Drawing on one of the following:

1. Your experience from placement,
2. Your personal experience of health or social care,
3. The British media,

Describe the factors that help or hinder person-centred care and interprofessional collaboration.

Word count 2,950

The following assignment will reflect on an experience from practice settings. It will consider and discuss the incident, which took place while on practice placement. The issues discussed will focus on defining who is a person and what it is person centred care. It will consider the responsibilities and roles of health professionals and how they meet the needs of the patient and how they deliver person centred care. The importance of communication in person centred care will be considered. Within this assignment the anonymity and confidentiality will be maintained. The Nursing and Midwifery Council (2004) Code of professional Conduct stated that confidential information obtained in the course of professional practice should not be disclosed without the consent of the patient or someone authorised to act on the patient's behalf.

The patient was 77-year-old lady, Mrs. M. She was admitted to the ward with weight and appetite loss and she complained about severe headaches. After some investigations the diagnosis was made that the patient had got a brain tumour. Before the admission she was still active both physically and mentally. The patient had very supportive family, which visited her almost every day. It was an unsuspected diagnosis for all of them. She was referred to other hospital for radiology treatment and she went there several times. I was assisting the patient with personal hygiene that day and as we were talking, she asked me when her next radiology appointment was due and I said tomorrow, as it was given to me during handover in the morning. She was quite excited about it and she asked me to prepare her clothes for the next day. Her condition was gradually deteriorating. She was more tired and less active especially after her radiology treatments. Later that day the ward round took place. As usual on the ward round there were quite a few health professionals participating; the consultant, the ward doctor, a few junior doctors, the nurse in charge and a student nurse. The consultant had to tell the patient the bad news that her radiology treatment was not giving the expected results and that the brain tumour was spreading and in consequence the radiology treatment was cancelled. At the time while the consultant was talking with the patient her privacy was hardly maintained, the curtains were not drawn; the consultant was standing at the beginning of the patient bed while she was sitting and he talking loudly enough that the other patient could hear him.

It took the consultant maybe three minutes to communicate the bad news and all the explanation, at times he asked her "do you understand what happened", she answered "Yes, doctor" and so on. I was the last person to leave patient's room after the consultation and she immediately asked me "so what time am going for my radiology tomorrow?" It was at that moment that I realised she did not understand what the consultant was actually trying to say. She did not understand that her brain tumour was spreading and that there was only limited treatment, which could be offered to her. Latter on the nurse in charge came back to the patient and spent time explaining to her what had been said previously.

The professionals involved with the care of Mrs. M did not particularly show the best implementation of person centred care, where was the protection of privacy, dignity and confidentiality? Use of empathetic body language was missing and the consultant who was standing above somebody who was sitting and feeling vulnerable is almost like an implementation of power. It was a ward round with a few professionals involved but no one actually realised that Mrs. M had not understood what was said. If the consultant knew the diagnosis why was it that the medical staff involved had not asked Mrs. M if maybe she would like to be with her family at that time? Tschudin (2003) stated that nurse's loyalty is to their patients, but must also respect the family (cited Collis 2006). However Mayers (1997) found that the majority of relatives would not want the patient to be informed of the prognosis, but would want to be informed if they were the patient. Why did it only take the consultant around three minutes to talk to the patient about her terminal diagnosis? However while the consultant was asking Mrs. M if she understood what he meant she always replied "yes, doctor I understand". The consultant had limited contact with the patient and he did not realise that the patient had not understand him, perhaps if he spent a little bit more time with Mrs. M and treat her as an individual it will help him to actually understand the patient more and will build the caring relationship.

Patient centred care is a practice of respect and puts the patient in the central point of provided care, and treats each patient as a person. Automatically the question arises but who is a person? There is a lot of controversy around the definition of the word person because it can touch issues surrounding the beginning and ending of life and what a person is it can be quite a personal thing.

There are as well personal and social values and beliefs involved in that description. While thinking of a person we should ask ourselves the question that is an embryo a person to us or that is a dead person still the person or is just the body. During discussion in a seminar group we defined person as "a human being with the ability to grow and change physically, emotionally and socially - who can be defined by external influences both spiritual and familial. A person has unique characteristics encompassed by mind, body, soul and spirit, from conception to death and thereafter". Another approach to a broad definition is taken by Joyce (1968) he states that a person should be defined as a " being with capabilities or potentialities to know, love, desire, and relate to others in a self-reflective way" the important thing is the capability rather than any actual function (cited Binnie 1999).
Carl Rogers (1967) has made an influential contribution in defining person centred care (client centred care). Rogers idea of person centred care was to provide a relationship for the person with the therapist which will build feeling of security and confidence .The main characteristic of that relationship are 'helping relationship' where openness and genuineness are a part of the care and valuing of the patient as a person (cited Bennie 1999). He showed the importance of the therapeutic potentials from the patient-nurse relationship and emphasised on the nurse's personality, empathy towards the patient that will make nursing practice the patient centred practice. However Dewing and Pitchards (2000) stated "It is only possible to get to know the patient as a person if we choose to do this - it does not happen by chance" (cited Webster 2004).

Patient centred care can be perceived as a care where person (patient, service user, client etc.) is valued where his autonomy, dignity and confidentiality are respected. It is very important to remember that during the time patient's stay in hospital and are being 'cared for' is a time when they can feel very vulnerable. The hospital environment for most of the patients is unpleasant, big and strange. Being in hospital itself is a frightening experience. A lot of patient's experience feelings of anxiety during their stay in hospital and being treated like an object. As health professionals we need to know that positive impact of being treated like a person can promote well-being and the recovery process. It would be very difficult to deliver person centred care without creating an environment, which will value the equality, autonomy and fairness to improve patient's care.

Without the culture of health professionals recognizing the importance of older people to privacy and dignity it would be impossible to create patient centred care. The National Service Framework for Older People (NSF 2001) in standard two person centred care , states that this standard should ensure that older people are treated as individuals and that they recive the appropriate care which meet their needs as individuals,regardles of their status.NSF (2001) also introduced the single assesment process (SAP) which stated that older people's care needs are assessed accurately and that the agencies involved in patients care will do thier own assessment.Concept of caring in nursing can not exist without adequate communication.Caring in nursing involves getting to know the person,informing the patient , sometimes translating the information ,teaching the patient and being there for the patient when they need us, all this is an integral part of person centred care.

The role of the nurse in person centred care is mainly to be there for the patient offering support, maintaining autonomy in making decisions and advocacy. Instead of the health professional 'doing things' to/for the patients there is emphasis on patient involvement in their own care. In other words the perception of patient changes from being passive and almost objective to an active partnership where the patient is involved in the progress and changes in their own situation. The nurse-patient relationship can be described as the heart of patient centred care. It means for the nurse avoiding categorization of the patient (for example appendix in bed six) and trying to avoid assumptions of what the patient is experiencing (I know you are in pain). The nursing in person centred care should instead be individualized, to build up trust and to sustain a relationship means spending time with the patient to understand what disease, diagnosis actually means for them and to help them and their families to cope. The aim of the individualized care is to provide the patient with care they need. The ethical duties of the doctor "are to give the patient information in a way they can understand; respect the rights of the patient to be fully involved in decision about their care" (British Medical Journal 2003). The information given to the patient should be relevant, no abbreviation should be used. The information given should encourage patients's autonomy to make their own decisions. Through the consultations, ward rounds and conversation the trust and professional relationship can be build between the consultant and patient.

Kitwood and Bredin (1992) suggested that person centred care can be achieved if health professionals will understand patients needs, engage in work with them and will try to improve patients wellbeing and care in all decisions they make (cited Webster 2004). The National Service Framework for Older People (2001) states that providers of care who have contact with older people with chronic conditions need to provide end of life care and that they have skills to meet the needs of the patients and their families. All UK citizens have legal, ethical and human rights to privacy and dignity while in care settings (Human Rights Act 1998).

The poor communication between patients and health professionals is one of the main reasons for complains in the health service. Lack of the communication can lead to misunderstanding, misinterpretation and in consequence the loss of trust between patient and health professionals. Communication involves not only sharing of information but also it can be perceived as an emotional support. (Latimer 1997) stated that stress, emotional tension, fatigue are very often seen in life threatening illnesses often making it necessary for the patient and their families to hear the information several times (cited Hogston 2002). Health professional needs to develop communication skills and interprofessional skills so that they can improve the process of communication with the patients rather then distancing themselves. However the communication process is complex and involves the skills of listening, empathy and reflection on the giving and receiving of information.

Interprofessional practise is the term that describes professionals from different disciplines working together. They work in collaboration to achieve their goals for the patient, client or service user (Hinchliff 2003). In health care terms multidisciplinary have been used to describe interprofessional practise. Marshall (1976, cited in Hogston 2002) defines multidisciplinary practice as a work of a group of individuals with different training backgrounds. Payne (2000, cited in Hogston 2002) stated that it is a work where professional groups make adaptations to their role, to take account of and interact with the roles of others. Successful collaboration depends on team members having clear ideas about what they hope to achieve. It would be very difficult to deliver person centred care without creating an environment, which will value the equality, autonomy and fairness to improve patient's care. Without the culture of health professionals recognizing the importance of older person's right to privacy and dignity it would be impossible to create patient centred care.

Allston and Wallston (1982) stated the health locus of control which can be described as whether a person perceives health as their direct responsibility, sometimes the person can believe that their health is not under their control and is more a matter of luck and finally the person regards health as under the control of professionals (cited Ogden 2004). The scenario and the behaviour of Mrs. M could indicate that she lost control over her health and became very passive in her control over it. Also that she put her health and faith in the hands of the professionals in this case a consultant, that attitude disabled her ability to ask questions or at least say "No, doctor I don't understand. What do you mean?" As health professionals we have to respect her choice and perception. We can only advise her, explain or interpret the information, diagnosis and treatment. To deliver person centred care it is necessary to use a holistic approach towards the patient. Holistic nursing means to treat the patient as a person, not as the disease they came in with or their diagnosis. Dictionary of Nursing (2003) describes holistic approach as a care where psychological, physiological and social factors of the patient condition are taken into account. It is not surprising that the holistic approach is a central point of a patient centred care where the patient is treated as a 'whole' person.

Confidentiality in practice can be seen as a relationship between health professionals and the patient, the major aspect of that relationship must be trust and respect. Professionals need to respect the patient's right to plan their own actions without interference of their personal views and without being judgmental about the decision patient makes. Hall (2005) stated that an important part of that interaction is that the professionals involved in care are perceived by the patient as being trustworthy. Health professionals are obligated to build patient confidence so that they will act in their best interest. Department of Health (DH 2000) emphasised on the importance of healthcare practitioners respecting the privacy and dignity of patients in NHS care settings. In the same way NHS Plan (DH 2000) stated that when caring for older patients health professionals should "demonstrate proper respect for the autonomy, dignity and privacy of older people". To make a framework for implementation of the following plans "The essence of care" (DH 2001) was introduced to improve the quality of patients care by setting seven statements relating to privacy and dignity.

To summaries as health professionals we need to see the importance and relevance of person centred care, no mater which health profession we are representing we should aim to provide the best care in interprofessional practice. Successful collaboration will have a major impact on delivering person centred care. Holistic approach and individualised care package should be implemented on all levels of provided care. It is very important to remember about patient and health professional relationship in person centred care as it is an important aspect of quality of care. An important part of person centred care is communication between health professionals and patients. Communication between the multidisciplinary team and patient should takes place in a manner that respects the patient as an individual. The care, which is provided, should always promote privacy and dignity. Autonomy and respect of the patient as individual's means to allow them to make their own decisions and act without any interference of health professionals. As no two people are exactly the same, so their nursing care will never be identical if is based on patient centred care.

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