IDEAS AND INFLUENCES

Person-centred healthcare research: a personal influence

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Abstract
This commentary assesses the contribution made by the person-centred healthcare research of McCormack et al (2017) to research methodology and our ability to evaluate an organisation's claims to be person-centred. It discusses the importance of person-centred ethical approaches within rigorous research methodologies.

Keywords: Research methodology, person-centred healthcare, ethics, service user experience

My interest in person-centred nursing grew when I was a learning disabilities nurse and realised that different people had different needs at different times. It followed that standardised care was not care, just administration of people's lives, which disempowered both service users and those caring for them. There is a need for intellectual clarity in person-centred healthcare; the danger with such a global concept is that it becomes so generalised as to be meaningless (McCormack et al., 2015). *Person-centred Healthcare Research: A Commentary* (McCormack et al., 2017 Eds.) supports researchers through decision-making in the creation of person-centred knowledge.

The book edited by McCormack and colleagues offers protocols that clearly illustrate key principles of person-centredness in research and are useful for me as a researcher and as a supervisor. Engaging in respectful dialogue with others during the research, being aware of power in relationships and empowering participants is challenging, requiring sensitive responsiveness by the researcher. Interrogating our role in the research and making it transparent through reflexivity requires self-awareness, criticality and abstract thinking skills. These are difficult to realise in research practice and study design, but essential for producing research that incorporates the reality of service users and those who interact with them.

As a researcher and educator, my focus is the experience of service users, related by them wherever possible. Ultimately, empowerment means giving service users support to become researchers in their own right, in order to make their shared experiences explicit. This is demonstrated in the chapter of the book in which persons in recovery from schizophrenia interviewed others with that diagnosis, giving a moving and insightful perspective on their lives (Davidson et al., 2017). The person-centred approach certainly presents challenges for researchers in terms of resources, time and access to service users. Training service users to take part in research can be seen, in itself, as supportive of their personal growth but is also an investment in that it results in resonant and authentic insights

into the participants' worlds. It reflects the growth of research that recognises the role of service users in identifying their own needs and expectations (Hutchinson and Lovell, 2013), and in asserting their rights to influence the discourse and thereby rejecting the passivity associated with their diagnostic label.

The study protocols set out in the book address different types of research question and methodology. These range from the use of critical creative enquiry to explore facilitated professional reflection on and for practice (Williams and McCormack, 2017), to a mixed-methods study (surveys, qualitative case studies and analysis of public registry data) into the implementation of public health legislation in Norway that was intended to reduce health inequalities by targeting families and children (Fosse et al., 2017). While embracing inclusivity within the research process, the Norwegian research was able to deliver an understanding of the perspective and needs of people for implementation at a systems level. This example of using a person-centred approach to address structural healthcare issues bridges the gap between small, person-centred studies and larger, group-based research. It can help the more person-centred researcher to address issues that may otherwise seem too large and multifactorial.

A key message for me was the importance of considering ethics as the foundation of methodology, and including them as part of the study design, rather than as an afterthought. As healthcare researchers, we have a moral imperative of beneficence, which goes much deeper than having a supportive interview manner and ensuring physical comfort. It incorporates sensitivity to the values and concerns of participants, and working with them to inform the research design. Incorporating person-centredness within study design is complex both conceptually and practically, and I know this book would have been useful in my own research into health consultation experiences for people with learning disabilities (Chapman, 2014). The studies in the book give insight into how this can be done and should prove useful for students, supervisors and researchers who are new to this approach, or simply want to see how others do it.

The central tenet of this book – that healthcare practice and healthcare research should be person-centred – is justified using a moral philosophy perspective, beginning with Kant's categorical imperative of treating people as an end in themselves and concluding with Rogers' understanding of the subjectivity of people in therapy and in research. The fact is that, despite an increase in claims of person-centred practice and policy, there is a gap between the vision and the reality. A key criticism of current research used to measure person-centredness is that it focuses on outcomes rather than on relationships, and the contention of this book is that a different type of research is needed in order to access, comprehend and evaluate a person's experience of healthcare.

Currently, the ethical and social demand for nurses and other healthcare professionals to act with care and compassion is high, but levels of understanding of how to do this, and how to create systems and processes that support it, are limited. Person-centred care is both a means and goal for high-quality care that incorporates ethical, individualised approaches, and this book gives us the tools to interrogate organisations' claims to be practising person-centred care and to enable service users to drive the research agenda.

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