

Person-Centred Care in Communities of Practice

A study on how nurses discuss patient situations.

Introduction

Person-Centred Care is characterized by concepts as:



- Holistic approach
- Uniqueness of a person
- Patient participation in the care relationship

Empirical data about the performance of PCC in daily nursing practice is scarce. Communities of Practice (CoP's) are seen as a means to professional development and implementation of PCC.

Aim

To gain insight in Person Centred Care in nursing practice we studied what elements of PCC are demonstrated by nurses in CoP-meetings.

Methods

CoP-meetings took place at 4 locations during 1,5 years, with 3-7 participating nurses per meeting discussing various patient situations. A total of fourteen (audio or video-) records of these meetings were transcribed and analysed, using Atlas-Ti. Concepts of PCC found in a preliminary literature review were used as a conceptual model in order to support analysis.

Results

Nurses demonstrated several aspects of PCC such as emphasizing a holistic approach such as in having compassion for their patients and being able to know and see the uniqueness of patients. Regarding the participative aspect of PCC, nurses endorse the importance of patient autonomy and active involvement in their own care. However, nurses also perceive difficulties in dealing with issues where autonomy and self-management of patients seem to conflict with their professional or personal values.

Discussion

PCC seems a natural way to deliver nursing care. However, nurses have difficulties in dealing with values or expectations of patients when they 'conflict' with their own values. Leadership, knowledge and practicing how to communicate the issues important to patients is necessary to further improve PCC.

Conclusion and implication for practice

Nurses discussing patient situations in CoP's demonstrate that they know what is important to patients from a holistic approach. Methodical dialogue in CoP-meetings seems of added value in this professional development and improving PCC.

"Are we thinking for the client or with the client?"



"I think that if you really take time for a patient, ..., to discuss such goals and to really sit down in the morning, yes... we don't really have that time."

References

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