



Person-centred Care

Position Statement

November 2014

Key Statement

The Australian College of Nursing (ACN) believes that the principle of person-centred care is a central tenet underpinning the delivery of nursing care and health care generally. Person-centred care means:

- treating each person as an individual;
- protecting a person's dignity;
- respecting a person's rights and preferences; and
- developing a therapeutic relationship between the care provider and care recipient which is built on mutual trust and understanding.

A nurse's ability to deliver person-centred care is determined by the attributes of the nurse; their nursing practice; and the care environment.

- Attributes of a nurse that enable her/him to deliver person-centred care include professional competence (the knowledge, skill, attitudes, values and judgments required); well-developed interpersonal skills; self-awareness; commitment to patient care; and strong professional values.
- Nursing practices that contribute to person-centred care include those that: acknowledge peoples' cultural and spiritual beliefs, preferences and rights; empower people to make informed decisions about their care; provide a sympathetic presence; and provide holistic care.
- Elements in a care environment that support person-centred care include; an appropriate staff skill mix; the presence of transformational leadership enabling the development of effective nursing teams, shared power, potential for innovation, supportive workplace culture and effective organizational systems); and the functionality and aesthetics of the built environment.¹

In Australia, nurses' ambitions for person-centred care are often challenged by health care policies that drive patient throughput in a resource constrained environment. ACN believes that health care organisations need to design and implement policies which support person-centred care to achieve a better balance between economic and quality of care imperatives.

Policy makers, nurses and consumers of care must collaborate in the development and implementation of such policies and systems.

Background and Rationale

Person-centred care (also referred to as patient centred care, client centred care and patient centred approach/practice) has been an important principle underpinning the provision of quality health care.^{2,3,4} The principle of a person's individual needs and preferences being a central consideration in the provision of nursing care constitutes a philosophical foundation for nurses across all nursing specialties and settings⁵ and is articulated in the Nursing and Midwifery Board of Australia's professional practice framework.⁶ When the principles of person-centred care are embedded in all considerations of a health care organisation then individuals' needs and preferences remain at the centre of their care delivery.

Evidence demonstrates that person-centred care positively affects health outcomes and nurses' job satisfaction but losing sight of this principle can have a disastrous effect on the quality of care provided. Examples of evidence of the positive effect on health outcomes include reduced mortality following myocardial infarction;⁷ and positive impacts on the patient and family/carer experience;⁸ decreased rates of hospital acquired infections;⁹ and decreased admission rates to hospital from aged care facilities when following advance care directives.¹⁰ Evidence also associates the provision of person-centred care is associated with nursing staff's increased job satisfaction.^{11,12}

The Francis Report into care at the Mid Staffordshire Foundation Trust (UK) illustrates the disastrous ramifications for quality of care if organisations and nurses fail to place patients' needs and interests at the core of their work. The report describes failures in care provision which include many examples of patient neglect.¹³

Embedding person-centred care into health systems remains a challenge for nurses. Environmental attributes such as an inappropriate staff skill mix; a focus on disease based models of care; and funding incentives that encourage patient throughput present barriers to operationalising person-centred care.¹⁴ Further, the delivery of person-centred care is often challenged by the competing care demands the person, carer and/or family, best practice, and organisational imperatives place on the nurse.

The development and maintenance of a person-centred culture of care requires individual, team and organisational commitment.¹⁵

Nurses as individuals and in teams must be committed to incorporating the principles of person-centred care in every aspect of nursing care, including assessment, treatment, and advocacy. They also need to manage issues in the care environment such as organisational policies and care routines which constitute barriers to person-centred care. Health care organisations need to support person-centred care by educating staff on this care philosophy; developing staff communication skills; providing the transformational leadership required for practice change and collaborative work relationships; and promoting individual accountability for person-centred care.^{16 17}

At the level of the health care system a person-centred approach is supported in a range of national and state initiatives, including the Australian Charter of Healthcare Rights,¹⁸ National Safety and Quality Health Service Standards, and the Australian Safety and Quality Framework for Healthcare.^{19 20} National health reforms also propose to link evidence of person-centred care with performance and funding incentives.²¹ Nurses can build on these initiatives in their effort to firmly embed the principles of person-centred care in their practice.

Nurses, their health professional colleagues, consumers and policy makers need to collaborate in the implementation of person-centred models of care to better balance the contradictory demands placed on health care organisations.²²

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