actions
- Use every care episode to develop a trusting relationship with the service user, and ensure you give them the knowledge they need, empowering them to make decisions
- Include the person in the care planning process, focusing on communicating to understand and meet their views of their care needs

Avoid:

- Focusing on task completion
- A paternalistic approach of 'nurse knows best'

References

- McCormack B et al (2011) Developing person-centred care: addressing contextual challenges through practice development. *Online Journal of Issues in Nursing*; 16: 2.
- Rogers CR (1959) A theory of therapy, personality and interpersonal relationships as developed in the client-centered framework. In: Koch S, ed. *Psychology: A Study of a Science*. New York: NY: McGraw Hill.
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Useful resources

- Bit.ly/PatientCentredCare
- www.simplypsychology.org