



GUEST EDITORIAL

The Person-centred Practice Research International Community of Practice

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The Person-centred Practice Research Centre at the Institute of Nursing Research, University of Ulster has developed a formal partnership with Canterbury Christ Church University England; Fontys University of Applied Science, The Netherlands; Buskerud University College, Norway; West Park Healthcare, Toronto, Canada; and The University of Technology, Sydney, to develop a 'Person-centred Practice Research International Community of Practice' (ICoP).

The focus of the ICoP is to establish a collaboration in order to strengthen a programme of research and practice development between the parties with the intention of advancing knowledge, skills and expertise in person-centred practice, practice development and research (with a particular focus on practitioner research). Person-centred practice is currently a dominant focus in policy, strategy, education and practice developments. Whilst a variety of 'alternative' perspectives to person-centred care have become prominent (such as relationship-centred care, compassionate care, dignified care), a broad focus on person-centredness encapsulates all these agendas and ensures that we never lose sight of developing services that have 'persons' at the centre of their attention. A definition of person-centredness has evolved over the years from research conducted by colleagues at the University of Ulster in collaboration with others. We therefore view 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.*

This perspective on person-centredness opens up many opportunities for international research and practice development collaboration. For example, the concept of 'healthful' was first coined by David Seedhouse (1986) and suggests a way of understanding a positive approach to understanding individual well-being, even if the person is living with a chronic illness (for example). Healthfulness expresses the totality of health as lived by the person, reflected through the quality of their relationships and social engagement. Much research is needed to understand this complex concept from a variety of contextual perspectives. In addition, research into workplace cultures is still highly underdeveloped and whilst there is rhetoric of empowerment, it is increasingly recognised that top-down driven models of organisational development have little if any impact on how practitioners experience their work environment. The challenges of creating person-centred workplaces are enormous in the current economically driven models of healthcare and we need to 'get smarter' with the methods we use to develop such environments. These are just a few examples of research that is still needed in the field of person-centredness. Other areas of fruitful exploration include

concepts of hope, flourishing and thriving. We still have much work to do to develop models of evaluation, as determining outcomes arising from person-centred ways of working continues to be a significant challenge. Practice development and practitioner research approaches will be critical to the evolution of this research and development agenda, as we increasingly know that the best way to understand person-centredness (and thus to research it) is to do so from an experiential perspective. In addition, if we are going to lever the power of the underpinning concepts of person-centredness then we need to have programmes of practice development and practitioner research embedded in every healthcare organisation.

However, this is not an agenda that can be achieved by any one individual, any one research team nor indeed any one organisation. International collaboration is critical to the advancement of knowledge, skills and expertise in this field. Thus the ICoP will enable collaborators to actively participate in the development of collaborative and mutual communities of learning about person-centred practice, person-centred practice development and methodologies for research into person-centredness. In addition it will support collaborative working between facilitators, lecturers and professors in the development of resource materials, publications and research activities. It is further envisaged that the exchange of staff for developmental purposes will be facilitated as well as the exchange of visiting students/staff who wish to study or engage in collaborative practice at one of the collaborating institutions.

The collaborators have agreed to particularly focus on:

- a) Enhancing expertise in PhD research into person-centredness and related areas through the development of a 'Doctoral-studies Community of Practice' as a specific activity of the ICoP
- b) Develop two collaborative initiatives each year that contribute to advancing expertise in person-centred practice research and practice development (such as seminars, conferences, workshops and staff exchanges as agreed mutually)
- c) Publish at least one paper each year that profiles the work of the collaborative and that advances knowledge in person-centred practice, practice development and research
- d) Collaborate on one research grant application annually that contributes towards advancing knowledge in specific and mutually agreed aspects of person-centred practice and/or practitioner research
- e) Create visiting academic positions for members of the collaborative as appropriate

This is the first initiative of its kind with a particular focus on person-centred practice research and it comes at a time when there is an international focus on person-centred practices, systems and processes. Healthcare systems failures invariably report that persons have not been valued as individuals and that they are often treated in an undignified way, with a lack of compassion and are disrespected as people. Indeed, recent intervention by the British Prime Minister into nursing practice highlights the acuity of the problem. David Cameron highlighted the need for nurses to 'talk to patients' and find out about patients' needs at least every hour – requests that most commentators suggested as a damning indictment on nursing and an indicator of the poor quality of care on hospital wards.

Internationally, all healthcare workers are being challenged to engage in new ways of thinking and working in order to address contemporary healthcare challenges. Those who influence or are directly involved in education and practice development recognise that reform is required to enable the future workforce to be effectively prepared to meet these challenges and to progress the modernisation agenda. Healthcare workers' beliefs, attitudes and care behaviours need to increasingly and consistently reflect the overwhelming significance and value of the individual's experience of care. The promotion of person-centred cultures and practice has the capacity to make a critical difference in this regard.

The ICoP will address the challenges of developing sustained person-centred cultures, drawing on international evidence and partnerships that can enable a community of critical scholars in the field to emerge.

Reference

Seedhouse, D. (1986) *Health: The Foundations for Achievement*. Chichester: John Wiley and Sons.

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