

# International Practice Development Journal

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



## COMMENTARY

### Implementing a pan-European Person-centred Curriculum Framework: The need for a strategic whole systems approach

Charlotte McArdle\*, Marie-Louise Luiking

\*Corresponding author: Deputy Chief Nursing Officer England, NHS England  
Email: [Charlotte.mcardle@nhs.net](mailto:Charlotte.mcardle@nhs.net)

Published: 6<sup>th</sup> July 2022  
<https://doi.org/10.19043/ipdj.12Suppl.005>

We are delighted to write this commentary on the Erasmus+ project focusing on the development of a pan-European Person-centred Healthcare Curriculum Framework – a project we have had the pleasure of contributing to as Advisory Group members over the past three years. We believe person-centred practice is a complex construct that requires whole-system thinking, strategic leadership and culture development. Partnership working between healthcare organisations and higher education providers is pivotal to the delivery and anchoring of person-centredness as the bedrock of excellence.

The recovery of healthcare services affected by the Covid-19 pandemic provides both opportunities and challenges for the successful implementation of a person-centred healthcare curriculum. There is no doubt that healthcare systems need to change and adapt to new situations and developments in human societies, a process the World Health Organization equates with achieving sustainability. The WHO proposes that a sustainable healthcare system is one that:

*'Improves, maintains or restores health, while minimising negative impacts on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and wellbeing of current and future generations'* (WHO, 2017, p 3).

This indicates that healthcare systems need to adapt to provide what is necessary, but also reflect what is wanted by the people they serve. While this presents an opportunity for real system change, a key challenge is the worldwide shortage in the nursing workforce; the WHO's (2021) *Global Strategic Directions for Nursing and Midwifery (2021–2025)* puts this shortage at 5.9 million nurses. In addition, the current health and care workforce is still dealing with the impact of Covid in terms of the emotional and physical burden. To promote the emotional wellbeing of staff, organisations require a long-term plan to deliver the practical help and support needed to prevent further increases in vacancy levels. Person-centredness is predicated on each of us 'knowing ourselves' and the beliefs and values that shape our practice, including how we as leaders relate to and care for other people. The impact of this on the development of a pan-European Person-centred Curriculum Framework is most notable in practice, where many nurses may be working in unstable environments providing task-focused care to 'get the work done'. Such environments can prevent clinical teams from engaging with people and their loved ones in a way that puts them at the centre of their care. This task-focused approach does not support or create the conditions for development of healthful cultures where everyone can

flourish. Indeed, it may result in the future workforce not experiencing how person-centredness can be integrated into everyday practices through the learning they experience in programmes of study.

However, as identified in Brendan McCormack's editorial in this *IPDJ* Special Issue, when it comes to curriculum models for person-centred education, variation is prevalent. Yet rather than a mere Monday morning new trick, this approach to care excellence must be the cornerstone of a new way of working and a new culture of continuous learning. It should therefore be part of all healthcare curricula and, importantly, connect with and reflect the context of healthcare practice. As healthcare leaders, we know the importance and significance of practitioners being educated in learning cultures where person-centred philosophies are lived out and aligned with workforce and healthcare policy strategies. As we adjust to the changes triggered by the pandemic, there is a great opportunity to create a policy narrative that engages clinical teams and reignites the spark that brought us all into healthcare delivery in the first place: the chance to make a real difference to people's lives.

In the 2021 *Global Strategic Directions* document, the WHO's education policy priorities confirm the need to define the outcomes of curricula as being aligned with the health needs and roles of nurses and midwives working within people-centred, integrated, team-based health and care settings. It calls for such a development to be undertaken through collaboration with health and education stakeholders.

There is, however, a possibility that traditional approaches to curriculum development may not easily accommodate the cultural shift needed for the future, and may fail to recognise the need to focus both on person-centred cultures and on continuous learning. Person-centred practice can mean different things to different people and this is a challenge for all of us. If we as healthcare professionals do not clearly articulate the meaning, how can we describe it to politicians, policymakers and managers, and advocate for change? There is an established relationship between education preparation and professionalism (Tanaka et al. 2016). Those authors highlight the importance of creating environments that sustain professionalism, evidenced by cultures that sustain competent, confident, compassionate and collaborative professionals, who can embody these qualities at the point of care delivery. Higher levels of education ensure a solid foundation of knowledge to enable best practices in care provision and appropriate clinical learning opportunities. The implementation of a person-centred curriculum embeds a strong focus on the continuous development of professional policy and professional leadership. Healthcare cannot afford to be apolitical if we wish to advocate for excellence in outcomes through a healthful culture. To be effective in this respect, we must ensure that healthcare professionals are influencing and shaping key decisions on resources, effective workforce models and service delivery. Collective leadership models with co-creation as a core principle provide a tremendous opportunity to ensure the people who receive care have a voice in policymaking. Person-centred practice can offer a mechanism to co-create healthcare focused on what people want, necessitating meaningful engagement between healthcare professionals and those they care for (Phelan et al., 2017).

So, to implement person-centredness in healthcare and make the most of available curricula frameworks, such as the one reported in this Special Issue, we as leaders need to invoke a movement derived from collective leadership based on values with behaviours that align, as well as courage and commitment at all levels of healthcare provision, management, policy and strategy. The Institute of Healthcare Improvement (2017) describes five high-impact leadership behaviours, the first of which is being person-centred in word and deed. It isn't enough to say we are delivering person-centred care; we must judge ourselves, our behaviours and our services against it. If we are to be effective in our ambition, then the development of person-centred healthcare services must start with the development and implementation of a person-centred curriculum on a global scale. This will not be easy but it is necessary for improving the experience of care and central to the WHO's intention to implement a sustainable workforce and universal health coverage that is fit for purpose and for the future, while improving health outcomes.

## References

- Institute of Healthcare Improvement (2017) *High-Impact Leadership Behaviours: Five Things Leaders Can Do to Promote Improvement*. Retrieved from: [tinyurl.com/IHI-5behaviours](https://tinyurl.com/IHI-5behaviours). (Last accessed 28<sup>th</sup> June 2022).
- McCormack, B. (2022) Editorial: Developing a pan-European Person-centred Curriculum Framework: a whole systems approach. *International Practice Development Journal*. Vol. 12. Suppl. Article 1. pp 1-4. <https://doi.org/10.19043/12Suppl.001>.
- Phelan, A., McCormack, B., Dewing, J., Brown, D., Cardiff, S., Cook, N.F., Dickson, C., Kmetec, S., Lorber, M., Magowan, R., McCance, T., Skovdahl, K., Štiglic, G. and van Lieshout, F. (2020) Review of developments in person-centred healthcare. *International Practice Development Journal*. Vol. 10. Suppl 2. Article 3. pp 1-29. <https://doi.org/10.19043/ipdj.10Suppl2.003>.
- Tanaka, M., Taketomi, K., Yonemitsu, Y. and Kawamoto, R. (2016) Professional behaviours and factors contributing to nursing professionalism among nurse managers. *Journal of Nursing Management*. Vol. 24. No. 1. pp 12-20. <https://doi.org/10.1111/jonm.12264>.
- World Health Organization (2017) *Environmentally Sustainable Health Systems: A Strategic Document*. Copenhagen: WHO. Retrieved from: [tinyurl.com/WHO-ESHS](https://tinyurl.com/WHO-ESHS). (Last accessed 28<sup>th</sup> June 2022).
- World Health Organization (2021) *Global Strategic Directions for Nursing and Midwifery (2021–2025)*. Geneva: WHO. Retrieved from: [tinyurl.com/WHO-2021-25](https://tinyurl.com/WHO-2021-25). (Last accessed 28<sup>th</sup> June 2022).

**Charlotte McArdle** (FFNMRCIS, FQNI, RN), Deputy Chief Nursing Officer, England; Global Nurse Consultant; Honorary Professor, Ulster University.

**Marie-Louise Luiking** (PhD Cand, MSc, BSc, RN, FFMRCIS), Postgraduate Researcher, Leiden University, the Netherlands; Board Member, IPONS, ICN Subgroup Health Policy and Sigma Europe.