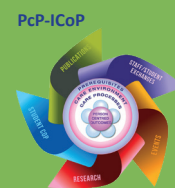


International Practice Development Journal

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



IDEAS AND INFLUENCES

Person-centred care in Australian aged care

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Submitted for publication: 24th February 2023

Accepted for publication: 17th April 2023

Published: 24th May 2023

<https://doi.org/10.19043/ipdj.131.011>

Keywords: Person-centred care, aged care, Australia, culture, nursing practice, multiple ego state system (M.E.S.S.Y)

Introduction

This paper is derived from research I undertook as a part of my honours degree in nursing. My research produced a thesis that examined person-centred care in Australian residential aged-care settings. The idea for this came from my 15 years' experience as an aged-care nurse and questions arising from my lived experience of person-centred care not being a reality for residents, families and staff despite being widely espoused in the aged-care sector. The sector in Australia is undergoing a system redesign, with proposals for a new Aged Care Act put forward this year by the Royal Commission into Aged Care Quality and Safety (RCACQS, 2021) after a review of the aged-care system between 2018 and 2021. The review looked into the prevalence of elder abuse and estimated that almost 40% of residents may have experienced emotional, physical or neglectful abuse (RCACQS, 2020a). Person-centred care could be an important concept to establish in Australian residential aged care in order to tackle the experience of abuse and embed high-quality, safe services.

The concept

The concept of person-centred care is seen as an emerging practice in Australia (Australian Commission on Safety and Quality in Health Care [ACSQHC], 2022), and there is no global consensus on a definition (Behrens et al., 2019; Nolte et al., 2020). No definition could be located within the Aged Care Quality and Safety Commission (ACQSC) or the accreditation standards (ACQSC, 2020, 2021a; My Aged Care, 2023). Accreditation against the quality standards does not include measurement of person-centred care (ACQSC, 2021b).

Within the literature, Nolte and colleagues (2020) discovered more than 400 different definitions of person-centred care, and that is the focus of this research. The work I undertook included a traditional narrative review and a scoping review. The traditional narrative review covered an overview of:

- Contemporary healthcare systems for residential aged care and person-centred care
- Current global concepts of person-centred care in residential aged care
- Person-centred care nursing practice in residential aged care

The scoping review collected and synthesised definitions of person-centred care in Australian residential aged care.

The World Health Organization (2021, p 1) explains person-centred care as a component of quality in healthcare systems that 'responds to individual preferences, needs, and values'. Vennedey and colleagues (2020) argue that while many definitions of person-centred care exist, most define care to be reactive to individual needs, preferences and values. However, Pakkonen and colleagues (2021) suggest that individual needs and preferences may be describing a different concept, noting that the terms person-centred care and individualised care have been used synonymously throughout the literature. However, they say a key difference may be that 'the concept of individualised care considers an individual as a biopsychosocial integral whole, focuses on individual differences, preferences, and the values of individuals', while person-centred care 'takes a wider stance prioritising the whole life, including the interactions with others and the achievement of a meaningful life' (p 2). O'Dwyer (2013) expresses concerns about the conceptualisation of person-centred care, remarking that consumer-focused concepts of individual needs in person-centred care have detracted from its original meaning where relationships and personhood sit.

From this perspective, relationships could be regarded as vital to the concept of person-centred care. Research has proposed that the critical features of person-centred care are social relationships and being a valued member of a group (Wilberforce et al., 2019), and that all stakeholders need to be involved in healthy relationships for a culture of person-centredness to exist in residential care homes (Marriott-Statham et al., 2018).

The Australian nursing context

Embracing person-centred care in nursing practice is described as a cultural shift that takes the focus away from the task on to the person (Rajamohan et al., 2019), emphasising a more socially enriched nursing practice (Swall et al., 2020). The nursing practice of care itself is depicted by Gurrutxaga and Idoia (2018) as a social relationship between the person caring and the person being cared for, where the act of caring is seen as an innate human need. While the definitions of person-centred care remain broad and heterogenous, the culture in which this care can take place has been well defined. McCormack and McCance (2016, p 60) define person-centredness as,

'... an approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development.'

In this regard, a favourable culture is central to enabling person-centred care in practice. The concept of person-centred care appears to be embedded in nursing practice standards in Australia (Nursing and Midwifery Board of Australia, 2016) and nurses make up a significant part of the Australian aged-care workforce (RCACQS, 2020b). However, evidence suggests that in the residential aged-care setting, nurses do routinely not provide this type of care (Venturato et al., 2013; Seah et al., 2021). Venturato and colleagues (2013) show that although documentation for person-centred care policy and procedure exist in Australian residential aged care, records of what is actually being achieved demonstrate that care remains task focused. Similar gaps exist in other parts of the world, such as the US. Evidence of effort towards a culture shift in residential aged care exist (Andrew and Ritchie, 2017; Jain et al., 2020), but Sturdevant (2018) reported that less than a third of nursing homes were engaged in culture change initiatives in the US.

Concluding thoughts

Shifting a culture is no easy undertaking, given that the mindset often remains rigidly set on a linear pathway of reactivity (Vennedey et al., 2020). Culture change must therefore have a compelling goal, and I believe it is to bring a world of safe, effective human conditioning, in which abuse has no place. The idea that we exist as a M.E.S.S.Y (multiple ego state system) experience could help explain

why such a change has yet to occur despite decades of research, policy and development. This idea, which comes from my own perspective of the world, could bring new theoretical orientations to the healthcare system and is one that I hope to pursue through further research. From my understanding of the world we live in, the M.E.S.S.Y experience explains the increasing levels of neurodiversity seen in contemporary global culture.

Acknowledgements

I would like to express my gratitude to Professor Brendan McCormack for his expertise and guidance – thank you for opening the door to the world of person-centredness. I also wish to thank Benjamin Tan for his input to my undergraduate honours project, and Kelly Marriott-Statham for her support and feedback.

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