CRITICAL REVIEW OF LITERATURE

A meta-synthesis of person-centredness in nursing curricula

Deirdre O'Donnell*, Brendan McCormack, Tanya McCance and Sonja McIlfatrick

*Corresponding author: Ulster University, Northern Ireland
Email: d.odonnell@ulster.ac.uk

Abstract

Background: Person-centred approaches to practice are synonymous with effective healthcare. It is therefore important that the nursing workforce values, recognises and demonstrates person-centred practice. This has implications for nursing education and how curricula prepare students for person-centred practice.

Aim: To conduct a meta-synthesis of person-centredness in nursing curricula.

Method: Meta-synthesis.

Results: The meta-synthesis included 48 papers. Four themes were identified:
- Moving beyond mediocrity (dissatisfaction with current teaching and learning approaches, and a desire to enhance curricula to promote person-centredness)
- Me, myself and I (promoting person-centredness in nursing curricula requires all participants in nursing education to have self-knowledge)
- The curricular suitcase (nursing curricula have finite capacity so the inclusion of person-centredness is an essential requirement for the career journey)
- Learning elevators (it is important to prioritise learning cultures and experiences that help students understand and enact person-centred practice)

Conclusion: This study has found that nurse educators aspire to and are committed to the promotion of person-centred practice. Internationally, a range of pedagogies and curricular developments to promote person-centredness have been positively evaluated. However, there is generally a lack of conceptual clarity about the nature of person-centredness and no evidence of a systematic approach to whole-curriculum development that reflects the theoretical principles of person-centred practice.

Implications for practice development:
- Person-centred practice is a prominent concept in healthcare policy. If the future nursing workforce is to be prepared for person-centred practice then proficiency standards and nursing curricula should consistently reflect this
- Nursing curricula need to be developed to encompass a breadth and depth of learning experiences in academic and practice settings, in order to optimise student learning about those issues that matter most to people in need of healthcare

Keywords: Person-centredness, meta-synthesis, literature review, nursing curricula, nursing education

Introduction
The concept of person-centredness is enshrined within global healthcare policy and literature (Department of Health and Human Services, 2012; World Health Organization, 2015). Person-centred approaches to practice are being proposed as 'a superior model of care' (Miles and Asbridge, 2014. p 2), with evidence of enhanced health outcomes (Radwin et al., 2009; Edvardsson et al., 2011; Laird et al., 2015). It is contended that achieving excellence in healthcare requires a workforce that is not only clinically competent but also able to demonstrate humanistic approaches to care, consistent with a philosophy of person-centred practice (Gurses et al., 2011; Miles and Asbridge, 2014). Internationally, there have been calls for radical reforms in the education of health and social care professionals to prepare the workforce for person-centred practice (Benner et al., 2010; Frenk et al., 2010; Willis Commission, 2012). In the US, the Quality and Safety Education for Nurses Institute has endorsed six competency domains for preregistration nursing, one of which is patient-centred care (Cronenwett et al., 2007). Similarly, in the UK proficiency standards for registered nurses acknowledge that care should be compassionate, evidence-based and person-centred (Nursing and Midwifery Council, 2018). Questions persist however, about the value attributed to person-centredness in nursing education and how curricula are preparing nursing students for person-centred practice. This lack of clarity pointed to a need to review the literature to determine the positioning of person-centredness in nursing curricula.

Aims
The aims of this review were:
- To conduct a meta-synthesis of person-centredness in nursing curricula
- To examine the resulting implications for curriculum design and curriculum delivery

Methodology
Design
When conducting a large-scale literature review, it is helpful to consider a range of methodologies that may facilitate a systematic and robust approach. A provisional review indicated the majority of papers relating to person-centredness in nursing curricula were qualitative in nature. In light of this, it was determined that a meta-synthesis would be an effective approach to a systematic review.

Meta-synthesis involves the integrative secondary analysis and synthesis of findings from existing qualitative studies that share a common theme. The aim is to enable the application of qualitative findings to inform the development of practice and the generation of new knowledge (Finfgeld-Connett, 2010; Sandelowski, 2006). In contrast, the principles and methods that inform and guide meta-synthesis create certain challenges that may be considered to be epistemologically contentious. It is argued that the perceived aggregation of findings from qualitative studies is antithetic to the qualitative paradigm, which intrinsically values multiple truths. While qualitative studies have traditionally generated islands of discrete knowledge, the application of this knowledge within the wider healthcare arena has been limited (Pope and Mays, 2009). The process of meta-synthesis seeks to clarify how existing qualitative studies are congruent and divergent and in so doing, creates the potential for enriched meaning through interpretative enquiry that may be more applicable to education, healthcare practice and further research (Noyes and Lewin, 2011). For this reason, meta-synthesis has gained momentum (Finfgeld-Connett, 2010).

Meta-synthesis
While there are no established standards for meta-synthesis, several different methodological templates have been developed (Noblit and Hare, 1988; Paterson et al., 2001; McCormack et al., 2010). Irrespective of the approach adopted, there is a general consensus that the credibility of the findings depends on a transparent and clearly defined audit trail. This should include evidence of informed sampling and robust justification of how and why studies were included or excluded,

and how each stage of analysis and interpretation was derived (Finfgeld-Connett, 2010). The meta-synthesis presented in this study is aligned with the well-recognised and commonly used seven-phase approach advocated by Noblit and Hare (1988).

The phenomenon of study

The starting point for a meta-synthesis is to determine the phenomenon of study (Noblit and Hare, 1988). In this review, the aim of the study was to explore empirical qualitative studies relating to person-centredness in nursing curricula.

Search methods

A range of electronic databases (CINAHL Complete, Ovid MEDLINE, ProQuest Health and Medical) was searched. The search terms are shown in Table 1. These included nursing education terms in combination with terms derived from the definition of person-centred practice by McCormack and McCance (2017, p 20).

Table 1: Search terms		
Therapeutic relationship Mutual respect Self-determination/self determination Respect for persons Empowerment Service user Personhood Person centred/centered Patient centred/centered	AND	Nurse/nursing education Nurse/nursing curriculum Nurse/nursing student

Inclusion/exclusion criteria

Qualitative studies and the qualitative findings from mixed/multiple methods papers, with empirical data, published in English between 1 January 2000 and 28 February 2018 and including a combination of the search terms in the paper title or abstract, were eligible for inclusion. The scope of the review was purposefully inclusive of a heterogeneous range of papers to determine the extent of the published works relating to person-centredness in nursing curricula. England's National Institute for Health and Care Excellence (2014) advises that a key attribute of a search strategy is its sensitivity in terms of the number of relevant records retrieved as a proportion of those that exist. This attribute is influenced by the search terms and timeframe, and determining these parameters may involve a trade-off so the search outcomes are manageable and up to date. One strategy is to consider key known studies that can help check the sensitivity of the search strategy (NICE, 2014). This review encompassed a period of almost 20 years, which allowed consideration of key known studies specific to person-centredness in nursing curricula alongside some of the most contemporary papers.

Search outcomes

A total of 1,111 citations was identified from the literature search. The abstract for each citation was considered by the lead reviewer (DOD) and 1,040 papers found to be not directly relevant were excluded. The remaining 71 papers were further considered by two reviewers, who are highly experienced researchers in the field of person-centred practice (BM, TM). Having read the abstract and screened the quality and relevance of each paper, they separately made a decision about whether or not a paper should be included. The reviewers then shared their views with each other. Where there was a difference of opinion, whole papers were reviewed until consensus was reached about eligibility for inclusion. On completion of this process, 48 papers were included in the meta-synthesis (Figure 1).

Figure 1: PRISMA Flowchart - Search outcomes
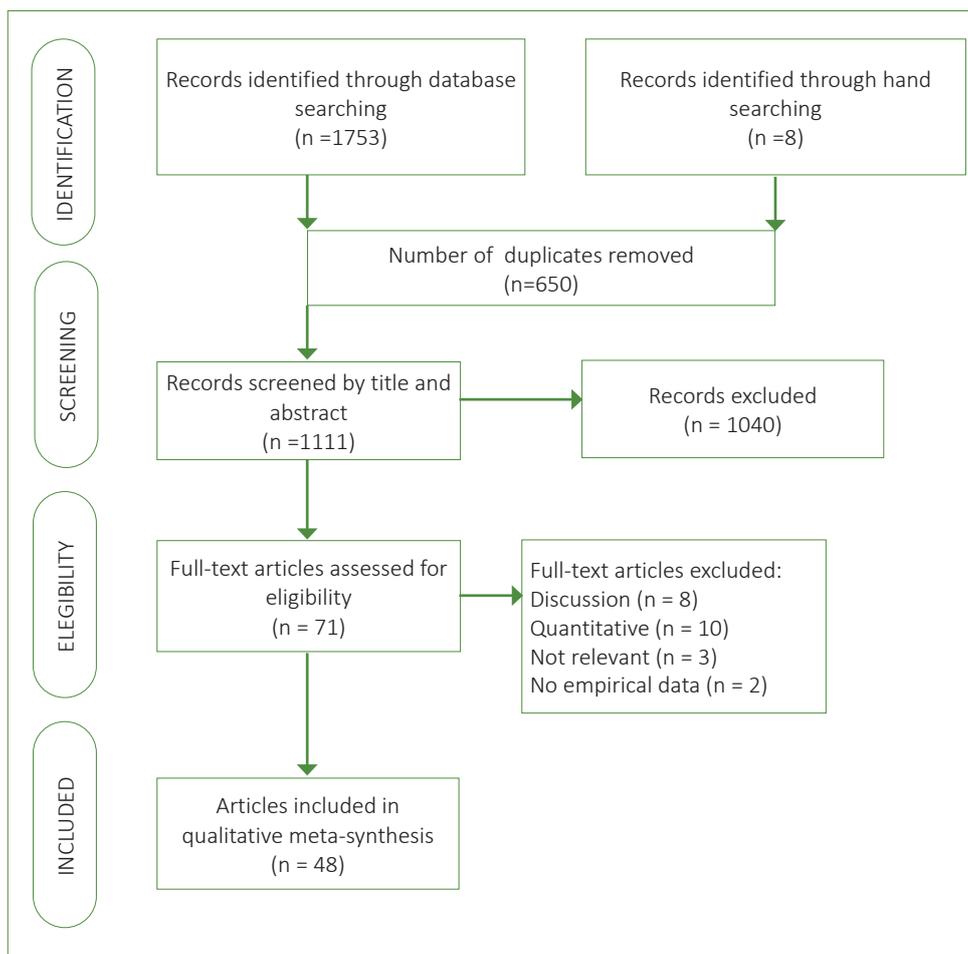
A summary of the 48 included papers is shown in Table 2.

Table 2: Summary of papers included in the meta-synthesis

	Author/year/country	Title	Methodology/methods	Sample
1	Leenerts (2003)/US	Teaching personal knowledge as a way of knowing self in therapeutic relationship	• Student feedback and insights into learning about self	Nursing students
2	Lemonidou et al. (2004)/ Greece	Moral professional personhood: ethical reflections during initial clinical encounters in nursing education	• Phenomenology • Journal narrative analysis	Nursing students (75)
3	Kyrkjebø and Hage (2005)/Norway	What we know and what they do: nursing students' experiences of improvement knowledge in clinical practice	• Focus groups	Nursing students (27)
4	Suikkala and Leino-Kilpi (2005)/Finland	Nursing student-patient relationship: experiences of students and patients	• Semi-structured interviews	Nursing students (30), patients (30)
5	Ironside (2006)/US	Using narrative pedagogy: learning and practising interpretive thinking	• Hermeneutics/interpretive phenomenology	Teachers and students (52)
6	Jones (2007)/UK	Putting practice into teaching: an exploratory study of nursing undergraduates' interpersonal skills and the effects of using empirical data as a teaching and learning resource	• Qualitative evaluation	Nursing students (48)
7	Carr (2008)/UK	Changes in nurse education: delivering the curriculum	• Interviews	Nurse teachers (37)
8	McCarthy et al. (2008)/ Ireland	Person-centred communication: design, implementation and evaluation of a communication skills module for undergraduate nursing students – an Irish context	• Qualitative evaluation	Nursing students (52), lecturers (4)
9	Abbott et al. (2009)/UK	Patient-centred care and compulsory admission to hospital: students consider communication skills in mental health care	• Thematic analysis of facilitated discussions	Students (23: nursing and medical)
10	Girdley et al. (2009)/US	Facilitating a culture of safety and patient-centered care through use of a clinical assessment tool in undergraduate nursing education	• Student feedback	Nursing students
11	Sikma (2009)/US	Supporting self-determination of older adults in community health settings: a curriculum development project	• Interviews	Community nurses (7)
12	Dacey et al. (2010)/US	An interprofessional service-learning course: uniting students across educational levels and promoting patient-centred care	• Multiple methods, including qualitative analysis of reflective journals	Students (10: nursing; psychology; medical; pharmacy)
13	Skaalvik et al. (2010)/ Norway	Student experiences in learning person-centred care of patients with Alzheimer's disease as perceived by nursing students and supervising nurses	• Qualitative - field notes and interviews	Nursing students (7), nurse supervisors (6)
14	Stacey et al. (2010)/UK	Masters at work: A narrative inquiry into the experiences of mental health nurses qualifying with an undergraduate masters degree	• Narrative inquiry	Nursing graduates (14)
15	Staun et al. (2010)/ Sweden	Evaluation of a PBL strategy in clinical supervision of nursing students: patient-centred training in student-dedicated treatment rooms	• Multiple methods, including focus groups	Nursing students (24), clinical staff (41)
16	Ursel and Aquino-Russell (2010)/Canada	Illuminating person-centered care with Parse's teaching-learning model	Reflective discussions and student documentation	Nursing students

|	Author/year/country	Title	Methodology/methods	Sample
17	Christiansen (2011)/UK	Storytelling and professional learning: a phenomenographic study of students' experiences of patient digital stories in nurse education	Phenomenographic – interviews	Nursing students (20)
18	Griffiths et al. (2012)/UK	'A caring professional attitude': what service users and carers seek in graduate nurses and the challenge for educators	Qualitative – focus groups	Service users and carers (52)
19	Ferguson et al. (2013)/ Canada	Putting the 'patient' back into patient-centred care: an education perspective	Interpretive descriptive - interviews	Patients 18, family members (8)
20	Steenbergen et al. (2013)/ UK and Netherlands	Perspectives on person-centred care	Qualitative – interviews	Nursing students (10), lecturers (6)
21	Walton and Blossom (2013)/US	The experience of nursing students visiting older adults in rural communities	Phenomenology	Nursing students (96), older adults (16)
22	Webster (2013)/US	Promoting therapeutic communication and patient-centered care using standardized patients	Student reflections	Nursing students (15)
23	Chan (2014)/Hong Kong	Cue-responding during simulated routine nursing care: a mixed method study	Mixed methods including student-actor notes and focus group	Nursing students (10)
24	Chapman and Clucas (2014)/UK	Student nurses' views on respect towards service users: an interpretative phenomenological study	Interpretative phenomenology – interviews	Nursing students (8)
25	Clarke (2014)/UK	A person-centred enquiry into the teaching and learning experiences of reflection and reflective practice	Person-centred enquiry	Focus groups (4), each with 8-10 participants including students and lecturers
26	McCormack et al. (2014)/ UK	Exploring 'self' as a person-centred academic through critical creativity: a case study of educators in a school of nursing	Case study – reflective accounts	Nurse educators (6)
27	Miles et al. (2014)/US	Teaching communication and therapeutic relationship skills to baccalaureate nursing students: a peer mentorship simulation approach	Student evaluations and feedback	Nursing students (193)
28	Ross et al. (2014) UK	The personal development tutor role: an exploration of student and lecturer experiences and perceptions of that relationship	Qualitative – interviews	Nursing students (6), tutors (5)
29	Schwind et al. (2014)/ Canada	Opening the black-box of person-centred care: an arts-informed narrative inquiry into mental health education and practice	Qualitative – meetings and telephone calls	Nurses and nursing students (14)
30	Watts and Davies (2014)/UK	Tensions and ambiguities: a qualitative study of final year adult field nursing students' experiences of caring for people affected by advanced dementia in Wales, UK	Qualitative - interviews	Nursing students (11)
31	Waugh et al. (2014)/UK	Supporting the development of interpersonal skills in nursing, in an undergraduate mental health curriculum. Reaching the parts other strategies do not reach through action learning	Qualitative - reflections focus groups and story-telling	Nursing students (52), lecturers (7)
32	Adamson and Dewar (2015)/UK	Compassionate care: student nurses' learning through reflection and the use of story	Evaluation of online discussions	Nursing students (16)

Table 2: Summary of papers included in the meta-synthesis *(continued)*

	Author/year/country	Title	Methodology/methods	Sample
33	Arenson et al. (2015)/US	The health mentors' programme: three years' experience with longitudinal, patient-centered interprofessional education	Mixed methods including focus groups	Focus groups (2), with each of six professions. Student reflections (60)
34	Currie et al. (2015)/UK	'Stepping in' or 'stepping back': how first year nursing students begin to learn about person-centred care	Qualitative – analysis of placement documents and focus groups	Placement documents (405), focus groups (3)
35	Levett-Jones et al. (2015)/Australia	Enhancing nursing students' understanding of threshold concepts through the use of digital stories and a virtual community called 'Wiimali'	Course evaluations	Student feedback comments
36	Blazeck and Katrancha (2016)/US	Using interactive video-based teaching to improve nursing students' ability to provide patient-centered discharge planning	Focus groups	Nursing students (20), faculty members (10)
37	Haugland and Giske (2016)/Norway	Daring involvement and the importance of compulsory activities as first-year students learn person-centred care in nursing homes	Grounded theory – reflective journals and focus groups	Nursing students (12), focus groups (8)
38	Haycock-Stuart et al. (2016)/UK	Involving service users and carers in the assessment of preregistration nursing students' clinical nursing practice: a strategy for patient empowerment and quality improvement?	Interviews and focus groups	Nursing students (51), nursing lecturers (15)
39	Landeen et al. (2016)/Canada	The impact of curricular changes on BSCN students' clinical learning outcomes	Interviews and focus group	Faculty staff (25)
40	LeGrow et al. (2016)/Canada	Person-centeredness in graduate nursing education: practice development in action	Student evaluations	Postgraduate nursing students
41	McCann and Huntley-Moore (2016)/Ireland	Madness in the movies: an evaluation of the use of cinema to explore mental health issues in nurse education	Exploratory mixed methods design – social media discussion forum threads	Nursing students (16)
42	Tee and Üzar Özçetin (2016)/Turkey	Promoting positive perceptions and person centred care toward people with mental health problems using co-design with nursing students	Phenomenology - interviews	Nursing students (12)
43	Waugh and Donaldson (2016)/UK	Students' perceptions of digital narratives of compassionate care	Qualitative – questionnaire	Nursing students (13)
44	Brown and Bright (2017)/US	Teaching caring and competence: student transformation during an older adult focused service-learning course	Phenomenology – journals and online survey	Nursing students (45)
45	Dingwall et al. (2017)/UK	Sliding doors: did drama-based inter-professional education improve the tensions round person-centred nursing and social care delivery for people with dementia: a mixed method exploratory study	Mixed methods, including focus groups	Focus groups (2)
46	Holland et al. (2017)/US	Influence of a patient-centered care coordination clinical module on student learning: a multimethod study	Mixed methods, including focus groups (6)	Nursing students (16)
47	McCaffrey et al. (2017)/Canada	Bring a novel to practice: an interpretive study of reading a novel in an undergraduate nursing practicum course	Hermeneutics – focus group and interviews	Nursing students (9)
48	Saunders et al. (2017)/Australia	Making the most of person-centred education by integrating flipped and simulated teaching: an exploratory study	Exploratory mixed methods, including semi-structured interviews and focus group	Nursing students (10), academic tutors (4), clinical facilitators (2)

Quality appraisal and data extraction

A range of tools exist to facilitate a robust and systemic approach to data extraction (Bondas and Hall, 2007; Noyes and Lewin, 2011; Tong et al., 2012). Noyes and Lewin (2011, p 5) contend that theoretical or conceptual frameworks relating to the phenomenon being reviewed can also be used 'to guide the data extraction process'. The data extraction grid used in this review was adapted from the Qualitative Assessment and Review Instrument (Joanna Briggs Institute, 2014) and the Person-centred Practice Framework (McCormack and McCance, 2017, Figure 2). The grid was adapted to include broad prompts relating to the prerequisites, environment, processes and outcomes domains within McCormack and McCance's framework. A potential limitation to this approach is the risk of neglecting data that do not match the domains of the theoretical framework (Noyes and Lewin, 2011). With this in mind, the grid included an open comments section where reviewers could record any incongruous findings, contextual or 'macro' issues, or other observations.

Figure 2: Person-centred Practice Framework (McCormack and McCance, 2017)
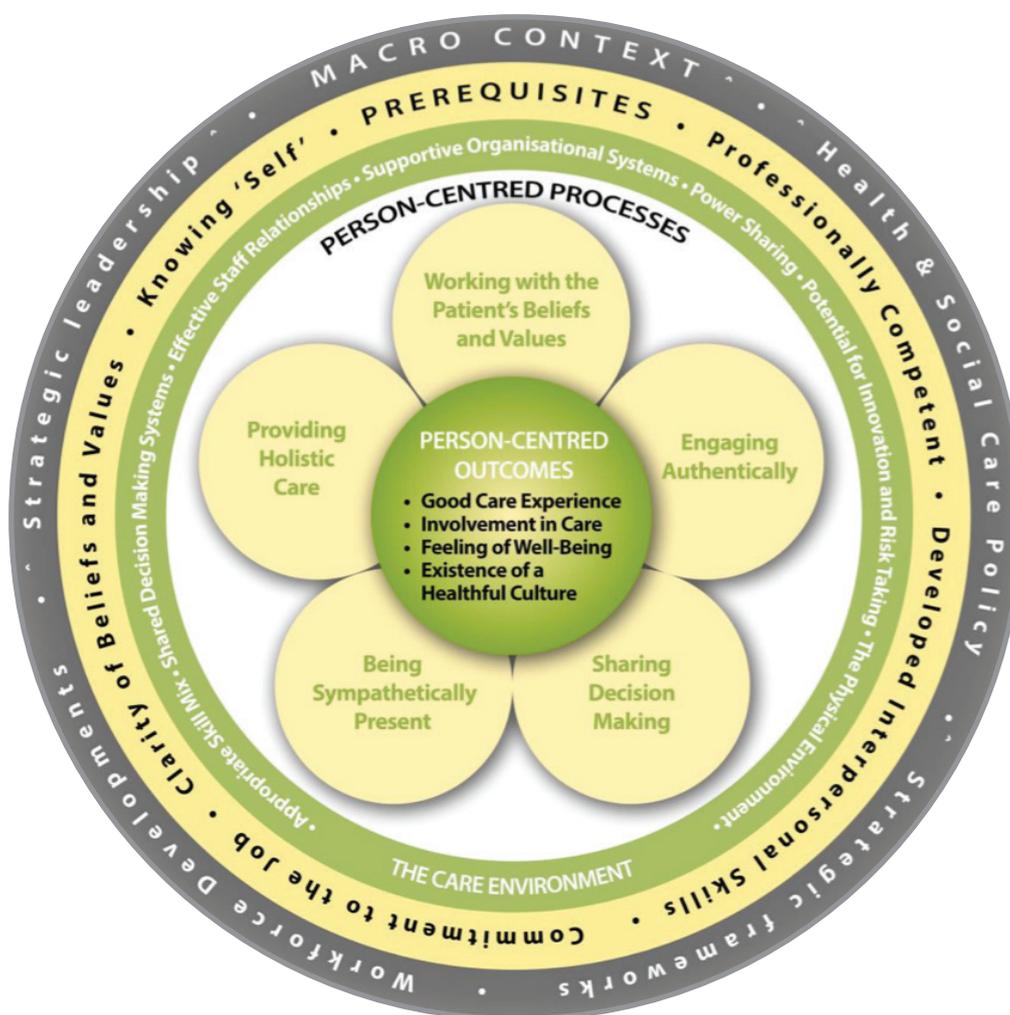
Six independent reviewers, in two teams of three, were recruited to examine the papers. Each team included a matched range of expertise in qualitative methodology, person-centred practice and curriculum design. As recommended by Noblit and Hare (1988), papers were collated in chronological order from the earliest to the most contemporary and were numbered accordingly. Alternating papers were allocated to each of the review teams. In this way, each panel member received a range of papers published across the 2000-18 timeframe.

Reviewers received an introductory letter, a pack of papers, guidance notes, a data extraction grid and a commentary card. All documents were provided in both hard copy and electronic format. Each reviewer was advised to independently read and scrutinise each paper and to compile individual, electronic notes using the data extraction grid as a template.

Following the individual iterative review process, reviewers met to share their annotated interpretations. A one-day workshop was facilitated by the lead author. This involved a programme of activities aligned with phases 4 to 6 of the Noblit and Hare approach (Figure 3). The workshop provided the opportunity for reviewers to share their individual feedback about each paper and to identify areas where consensus of opinion existed. Perspectives were also shared within each team, with members discussing and challenging the conclusions reached by others, until lines of argument emerged as the first iteration of the key themes.

Figure 3: Phases of a meta-synthesis (Noblit and Hare, 1988)

1. Getting started – decide on phenomenon of study

2. Defining inclusion and exclusion criteria

3. Reading the qualitative studies

4. Determining how the studies are related to each other – list key themes and their relationships

5. Translating studies

6. Synthesising translations

7. Presenting the synthesis

There was also the opportunity for the sharing of findings between teams so each reviewer had an overview of all the included literature. Each team presented its findings and developing lines of argument to the other expert panel. The lines of argument were critically discussed, and a final iteration of each emerging theme was synthesised to portray a translation of the findings from the literature.

A key endeavour during meta-synthesis is to retain the richness of qualitative research in the synthesis of the findings. In the final workshop activity, reviewers had the opportunity to formulate a creative expression representing their individual interpretation of the synthesised findings. The use of creativity in this context allowed exploration of the interpretations that were meaningful to each reviewer. It was recognised that each reviewer brought a wealth of individual expertise and experience and that their unique perspectives were valuable to the process. The rationale for this activity was to capture the richness of individual perspectives as part of the interpretive output of the meta-synthesis (France et al., 2019). The reviewers were also invited to summarise the implications of the meta-synthesis findings for curriculum design and for curriculum delivery; a poster for each of these headings was used and reviewers recorded brief comments/key words on sticky notes and attached these to the relevant poster. Feedback from this activity is considered in the discussion section of this paper.

Findings
The findings of the meta-synthesis are presented in Table 3, which shows the development of the themes over successive iterations mapped against the relevant supporting literature. The four key themes identified were:
- Moving beyond mediocrity
- Me, myself and I
- The curricular suitcase
- Learning elevators

These reflect the breadth of issues within the papers relating to person-centredness in nursing curricula.

Table 3: Development of key themes

Emergent issues with supporting paper numbers	Core concepts	Key theme first iteration	Final iteration

• Feeling discontent:
  13, 18, 20, 23, 29, 30, 33
• Organisational constraints:
  6, 7, 13, 14, 20, 23, 30, 34, 45
• Mechanistic competence; Ritualistic practice:
  3, 23, 32, 34, 44
• Shared values and embedded philosophy:
  3, 6, 13, 29, 32
• Wanting to do things differently/better:
  9, 19, 20, 38
	• Discontent/ dissatisfaction
	• Aspiring to person-centredness
		Challenges to achieving person-centredness in curricula	1. Moving beyond mediocrity

• Multiple perspectives on self:
  5, 26
• Understanding personhood by experiencing humanism in nursing education:
  18, 25, 28
• Self-knowledge:
  1, 2, 32
	• Perception/values/ self	Internalising the essence of person-centredness	2. Me, myself and I

• Defining the curriculum:
  7, 18, 19, 20, 32
• Content imbalance/deficits:
  7, 20 , 23, 30, 42
• Student's understanding of person-centred practice:
  16, 29, 34, 37
	• Person-centred curricula and student learning
	• Meeting care needs of persons
	• Achieving balanced curriculum
	• Curriculum content
		Packing the essentials: fitness for person-centred practice	3. The curricular suitcase

• The importance of role models in education and practice:
  2, 24, 28, 29
• Learning from experiences in practice: 20, 21, 32, 34, 44, 45, 48
• Positively evaluated teaching and learning strategies:
  1, 4, 8, 9, 10, 11, 12, 15, 17, 22, 23, 26, 27, 31, 32, 33, 34, 35, 36, 39, 40, 41, 43, 46, 47, 48
	• Effective learning experiences	What works?	4. Learning elevators

Theme 1: Moving beyond mediocrity

In the reviewed literature, nurse teachers and clinical facilitators attested to the importance of person-centred practice and its relevance and value to nursing curricula (Ferguson et al., 2013; Brown and Bright, 2017; Saunders et al., 2017). Several papers reported that person-centred care was a key curricular theme (Steenbergen et al., 2013; Ross et al., 2014; Currie et al., 2015; Landeen et al., 2016). However, there was limited exploration of how person-centredness was defined or the extent to which the curriculum was informed by person-centred principles and how these were embedded.

Currie et al. (2015) found students had a basic understanding of person-centred care from early in their studies but that they were more focused on the role of the nurse than on patients' experiences of care. A number of studies (Ross et al., 2014; Adamson and Dewar, 2015) were undertaken as elements of the Leadership and Compassionate Care Programme (Adamson et al., 2012). The programme had a number of action strands including one on embedding person-centred compassionate care in an

undergraduate nursing curriculum. Some authors reported on various aspects of this programme, including the role of the personal development tutor (Ross et al., 2014) and the use of reflection and stories to learn about person-centred compassionate care (Adamson and Dewar, 2015). Steenbergen et al. (2013) explored the views of nursing students and academics at two universities and concluded that even when a curriculum was informed by person-centredness, students found the concepts difficult to understand and apply. Person-centred approaches were found to be more obvious to students practising in community rather than acute settings (Steenbergen et al., 2013). Landeen et al. (2016) examined the impact of a 'kaleidoscope curriculum' on a range of final year nursing student outcomes, including person-centred care. Beyond these examples of whole-curricular developments, the evidence of person-centredness informing nursing curricula typically related to interventions to develop specific areas of skills and knowledge, generally at module level or in practice learning.

The theme 'Moving beyond mediocrity' reflects the aspiration among nurse educators that curricula should prepare students for person-centred practice but recognises the challenges that exist in making this a reality. Carr et al. (2008) contended that nursing curricula have traditionally been person-centred but that this has been eroded by factors such as exponential increases in cohort sizes. Griffiths et al. (2012, p 125) stated that the 'softer' skills that are important to patients are 'incompatible with academic nursing'. In contrast, Abbott et al. (2009) stated that progress has been made in enabling students to learn about core skills in person-centred communication but that further development is required. Other authors emphasised the need to embed person-centredness throughout nursing education programmes (Ferguson et al., 2013; Saunders et al., 2017). Ferguson and colleagues claimed that although patient-centredness is perceived as a fundamental concept in healthcare education, the findings of their interpretive study (based on interviews with nursing students and patients), concluded that, for this to have a meaningful impact, education needs to place greater emphasis on person-centred practice to highlight issues that matter to patients.

Nurse educators reported that their ability to promote person-centredness in curricula was limited by various factors. These included a perceived lack of knowledge about person-centredness and a need to develop the skills and confidence to teach it in an effective way (Frankel et al., 2011 cited by Arenson et al., 2015). Organisational factors, such as the need to comply with regulatory requirements and academic governance, were also identified as influential factors (Carr, 2008; Adamson and Dewar, 2015).

Practice learning also had the potential to present challenges to learning about person-centredness. Several studies found that risk-averse clinical cultures and over-regulated systems with an emphasis on tasks, routines and adherence to policies, mitigated against learning about autonomy and person-centredness (Jones, 2007; Skaalvik et al., 2010; Chan, 2014; Schwind et al., 2014; Watts and Davies, 2014; Adamson and Dewar, 2015; Brown and Bright, 2017; Dingwall et al., 2017). Skaalvik et al. (2010) reported that despite being placed in a setting where practice supervisors perceived there to be such opportunities, nursing students experienced limited learning about person-centred care. In contrast, students perceived that the priorities of maintaining order, attending to basic care activities and routine led to depersonalised care. Similarly, in a study by Schwind et al. (2014), students reported a difference between perceptions of 'looking like we care', with the reality of practice where there was 'no serious effort to make it happen'. Jones (2007) found that although students understood what person-centred practice was, when they were in practice environments they observed the practice norms (for example, being busy doing tasks and completing these within an expected timeframe) and adopted the institutional style (such as for admission assessments), even when this did not 'sit comfortably' with their values or what they had learned in the classroom. This finding was corroborated by a range of other studies, which found a lack of resources and demanding workloads mitigated against person-centredness (Kyrkjebø and Hage, 2005; Skaalvik et al., 2010; Chan, 2014; Currie et al., 2015). However, in contrast, Ursel and Aquino-Russell (2010) found students believed person-centred care did not take longer than a task-based approach.

The literature portrays the powerful impact of practice cultures on student learning. This is referred to as the 'hidden curriculum' in recognition of the extent to which the socialisation of students in practice influences their disposition and care behaviours (Jones, 2007; Chan, 2014). Variance between the philosophical concepts and principles of person-centred practice learned in the classroom and the practice reality, represents a major challenge in promoting person-centredness in nursing curricula (Stacey et al., 2010).

Theme 2: Me, myself and I

This theme reflected the recurrent portrayal in the literature that person-centred practice demands that all participants in nursing education require self-knowledge, including teachers, mentors/ clinical supervisors and students (Suikkala and Leino-Kilpi, 2005; McCormack et al., 2014). An appreciation of the significance of one's beliefs and values and the extent to which these are congruent with person-centred care behaviours was noted to be fundamental to the development of person-centred learning cultures (Christensen, 2011).

McCormack et al. (2014) explored nurse educators' experiences of using critical creativity to discover their understanding of self and the potential impact for teaching and learning as person-centred practitioners and educators. They found nurse teachers welcomed a 'safe space' to explore the freedom of 'letting go', learning about self and translating this into teaching and learning practices. This approach was endorsed by others (Waugh et al., 2014; Arenson et al., 2015).

An existential approach to the delivery of nursing curricula has been advocated, with the opportunity for students to engage with applied examples of care (for example, patient narratives, stories and roleplay) as a means of self-discovery. Exploration of ethical and moral personhood was identified as a 'precondition' for developing therapeutic relationships (Leenerts, 2003; Lemonidou et al., 2004; Christiansen, 2011; Webster, 2013; Chapman and Clucas, 2014). Leenerts (2003) found that nurse teachers who had developed self-knowing could use these skills to grow authentic and meaningful relationships with students, although the authors acknowledged that teaching students about self-knowing is challenging. Experiences of humanistic approaches to teaching and learning in theory and practice were positively evaluated in terms of enhancing self-knowledge for professional practice (Griffiths et al., 2012; Clarke, 2014; Ross et al., 2014). Ross and colleagues argued that if students experience being cared for as part of their learning relationships, they will be well placed to apply this in the practice of caring for others.

Ironside (2006) emphasised that learning should enable students and teachers to interpret situations they encounter from multiple perspectives and so engender an understanding of the value of personhood and the uniqueness of self and others. The development of moral, professional personhood was believed to be instrumental in establishing the student's understanding of their personal frame of reference, personal values and burgeoning professional identity as a basis for engagement with patients as persons (Lemonidou et al., 2004; Christiansen, 2011; Schwind et al., 2014).

The 'Me, myself and I' theme is also indicative of the prominence given in the literature to the relationship between a student's values and ways of being in practice. It was found that students are challenged by the reality of nursing care vis-à-vis their developing professional beliefs, values and ideals. Stacey et al. (2010) determined that students experienced a sense of dissonance between the espoused curricular philosophy and the practice of nursing. Students tried to reconcile the idealistic values instilled through their classroom learning with the reality of practice, which at times had a competing set of cultural norms, priorities and values. The impact of these experiences on the student's sense of self and their beliefs about nursing were cited as being profound and potentially destabilising. These experiences are further indicators of the impact of the 'hidden curriculum'. Adamson and Dewar (2015) noted that through discussions with lecturers, students may have the opportunity to reflect on how practice experiences relate to their understanding of self and how to deal with similar situations in future.

Theme 3: The curricular suitcase

The 'curricular suitcase' metaphor was identified to represent a range of issues in the literature relating to person-centredness and the content of nursing curricula. It draws an analogy between the curriculum and a suitcase. Both are viewed as having an optimal capacity with the potential to exceed capacity by packing in content that may be considered superfluous, with the associated risk of omitting essentials for the 'journey'/future career that lies ahead.

Findings from the literature indicated concerns about the value of some aspects of nursing curricula, suggesting they were 'content dense' (Levett-Jones et al., 2015; Landeen et al., 2016). It was reported that curriculum development teams, eager to satisfy the requirements of professional regulators, the priorities of academic institutions and service providers, the needs of service users and the interests of staff, had packed too much breadth of content into nursing curricula, at the expense of in-depth consideration of the core learning required for effective person-centred practice. Saunders et al. (2017) suggested reducing the range of learning activities could facilitate the achievement of higher-order learning in core skills.

Griffiths et al. (2012) contended that person-centred care and health promotion are core aspects of nursing care and should receive due regard in curricula. Similarly, Steenbergen et al. (2013) recommended that content should focus more on person-centred care and that this should be explicit in assessment strategies. Watts and Davies (2014), in their study of students' experiences of caring for persons living with advanced dementia, concluded they were lacking in the knowledge and confidence required and that their learning was hindered by the limited knowledge and role modeling by some healthcare professionals around person-centredness. Opportunities to gain direct experience with people who have mental health problems was also highlighted as an essential experience to enable students to develop a holistic approach to care (Tee and Üzar Özçetin, 2016).

A number of authors emphasised that content should be sufficient to develop students' core competencies (Chan, 2014; Adamson and Dewar, 2015). Effective communication was highlighted as a core prerequisite for person-centred practice to enable students to understand the influence of values and beliefs, optimise therapeutic relationships and promote self-determination (Leenerts, 2003; Suikkala and Leino-Kilpi, 2005; Sikma, 2009; Webster, 2013; Chan, 2014; Miles et al., 2014; Haugland and Giske, 2016). The ability to demonstrate confidence and to challenge the practice of others was also considered relevant in preparing students for person-centred practice (Watts and Davies, 2014).

Despite the debate regarding the ideal breadth and depth of learning about core concepts, Carr (2008) emphasised that the nursing role should define the content of the curriculum and that there should be a focus on what matters to service users and carers. Ferguson et al. (2013) explored service users' views on this matter; they advised that in order to be person-centred, healthcare professional education should focus on preparing practitioners to be courteous, communicate effectively and demonstrate commitment in their relationships with patients.

Theme 4: Learning elevators

The final theme uses the metaphor of an elevator to reflect the need to identify and prioritise learning cultures, styles and experiences that enable person-centredness to be elevated to a position of primacy in nursing curricula.

Classroom learning that is meaningfully linked with examples of how that learning can be applied in practice was positively evaluated by students. Teaching and learning approaches that engage reflection (McCann and Huntley-Moore, 2016), problem-based learning (Staun et al., 2010), patient-based learning (Landeen et al., 2016), roleplay and simulation (Steenbergen et al., 2013; Miles et al., 2014; Saunders et al., 2017), co-design with students (Tee and Üzar Özçetin, 2016) and 'active learning' by applying practice development methodology were also found to be beneficial to learning

about person-centredness (LeGrow et al., 2016). However, it was also found that the way and extent to which students engage with activities such as reflection influences the quality of learning (Kyrkjebø and Hage, 2005).

Several other teaching and learning approaches employed either as a core or adjunctive pedagogy were positively evaluated and were reported to engender an understanding of person-centred practice. These included: the use of a clinical assessment tool inclusive of patient-centred questions (Girdley et al., 2009); practising interpersonal skills in simulated situations involving challenging conversations (Abbott et al., 2009); engaging in a facilitative student-patient relationship (Suikkala and Leino-Kilpi, 2005); students gaining insights into registered nurses' experiences (Ursel and Aquino-Russell, 2010); interprofessional learning (Dacey et al., 2010; Arenson et al., 2015); and the use of practice development approaches (LeGrow et al., 2016).

Creative methodologies using arts-based activities, digital stories and virtual learning tools were explored to try to transform the educational experience to make threshold concepts more understandable and applicable to practice (Levett-Jones et al., 2015; Waugh and Donaldson, 2016; McCaffrey et al., 2017). Holland et al. (2017) found a module on patient-centred care coordination positively influenced students' understanding of their advocacy role and the need to involve patients' families in care.

The involvement of service users in nursing education, either directly or using indirect approaches through for example, digital stories, movies and simulation, was frequently identified as having a positive impact on student learning (Christiansen, 2011; Adamson and Dewar, 2015; Blazeck and Katrancha, 2016; Waugh and Donaldson, 2016). However, clinical and academic staff have identified ethical and quality concerns about service user involvement in some aspects of the curriculum, such clinical practice assessments (Haycock-Stuart et al., 2016).

Abbott et al. (2009) established that while students understood the mechanics of interpersonal communication, they benefited from facilitated discussions about how person-centred principles could still be upheld in challenging interpersonal interactions. Chan (2014) found that the use of cue-responding simulations provided a basis for exploring how students can go beyond the development of technical prowess to exploring the deeper nuances of person-centred communication.

A body of evidence was reported in relation to 'learning elevators' in practice settings. Practice-based experiences were viewed as an influential aspect of students' learning (Lemonidou et al., 2004; Jones, 2007; Steenbergen et al., 2013; Haugland and Giske, 2016; Saunders et al., 2017). Brown and Bright (2017), in a retrospective study on students' reflections of working with older people over a semester, found students' attitudes and skills developed through getting to know patients as persons. Currie et al. (2015) found the role of the mentor in practice was influential in fostering confidence in students. This confidence encouraged students to engage in direct care, bringing opportunities for the patient and student to get to know each other. Currie and colleagues concluded that mentors who provided praise and confidence-building positively influenced students' learning about person-centred care. However, it was also noted that mentors need to facilitate students to recognise the importance of patient care experiences rather than focusing their attention on nursing skills and technical tasks. Staffing levels and time available to spend with their mentor could either positively or negatively affect how students learned about person-centred care (Currie et al., 2015).

Collaborative working between lecturers, students and clinical mentors could also promote the development of a shared understanding of person-centredness and how it could be consistently facilitated in theory and practice learning (Haugland and Giske, 2016). The authors identified the importance of facilitating students to 'make significant learning discoveries for themselves' as this is the most valuable form of learning (Haugland and Giske, 2016, p 115).

Creative expressions

As part of the meta-synthesis workshop, reviewers were asked to demonstrate, through creative means, their individual views about the literature on person-centredness in nursing curricula. Several creative expressions included the use of glitter, and images of celebrations to reflect an overall sense of optimism and anticipation about the developing body of literature. Others acknowledged that promoting person-centred practice was valued in nursing education but portrayed a lack of clarity about how to achieve this. Reviewers also appreciated there were many strands to be woven together to achieve a cohesive approach to learning about person-centredness and translating this learning into practice. The mechanics of embedding person-centredness in nursing education therefore need to be followed through in curricular design and delivery, and a summary of reviewers' comments on the implications of the meta-synthesis review for these requirements has informed the discussion section of this article.

Discussion

The literature reviewed in this study came from a range of different countries and spanned a variety of uni- and multiprofessional educational courses, including undergraduate and postgraduate nursing curricula. There was extensive referencing to healthcare policy and strategic directives where person-centred practice was portrayed as synonymous with effective healthcare. In the papers reviewed, there was also a strong aspirational sense of the merits of promoting person-centredness in nursing education as a means of enabling students to provide compassionate care aligned with the global healthcare agenda (World Health Organization, 2015).

The four themes identified from the meta-synthesis reflect the recurring issues in the literature about person-centredness in nursing curricula. There is evidence of a commitment to modernising nursing curricula and examples of various teaching and learning modalities to prepare students for person-centred practice. However, a range of challenges emerge, and these will be discussed under the following headings:
- Implications for curriculum design
- Implications for curriculum delivery

Implications for curriculum design

Allowing for semantic variation, the term 'person-centred' was used in the title and/or abstract of the majority of the papers included in the meta-synthesis. However, despite the varied use and interpretation of the term in the literature, beyond an acknowledgement of its significance there was little clarity as to its definition and no clear articulation of what nurse teachers, clinicians and students understood by the concept. Several papers referred to curricula where person-centred care was a key theme (Steenbergen et al., 2013; Ross et al., 2014; Adamson and Dewar, 2015; Currie et al., 2015) but the philosophical principles that informed curriculum design were not specified.

At an operational level, there is evidence of sustained commitment by nurse educators to developing teaching and learning approaches that will enable students to understand the perspectives of persons receiving care. Many of these strategies were positively evaluated in that students became enlightened and sensitised to person-centredness. However, such initiatives were generally at module level rather than across curricula.

In the UK, the 'Future Nurse' standards have acknowledged that 21st century nurses must be prepared for person-centred care (Nursing and Midwifery Council, 2018). Although person-centred is defined, the fundamental tenets of person-centredness are not prominent either in the outcome statements or the curriculum element of the programme standards for pre-registration nursing education.

In the US, definitive steps have been taken from a quality and safety education for nurses (QSEN) perspective, to profile patient-centred care in pre-licensure nursing competencies (Cronenwett et al., 2007). Six competency domains are identified, with one specific to patient-centred care. Notably,

patient-centred care is defined, and the associated knowledge, skills and attitudinal indicators are listed. The patient-centred competencies are particularised and provide an operational basis for curriculum design. While the 'patient' terminology and the breadth of indicators may not sit well with some philosophical conceptualisations of personhood, some of the core elements of person-centredness are manifest: values-based approach; therapeutic relationship; shared decision-making; and the legal, ethical and organisational factors that influence care outcomes. The papers considered in this study provide only limited evidence of qualitative research to develop teaching and learning initiatives to enable students to meet the QSEN competencies (Girdley et al., 2009; Webster, 2013).

In relation to the implications for curriculum design, it is therefore concluded that steps need to be taken to achieve a collective response, where the principles of person-centredness are the bedrock of nursing curricula (Carr, 2008; Willis Commission, 2012). This should include a systematic approach to curriculum development, with explicit articulation of how curricula are underpinned by relevant person-centred philosophies, theoretical frameworks and principles. Central to this body of work, and irrespective of the underpinning theory/framework, is a need for a shared understanding of the meaning of person-centredness across the academic and practice elements of education programmes. Philosophically inherent to developing person-centredness in nursing curricula is the need for curricula to be derived from the perspectives of people who use nursing services, with due weight given to what matters most to them.

Implications for curriculum delivery
Several challenges were identified in the literature by those involved in curriculum delivery. Steenbergen et al. (2013) reported that even when a curriculum included person-centred care, students had difficulty in understanding what it meant. Currie et al. (2015) found that although nursing students had some knowledge of person-centredness early in their course, their main focus was on understanding the role of the nurse.

A range of teaching and learning approaches to promoting person-centredness were explored and positively evaluated in the papers reviewed. These included: effective interpersonal skills (Adamson and Dewar, 2015); service user involvement in education (Griffiths et al., 2012); critical reflection (Steenbergen et al., 2013; Clarke, 2014; Adamson and Dewar, 2015); action learning (Waugh et al., 2014); interprofessional education (Dacey et al., 2010; Arenson et al., 2015; Dingwall et al., 2017); and problem-based learning (Staun et al., 2010). There were also examples of initiatives to promote humanistic experiences in nursing education as ways of facilitating students' understanding of person-centredness, often through service user involvement, digital stories (Christiansen, 2011; Levett-Jones et al., 2015; Waugh and Donaldson, 2016) and movies (McCann and Huntley-Moore, 2016). Employing creativity in the curriculum using drama (Dingwall et al., 2017), arts-based inquiry (Schwind et al., 2014) and literature/novels (McCaffrey et al., 2017) was also found to be valuable. Such initiatives involved creating an environment that captured students' attention and motivated them to engage actively in meaningful learning about factors that affect a person's experience of care. Creativity in nursing education has also been found to foster a sense of 'freedom to learn' among students, which creates the conditions for the development of critical thinking skills, self-expression and human flourishing (Titchen and McCormack, 2010; Chan, 2012).

Similarly, providing nurse teachers with opportunities to engage in creative and facilitative pedagogies has been shown to develop their confidence and skills in facilitating student learning (McCormack et al., 2014). Teachers who took part in a 'creativity in the curriculum' programme found that they were challenged by the journey of self-discovery. However, the teacher participants reported that by experiencing moments of personal challenge, including fear and uncertainty, they learned about their personhood and developed insights into how to facilitate learning about person-centredness (McCormack et al., 2014).

It has been shown that work-based learning greatly influences students' practice (Lemonidou et al., 2004; Jones, 2007; Stacey et al., 2010; Steenbergen et al., 2013). At times students were confused and disillusioned as they perceived the emphasis in practice to be on the skills of the nurses and technical competence. This was in contrast to the emphasis on the patient experience envisioned in classroom learning (Stacey et al., 2010). There were, however, some types of practice learning experience that were positively evaluated. Steenbergen et al. (2013) reported that community-based and nursing home practice learning were highly beneficial to students in grasping an understanding of person-centredness. Correspondingly, Walton and Blossom (2013) highlighted the merits of working with well older people to learn about person-centredness. Overall, assuring the quality of learning experiences in practice was regarded as a crucial element of curriculum delivery. In order to optimise learning, it was considered important to find ways to embed shared values and beliefs in classroom and practice settings so that the totality of a person-centred curriculum can be delivered in a consistent and cohesive way (Carr, 2008; Steenbergen et al., 2013).

The findings from this meta-synthesis have identified priority areas for further research. While it has been reported that students develop an understanding of person-centredness early in their nursing education (Currie et al., 2015), less is known about how this influences their values and practice behaviours. There is also a need to examine the efficacy of nursing curricula in preparing students for person-centred practice and to establish a repository of effective approaches to person-centred curriculum design and delivery.

Conclusion
Person-centred practice is positioned as a prominent and highly regarded concept in international healthcare policy, with a corresponding mandate for nursing practice, education and research. This review has found that although there is increasing evidence of person-centredness in nursing curricula, there are fundamental issues that need to be addressed in order to make sustained progress.

The International Community of Practice for Person-centred Practice (PcP-ICoP) is a collaboration of organisations committed to the advancement of person-centredness in clinical practice, policy, research and education. The PcP-ICoP has hosted two international colloquia on person-centredness in nursing education, which were attended by 110 academics and practitioners. A recent position statement on person-centredness in nursing curricula (McCormack and Dewing, 2019) identified key considerations in respect of promoting person-centred practice in the future healthcare workforce.

If progress towards person-centred practice as a global healthcare imperative is to be realised, then there must be a proportionate international investment in developing a coordinated and sustained programme of education and research to support this agenda, not only in the field of nursing education but for all healthcare professionals.

References
Abbott, S., Attenborough, J., Cushing, A., Hanrahan, M. and Korszun, A. (2009) Patient-centred care and compulsory admission to hospital: students consider communication skills in mental health care. *Journal of Mental Health Training, Education and Practice.* Vol. 4. No. 4. pp 26-32. https://doi.org/10.1108/17556228200900030.
Adamson, E. and Dewar, B. (2015) Compassionate care: student nurses' learning through reflection and the use of story. *Nurse Education in Practice*. Vol. 15. No. 3. pp 155-161. https://doi.org/10.1016/j.nepr.2014.08.002.
Adamson, E., Dewar, B., Donaldson, J., Gentleman, M., Gray, M., Horsburgh, D., King, L., Kalorkoti, J., MacArthur, J., Maclean, M., McCrossan, G., McIntosh, I., Ross, J., Pullin, S., Sloan, S., Smith, F., Smith, S., Tocher, R. and Waugh, A. (2012) *Leadership in Compassionate Care Programme: Final Report*. Edinburgh, NHS Lothian/Edinburgh: Napier University. Available from: tinyurl.com/Adamson-leadership. (Last accessed 1st February 2020).

Arenson, C., Umland, E., Collins, L., Kern, S., Hewston, L., Jerpbak, C., Antony, R., Rose, M. and Lyons, K. (2015) The health mentors program: three years' experience with longitudinal, patient-centred interprofessional education. *Journal of Interprofessional Care*. Vol. 29. No. 2. pp 138-143. https://doi.org/10.3109/13561820.2014.944257.

Benner, P., Sutphen, M., Leonard, V. and Day, L. (2010) *Educating Nurses: A Call for Radical Transformation*. San Francisco, US: Jossey-Bass.

Blazeck, A. and Katrancha, E. (2016) Using interactive video-based teaching to improve nursing students' ability to provide patient-centred discharge planning. *Journal of Nursing Education*. Vol. 55. No. 5. pp 296-299. https://doi.org/10.3928/01484834-20160414-11.

Bondas, T. and Hall, E. (2007) Challenges in approaching metasynthesis research. *Qualitative Health Research*. Vol. 17. No. 1. pp 113-121. https://doi.org/10.1177/1049732306295879.

Brown, K. and Bright, L. (2017) Teaching caring and competence: student transformation during an older adult focused service-learning course. *Nurse Education in Practice*. Vol. 27. pp 29-35. https://doi.org/10.1016/j.nepr.2017.08.013.

Carr, G. (2008) Changes in nurse education: delivering the curriculum. *Nurse Education Today*. Vol. 28. No. 1. pp 120-127. https://doi.org/10.1016/j.nedt.2007.03.011.

Chan, Z. (2012) A systematic review of creative thinking/creativity in nursing education. *Nurse Education Today*. Vol. 33. No. 11. pp 1382-1387. https://doi.org/10.1016/j.nedt.2012.09.005.

Chan, E. (2014) Cue-responding during simulated practice nursing care: a mixed method study. *Nurse Education Today*. Vol. 34. No. 7. pp 1057-1061. https://doi.org/10.1016/j.nedt.2014.02.010.

Chapman, H. and Clucas, C. (2014) Student nurses' views on respect towards service users: an interpretative phenomenological study. *Nurse Education Today*. Vol. 34. No. 3. pp 474-479. https://doi.org/10.1016/j.nedt.2013.05.012.

Christiansen, A. (2011) Storytelling and professional learning: a phenomenographic study of students' experience of patient digital stories in nurse education. *Nurse Education Today*. Vol. 31. No. 3. pp 289-293. https://doi.org/10.1016/j.nedt.2010.10.006.

Clarke, N. (2014) A person-centred enquiry into the teaching and learning experiences of reflection and reflective practice. Part one. *Nurse Education Today*. Vol. 34. No. 9. pp 1219-1224. https://doi.org/10.1016/j.nedt.2014.05.017.

Cooper, E. (2017) Quality and safety education for nurses implementation. Is it sustainable? *Nurse Educator*. Vol. 42. No. 5S. pp S8-S11. https://doi.org/10.1097/NNE.0000000000000415.

Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D. and Warren, J. (2007) Quality and safety education for nurses. *Nursing Outlook*. Vol. 55. No. 3. pp 122-131. https://doi.org/10.1016/j.outlook.2007.02.006.

Currie, K., Bannerman, S., Howatson, V., MacLeod, F., Mayne, W., Organ, C., Renton, S. and Scott, J. (2015) 'Stepping in' or 'stepping back': how first year nursing students begin to learn about person-centred care. *Nurse Education Today*. Vol. 35. No. 1. pp 239-244. https://doi.org/10.1016/j.nedt.2014.06.008.

Dacey, M., Murphy, J., Anderson, D. and McCloskey, W. (2010) An interprofessional service-learning course: uniting students across educational levels and promoting patient-centred care. *Journal of Nursing Education*. Vol. 49. No. 12. pp 696-699. https://doi.org/10.3928/01484834-20100831-09.

Department of Health and Human Services (2012) *Request to Convey Information: Partnership to Improve Dementia Care in Nursing Homes*. Baltimore, US: DHHS. Retrieved from: tinyurl.com/DHHS-request. (Last accessed 23rd June 2019).

Dingwall, L., Fenton, J., Kelly, T. and Lee, J. (2017) Sliding doors. Did drama-based interprofessional education improve the tensions round person-centred nursing and social care delivery for people with dementia: a mixed method exploratory study. *Nurse Education Today*. Vol. 51. pp 1-7. https://doi.org/10.1016/j.nedt.2016.12.008.

Edvardsson, D., Fetherstonhaugh, D. and Nay, R. (2011) The Tool for Understanding Residents' Needs as Individual Persons (TURNIP): construction and initial testing. *Journal of Clinical Nursing*. Vol. 20. Nos. 19-20. pp 2890-2896. https://doi.org/10.1111/j.1365-2702.2011.03706.x.

Ferguson, L., Ward, H., Card, S., Sheppard, S. and McMurtry, J. (2013) Putting the 'patient' back into patient-centred care: an education perspective. *Nurse Education in Practice*. Vol. 13. No. 4. pp 283-287. https://doi.org/10.1016/j.nepr.2013.03.016.

Finfgeld-Connett, D. (2010) Generalizability and transferability of meta-synthesis research findings. *Journal of Advanced Nursing*. Vol. 66. No. 2. pp 246-254. https://doi.org/10.1111/j.1365-2648.2009.05250.x.

France, E., Uny, I., Ring, N., Turley, R., Maxwell, M., Duncan, E., Jepson, R., Roberts, R. and Noyes, J. (2019) A methodological systematic review of meta-ethnography conduct to articulate the complex analytical phases. *BMC Medical Research Methodology*. Vol. 19. Article 35. https://doi.org/10.1186/s12874-019-0670-7.

Frankel, R., Eddins-Folenbee, F. and Inui, T. (2011) Crossing the patient-centred divide: transforming health care quality through enhanced faculty development. *Academic Medicine*. Vol. 86. No. 4. pp 445-452. https://doi.org/10.1097/ACM.0b013e31820e7e6e.

Frenk, J., Chen, L., Bhutta, Z.A., Cohen, J., Crisp, N., Evans, T., Fineberg, H., Garcia, P., Ke, Y., Kelley, P., Kistnasamy, B., Meleis, A., Naylor, D., Pablos-Mendez, A., Reddy, S., Scrimshaw, S., Sepulveda, J., Serwadda, D. and Zurayk, H. (2010) Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*. Vol. 376. No. 9756. pp 1923-1958. https://doi.org/10.1016/S0140-6736(10)61854-5.

Girdley, D., Johnsen, C. and Kwekkeboom, K. (2009) Facilitating a culture of safety and patient-centred care through use of a clinical assessment tool in undergraduate nursing education. *Journal of Nursing Education*. Vol. 48. No. 12. pp 702-705. https://doi.org/10.3928/01484834-20091113-05.

Griffiths, J., Speed, S., Horne, M. and Keeley, P. (2012) 'A caring professional attitude': what service users and carers seek in graduate nurses and the challenge for educators. *Nurse Education Today*. Vol. 32. No. 2. pp 121-127. https://doi.org/10.1016/j.nedt.2011.06.005.

Gurses, A., Ozok, A. and Pronovost, P. (2011) Time to accelerate integration of human factors and ergonomics in patient safety. *British Medical Journal Quality and Safety*. Vol. 21. pp 347-351. Retrieved from: tinyurl.com/Gurses-integration. (Last accessed 2nd September 2019).

Haugland, B.Ø. and Giske, T. (2016) Daring involvement and the importance of compulsory activities as first-year students learn person-centred care in nursing homes. *Nurse Education in Practice*. Vol. 21. pp 114-120. https://doi.org/10.1016/j.nepr.2016.09.001.

Haycock-Stuart, E., Donaghy, E. and Darbyshire, C. (2016) Involving users and carers in the assessment of preregistration nursing students' clinical nursing practice: a strategy for patient empowerment and quality improvement? *Journal of Clinical Nursing*. Vol. 25. Nos. 13-14. pp 2052-2065. https://doi.org/10.1111/jocn.13279.

Holland, A., Tiffany, J., Tilton, K. and Kleve, M. (2017) Influence of a patient-centred care coordination clinical module on student learning: a multimethod study. *Journal of Nursing Education*. Vol. 56. No. 1. pp 6-11. https://doi.org/10.3928/01484834-20161219-03.

Ironside, P. (2006) Using narrative pedagogy: learning and practising interpretive thinking. *Journal of Advanced Nursing*. Vol. 55. No. 4. pp 478-486. https://doi.org/10.1111/j.1365-2648.2006.03938.x.

Joanna Briggs Institute (2014) *Reviewers' Manual 2014.* Adelaide: The Joanna Briggs Institute. Retrieved from: tinyurl.com/JBI-manual. (Last accessed 26th June 2019).

Jones, A. (2007) Putting practice into teaching: an exploratory study of nursing undergraduates' interpersonal skills and the effects of using empirical data as a teaching and learning resource. *Journal of Clinical Nursing*. Vol. 16. No. 12. pp 2297-2307. https://doi.org/10.1111/j.1365-2702.2007.01948.x.

Kyrkjebø, J.M. and Hage, I. (2005) What we know and what they do: nursing students' experiences of improvement knowledge in clinical practice. *Nurse Education Today*. Vol. 25. No. 3. pp 167-175. https://doi.org/10.1016/j.nedt.2004.11.008.

Laird, E., McCance, T., McCormack, B. and Gribben, B. (2015) Patients' experiences of in-hospital care when nursing staff were engaged in a practice development programme to promote person-centredness: a narrative analysis study. *International Journal of Nursing Studies*. Vol. 52. No. 9. pp 1454-1462. https://doi.org/10.1016/j.ijnurstu.2015.05.002.

Landeen, J., Carr, D., Culver, K., Martin, L., Matthew-Maich, N., Noesgaard, C. and Beney-Gadsby, L. (2016) The impact of curricular changes on BSCN students' clinical learning outcomes. *Nurse Education in Practice*. Vol. 21. pp 51-58. https://doi.org/10.1016/j.nepr.2016.09.010.

Leenerts, M. (2003) Teaching personal knowledge as a way of knowing self in therapeutic relationship. *Nursing Outlook*. Vol. 51. No. 4. pp 158-164. https://doi.org/10.1016/S0029-6554(03)00116-7.

LeGrow, K., Campbell, K., Elford, N., McLaughlin, K. and Over, A. (2016) Person-centredness in graduate nursing education: practice development in action. *International Practice Development Journal*. Vol. 6. No. 1. Article 9. pp 1-9. https://doi.org/10.19043/ipdj.61.009.

Lemonidou, C., Papathanassoglou, E., Giannakopoulou, M., Patiraki, E. and Papadatou, D. (2004) Moral professional personhood: ethical reflections during initial clinical encounters in nursing education. *Nursing Ethics*. Vol. 11. No. 2. pp 122-137. https://doi.org/10.1191/0969733004ne678oa.

Levett-Jones, T., Bowen, L. and Morris, A. (2015) Enhancing nursing students' understanding of threshold concepts through the use of digital stories and a virtual community called 'Wiimali'. *Nurse Education in Practice.* Vol. 15. No. 2. pp 91-96. https://doi.org/10.1016/j.nepr.2014.11.014.

McCaffrey, G., Venturato, L., Patterson, J., Langille, J., Jackson, R. and Rosenal. T. (2017) Bring a novel to practice: an interpretive study of reading a novel in an undergraduate nursing practicum course. *Nurse Education in Practice*. Vol. 24. pp 84-89. https://doi.org/10.1016/j.nepr.2017.04.001.

McCann, E. and Huntley-Moore, S. (2016) Madness in the movies: an evaluation of the use of cinema to explore mental health issues in nurse education. *Nurse Education in Practice*. Vol. 21. pp 37-43. https://doi.org/10.1016/j.nepr.2016.09.009.

McCarthy, B., O'Donovan, M. and Twomey, A. (2008) Person-centred communication: design, implementation and evaluation of a communication skills module for undergraduate nursing students – an Irish context. *Contemporary Nurse*. Vol. 27. No. 2. pp 207-221. https://doi.org/10.5172/conu.2008.27.2.207.

McCormack, B., Karlsson, B., Dewing, J. and Lerdal, A. (2010) Exploring person-centredness: a qualitative meta-synthesis of four studies. *Scandinavian Journal of Caring Sciences*. Vol. 24. No. 3. pp 620-634. https://doi.org/10.1111/j.1471-6712.2010.00814.x.

McCormack, B., McGowan, B., McGonigle, M., Goode, D., Black, P. and Sinclair, M. (2014) Exploring 'self' as a person-centred academic through critical creativity: a case study of educators in a school of nursing. *International Practice Development Journal*. Vol. 4. No. 2. Article 3. pp 1-18. Retrieved from: fons.org/library/journal/volume4-issue2/article3. (Last accessed 2nd September 2019).

McCormack, B. and McCance, T. (Eds.) (2017) *Person-centred Practice in Nursing and Health Care: Theory and Practice.* (2nd edition). Chichester, UK: Wiley-Blackwell.

McCormack, B. and Dewing, J. (2019) International Community of Practice for Person-centred Practice: position statement on person-centredness in health and social care. *International Practice Development Journal*. Vol. 9. No. 1. https://doi.org/10.19043/ipdj.91.003.

Miles, A. and Asbridge, J. (2014) Clarifying the concepts, epistemology and lexicon of person-centredness: an essential prerequisite for the effective operationalization of PCH within modern healthcare systems. *European Journal for Person Centered Healthcare.* Vol. 5. No. 1. pp 1-9. https://doi.org/10.5750/ejpch.v2i1.857.

Miles, L., Mabey, L., Leggett, S. and Stansfield, K. (2014) Teaching communication and therapeutic relationship skills to baccalaureate nursing students: a peer mentorship simulation approach. *Journal of Psychosocial Nursing and Mental Health Services*. Vol. 52. No. 10. pp 34-41. https://doi.org/10.3928/02793695-20140829-01.

National Institute for Health and Care Excellence (2014) *Interim Methods Guide for Developing Good Practice Guidance. Processes and Methods.* London: NICE. Retrieved from: tinyurl.com/NICE-PMG15-8. (Last accessed 29th July 2020).

Noblit, G. and Hare, R. (1988) *Meta-ethnography: Synthesising Qualitative Studies*. Newbury Park, US: Sage.

Noyes, J. and Lewin, S. (2011) Extracting qualitative evidence. Chp 5 *in* Noyes, J., Booth, A., Hannes, K., Harden, A., Harris, J., Lewin, S. and Lockwood, C. (Eds.) (2011) *Supplementary Guidance for Inclusion of Qualitative Research in Cochrane Systematic Reviews of Interventions*. London: Cochrane Collaboration Qualitative Methods Group. Retrieved from: cqrmg.cochrane.org/supplemental-handbook-guidance. (Last accessed 3rd June 2020).

Nursing and Midwifery Council (2018) *Future Nurse: Standards of Proficiency for Registered Nurses*. London: NMC. Retrieved from: tinyurl.com/NMC-future. (Last accessed 14th August 2019).

Nygårdh, A., Sherwood, G., Sandberg, T., Rehn, J. and Knutsson, S. (2017) The visibility of QSEN competencies in clinical assessment tools in Swedish nurse education. *Nurse Education Today*. Vol. 59. pp 110-117. https://doi.org/10.1016/j.nedt.2017.09.003.

Paterson, B., Thorne, S., Canam, C. and Jillings, C. (2001) *Meta-study of Qualitative Health Research. A Practical Guide to Meta-analysis and Meta-synthesis.* Thousand Oaks, US: Sage.

Pope, C. and Mays, N. (2009) Critical reflections on the rise of qualitative research. *British Medical Journal*. Vol. 339. pp 737-739. https://doi.org/10.1136/bmj.b3425.

Radwin, I., Cabral, H. and Wilkes, G. (2009) Relationships between patient-centred cancer nursing interventions and desired health outcomes in the context of health care system. *Research in Nursing and Health*. Vol. 32. No. 1. pp 4-17. https://doi.org/10.1002/nur.20302.

Ross, J., Head, K., King, L., Perry, P. and Smith, S. (2014) The personal development tutor role: an exploration of student and lecturer experiences and perceptions of that relationship. *Nurse Education Today*. Vol. 34. No. 9. pp 1207-1213. https://doi.org/10.1016/j.nedt.2014.01.001.

Sandelowski, M. (2006) 'Meta-jeopardy': the crisis of representation in qualitative meta-synthesis. *Nursing Outlook*. Vol. 54. No. 1. pp 10-16. https://doi.org/10.1016/j.outlook.2005.05.004.

Saunders, A., Green, R. and Cross, M. (2017) Making the most of person-centred education by integrating flipped and simulated teaching: an exploratory study. *Nurse Education in Practice*. Vol. 27. pp 71-77. https://doi.org/10.1016/j.nepr.2017.08.014.

Schwind, J., Lindsay, G., Coffey, S., Morrison, D. and Mildon, B. (2014) Opening the black-box of person-centred care: an arts-informed narrative inquiry into mental health education and practice. *Nurse Education Today*. Vol. 34. No. 8. pp 1167-1171. https://doi.org/10.1016/j.nedt.2014.04.010.

Sikma, S. (2009) Supporting self-determination of older adults in community health settings: a curriculum development project. *Journal of Nursing Education.* Vol. 48. No. 10. pp 574-578. https://doi.org/10.3928/01484834-20090917-01.

Skaalvik, M., Normann, H. and Henriksen, N. (2010) Student experiences in learning person-centred care of patients with Alzheimer's disease as perceived by nursing students and supervising nurses. *Journal of Clinical Nursing*. Vol. 19. No. 17. pp 2639-2648. https://doi.org/10.1111/j.1365-2702.2010.03190.x.

Stacey, G., Felton, A. and Joynson, K. (2010) Masters at work: a narrative inquiry into the experiences of mental health nurses qualifying with an undergraduate Masters degree. *Nurse Education Today.* Vol. 30. No. 4. pp 333-337. https://doi.org/10.1016/j.nedt.2009.09.002.

Staun, M., Bergström, B. and Wadensten, B. (2010) Evaluation of a PBL strategy in clinical supervision of nursing students: patient-centred training in student-dedicated treatment rooms. *Nurse Education Today*. Vol. 30. No. 7. pp 631-637. https://doi.org/10.1016/j.nedt.2009.12.013.

Steenbergen, E., van der Steen, R., Smith, S., Bright, C. and Kaaijk, M. (2013) Perspectives on person-centred care. *Nursing Standard*. Vol. 27. No. 48. pp 35-41. https://doi.org/10.7748/ns2013.07.27.48.35.e7799.

Suikkala, A. and Leino-Kilpi, H. (2005) Nursing student–patient relationship: experiences of students and patients. *Nurse Education Today*. Vol. 25. No. 5. pp 344-354. https://doi.org/10.1016/j.nedt.2005.03.001.

Tee, S. and Üzar Özçetin, Y. (2016) Promoting positive perceptions and person centred care toward people with mental health problems using co-design with nursing students. *Nurse Education Today*. Vol. 44. pp 116-120. https://doi.org/10.1016/j.nedt.2016.05.024.

Titchen, A. and McCormack, B. (2010) Dancing with stones: critical creativity as methodology for human flourishing. *Educational Action Research*. Vol. 18. No. 4. pp 531-554. https://doi.org/10.1080/09650792.2010.524826.

Tong, A., Flemming, K., McInes, E., Oliver, S. and Craig, J. (2012) Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. *BMC Medical Research Methodology*. Vol. 12. No. 181. https://doi.org/10.1186/1471-2288-12-181.

Ursel, K. and Aquino-Russell, C. (2010) Illuminating person-centred care with Parse's teaching-learning model. *Nursing Science Quarterly*. Vol. 23. No. 2. pp 118-123. https://doi.org/10.1177/0894318410362546.

Walton, J. and Blossom, H. (2013) The experience of nursing students visiting older adults in rural communities. *Journal of Professional Nursing*. Vol. 29. No. 4. pp 240-251. https://doi.org/10.1016/j.profnurs.2012.05.010.

Watts, T. and Davies, R. (2014) Tensions and ambiguities: a qualitative study of final year adult field nursing students' experiences of caring for people affected by advanced dementia in Wales, UK. *Nurse Education Today*. Vol. 34. No. 8. pp 1149-1154. https://doi.org/10.1016/j.nedt.2014.04.012.

Waugh, A. and Donaldson, J. (2016) Students' perceptions of digital narratives of compassionate care. *Nurse Education in Practice*. Vol. 17. pp 22-29. https://doi.org/10.1016/j.nepr.2016.01.008.

Waugh, A., McNay, L., Dewar, B. and McCaig, M. (2014) Supporting the development of interpersonal skills in nursing, in an undergraduate mental health curriculum. Reaching the parts other strategies do not reach through action learning. *Nurse Education Today.* Vol. 34. No. 9. pp 1232-1237. https://doi.org/10.1016/j.nedt.2013.10.002.

Webster, D. (2013) Promoting therapeutic communication and patient-centred care using standardized patients. *Journal of Nursing Education*. Vol. 52. No. 11. pp 645-648. https://doi.org/10.3928/01484834-20131014-06.

Willis Commission (2012) *Quality with Compassion: The Future of Nursing Education. Report of the Willis Commission on Nursing Education*. Retrieved from: williscommission.org.uk. (Last accessed 4th May 2019).

World Health Organization (2015) *Global Strategy on People-centred and Integrated Health Services. Interim Report.* Geneva: WHO. Retrieved from: tinyurl.com/WHO-PCIHS. (Last accessed 20th September 2019).

Deirdre O'Donnell (MSc, BSc Hons Nursing, RN, FHEA), Senior Lecturer, School of Nursing, Ulster University, Londonderry, Northern Ireland.

Brendan McCormack (DPhil Oxon, BSc Hons Nursing, FRCN, FEANS, FRCSI, PGCEA, RMN, RGN, FAAN), Professor of Nursing; Head of the Divisions of Nursing, Occupational Therapy and Arts Therapies, Associate Director Centre for Person-centred Practice Research, Queen Margaret University, Edinburgh Scotland; Vice-President, Omega XI Chapter, Sigma Global; Professor II, University of South East Norway, Campus Drammen; Extraordinary Professor, University of Pretoria, South Africa; Visiting Professor, Ulster University, Northern Ireland; Professor of Nursing, Maribor University, Slovenia; Adjunct Professor, Canberra University, Australia; Guest Professor, University of Vienna; Adjunct Professor, Zealand University Hospital/University of Southern Denmark; Honorary Nurse Consultant, Erskine Care.

Tanya McCance (DPhil, MSc, BSc Hons Nursing, RN, FHEA), The Mona Grey Professor of Nursing Research and Development, School of Nursing, Ulster University, Newtownabbey, Northern Ireland; Visiting Professor, Queen Margaret University, Edinburgh, Scotland; Visiting Professor, University of Wollongong, Australia.

Sonja McIlfatrick (PhD, MSc, BSc Hons Nursing, RN, FRCN, FRCSI, FAAN, FHEA), Professor of Nursing and Palliative Care, Head of School of Nursing, Lead for Palliative Care Research Strand, Ulster University, Newtownabbey, Northern Ireland; Visiting Professor, University of Maribor, Slovenia; Visiting Professor, University of Technology Sydney, Australia; Expert Advisor, University of Chiba, Japan.