Leading article / Uvodnik

The need to prioritize the person in nursing and healthcare: considering 'Healthfulness'

Potreba po na osebo osredotočenemu pristopu v zdravstveni negi in zdravstvu: upoštevanje »zdravosti«

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Over the past twenty years or more, a focus on person-centredness in healthcare has grown and developed. Global advancements in healthcare consistently advocate the need for person-centredness underpinning systems developments (Anjum, et al., 2015) as a core philosophy of healthcare delivery. Services organised around peoples' needs and expectations make them more socially relevant and responsive, while producing better outcomes (World Health Organization [WHO], 2007).

Over the past 10 years there have been major advances in conceptual and theoretical developments in person-centredness, as well as a growing body of evidence evaluating processes and outcomes (Health Foundation, 2015a). Alongside these advances in the research and scholarly literature, there has been a proliferation of policy and strategy focused publications supporting the need for and development of person-centred cultures in healthcare (The Norwegian Ministry of Health and Care Services, 2009; Alzheimer Society Canada, 2014). The Health Foundation has been instrumental in ensuring that at least at the level of health systems, people are at the centre of care: 'We want a more person-centred healthcare system, where people are supported to make informed decisions about and to successfully manage their own health and care, and choose when to invite others to act on their behalf … We want healthcare services to understand and deliver care responsive to people's individual abilities, preferences, lifestyles and goals' (Health Foundation, 2015b).

The Health Foundation has produced a range of resources to enable an increased understanding of person-centred care and to support its development in organisations (Health Foundation, 2015b). The World Health Organisation has also promoted a person-centred approach, with a global goal of humanising healthcare by ensuring that health care is rooted in universal principles of human rights and dignity, non-discrimination, participation and empowerment, access and equity, and a partnership of equals: 'The overall vision for people-centred health care is one in which individuals, families and communities are served by and are able to participate in trusted health systems that respond to their needs in humane and holistic ways …' (World Health Organization, 2007, p. 7).

Despite these notable advancements in the area of person-centredness there is much still to be done in developing healthcare cultures towards ones that truly place people at the centre of their care in order to achieve effective and meaningful outcomes. Richards and colleagues (2015, p. 3) suggest that it requires a sea change in the mind-set of health professionals and service users alike. A significant part of this sea change is the need to shift the discourse away from person-centred 'care' per se to that of person-centred 'cultures'. Person-centredness can only happen if there is a person-centred culture in place in care settings that enables staff to experience person-centredness and work in a person-centred way. Thus person-centredness is defined 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" (McCormack & McCance, 2016, p. 3).

This definition reflects a broader understanding of the context of practice and the kind of cultural

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characteristics necessary for service users and their families to receive care that is evidence-based, of high quality and consistent with their values and beliefs. The characteristics of a person-centred workplace/ care setting are:
– Adopting a caring approach to how individual needs are met;
– Nurturing effective relationships;
– Promoting social belonging;
– Creating meaningful spaces and places;
– Promoting human flourishing;
– Treating all persons as individuals;
– Respecting rights;
– Building mutual trust and understanding.

This approach to person-centredness is relational in nature, i.e. its essence is embedded in effective relationships between service-providers and between service-providers and service users. Whilst internationally, a considerable body of work has been developed that focuses on making systems and care processes more person-centred, the majority of this work focuses on improving the structures and processes of services. Whilst this is important, developing person-centred cultures requires a sustained commitment to practice developments, quality improvements and ways of working that embrace continuous feedback, reflection and engagement methods that enable all voices to be heard.

The Person-centred Practice Framework of McCormack and McCance (2016) adopts these principles as a core set of values underpinning the provision of nursing in a person-centred healthcare context. The Person-Centred Nursing Framework was first developed by McCormack and McCance (2006) and further developed by them in 2010. It was derived from previous empirical research focusing on person-centred practice with older people (McCormack, 2001) and the experience of caring in nursing (McCormack, 2003). In 2016, the framework was further developed into a multidisciplinary/multiprofessional context (McCormack & McCance, 2016) reflecting the need for all healthcare practitioners (and not just nurses) to work in a person-centred way. The framework has been used internationally in a variety of projects in different healthcare contexts and education curricula. In summary, the framework comprises the following five constructs:
– Macro Context focuses on the broader strategic, political and social context within which person-centredness is developed/operationalized and includes: health & social care policy; strategic frameworks; strategic leadership; and, workforce development.
– Prerequisites focus on the attributes of the practitioner and include: being professionally competent; having developed interpersonal skills; being committed to the job; being able to demonstrate clarity of beliefs and values; and, knowing self.
– Care environment focuses on the context in which care is delivered and includes; appropriate skill mix; systems that facilitate shared decision making; effective staff relationships; organisational systems that are supportive; the sharing of power; the potential for innovation and risk taking; and, the physical environment.
– Person-centred processes focus on delivering care through a range of activities and include: working with patient's beliefs and values; engagement; having sympathetic presence; sharing decision making; and, providing holistic care.
– Outcomes, the central component of the framework, are the results of effective person-centred practice and include: experience of good care; involvement in care; feeling of well-being; and, existence of a healthful culture.

The relationship between the constructs suggest that in order to deliver positive outcomes for both service-users and staff, account must be taken of the prerequisites and the care environment, which are necessary for providing effective care through person-centred processes. Person-centredness and the provision of person-centred nursing and healthcare takes place in a macro context that focuses on the broader socio-political context of healthcare. However, nurses and healthcare workers influence the macro context through reflexively engaging with person-centred principles, processes and practices.

Whilst it is important to pay attention to the structures and processes of a service, the approach by McCormack and McCance (2016) does so from the perspective of 'healthful relationships' between healthcare workers and between healthcare workers and service-users. Thus, developing a culture that embraces the eight principles of person-centredness is critical to the provision of person-centred care/practice. A healthful culture is one in which decision-making is shared (Ekman, et al., 2011), staff relationships are collaborative (McCormack, et al., 2007), leadership is person-centred (Lynch, et al., 2018) and innovative practices are supported (McCormack & McCance, 2016). It is the ultimate outcome for teams working to develop a workplace that is person-centered.

These elements of a healthful culture are key considerations in the provision of person-centred care and the extent to which the environment supports and maintains person-centred principles has been shown to be critical to the existence of a person-centred culture (Slater, et al., 2015). Healthfulness reflects a broader understanding of health than bio-psychosocial perspectives. Healthfulness brings a moral perspective to understanding our health as persons. It embraces contemporary notions of holism in healthcare and the need for emotional engagement in the pursuit of a healthy life. Healthfulness is achieved through effective relationships – relationships that nurture us and help us to grow as persons, rather than those that

drain us of energy and cause undue stress.

This is reinforced in a study by Laird and colleagues (2015) whose findings reflected care environments that emphasise more than care and treatment but offer insights in terms of the social and cultural context. This broader notion of health is also more relevant from the perspective of staff where a healthful culture is one in which they are supported and enabled to deliver person-centred care in line with their values. We already know from the evidence that being enabled to deliver person-centred care has benefits for staff and consequently enhances retention and job satisfaction (Hansson, 2015). These outcomes again reflect a broader notion of health that reflects different dimensions of our life including our work life experience.

There is now ample evidence to demonstrate the impact of an effective workplace culture on the retention of nurses and on service-user outcomes. If we are to espouse person-centred care/practice in organizational visions and goals, then it is imperative that these same organizations embrace the concept of healthfulness and the development of healthful workplaces. To do otherwise compromises the integrity of practice and morally compromises nurses as accountable employees.

Slovenian translation / Prevod v slovenščino

V zadnjih dvajsetih letih se je na osebo osredotočen pristop v zdravstvu neprestano razvijal. Napredek zdravstva po vsem svetu vztrajno kaže na potrebo po takem pristopu kot glavni filozofiji v zdravstveni oskrbi s spodbujanjem sistemskega razvoja (Anjum, et al., 2015). Storitve, prilagojene potrebam in pričakovanjem ljudi, pripomorejo, da postanemo družbeno pomembnejši in bolj odzivni, ter prinašajo boljše rezultate (World Health Organization [WHO], 2007).

V zadnjih desetih letih se je področje na osebo osredotočenega pristopa konceptualno in teoretično zelo razvilo, prav tako procesi, ki vrednotijo dokaze in rezultate (The Health Foundation, 2015a). Poleg napredka v raziskovanju in znanstveni literaturi pa je bilo veliko objav tudi na področju politike in strategij, ki se zavzemajo za razvoj na osebo osredotočenega pristopa v zdravstvu (The Norwegian Ministry of Health and Care Services, 2009; Alzheimer Society Canada, 2014). Organizacija *The Health Foundation* je imela pomembno vlogo pri zagotavljanju, da je posameznik v središču oskrbe vsaj na stopnji zdravstvenih sistemov: »Želimo, da zdravstveni sistem postane bolj osredotočen na posameznika, mu daje podporo, da sprejema osveščene odločitve in upravlja s svojim zdravjem in oskrbo ter da sam izbere, kdaj bodo drugi odločali namesto njega … Želeli bi, da zdravstvo razume in nudi nego, ki je prilagojena posameznikovim sposobnostim, prednostim, življenjskemu stilu in ciljem« (The Health Foundation, 2015b).

Organizacija *The Health Foundation* razpolaga z viri, ki omogočajo več razumevanja za oskrbo, ki v središče skrbi postavlja posameznika in več podpore za razvoj takšne oskrbe znotraj organizacij (Health Foundation, 2015b). Svetovna zdravstvena organizacija se za na osebo osredotočen pristop zavzema tudi s širšim ciljem humanizirati zdravstvo, tj. zagotoviti, da bi le-to temeljilo na univerzalnih načelih človekovih pravic in dostojanstva, brez diskriminacije, s sodelovanjem in opolnomočenjem, z dostopom do enakih možnosti in enakovrednim partnerstvom: »Glavna vizija je zdravstvo, ki v središče postavlja ljudi, v katerem so posamezniki, družine in skupnosti deležni potrebne podpore in lahko aktivno sodelujejo v zdravstvenem sistemu, ki mu zaupajo in ki ima do njih človeški ter holistični pristop …« (WHO, 2007, p. 7).

Kljub pomembnemu napredku na področju na osebo osredotočenem pristopu pa je treba še veliko storiti na področju razvoja zdravstvene kulture, ki bi v središče oskrbe resnično postavila posameznika, da bi tako lahko zagotovila učinkovite in pomembne rezultate. Richards in sodelavci (2015, str. 3) pravijo, da je potreben preobrat v mišljenju tako zdravstvenih delavcev kot tudi uporabnikov zdravstvenih storitev. Pomemben del te spremembe predstavlja odmik od diskurza o »oskrbi«, ki je sama po sebi kot taka osredotočena na osebo, h »kulturam«, ki so osredotočene na osebo. Tovrstni pristop je namreč mogoč le v kulturi, ki v središče postavlja posameznika in kjer osebje lahko izkusi in dela na ta način. Tako je na osebo osredotočen pristop definiran kot »pristop, temelječ na oblikovanju in vzpodbujanju zdravih odnosov med vsemi, ki nudijo oskrbo, uporabniki in drugimi, pomembnimi v njihovem življenju. Krepijo ga vrednote spoštovanja do ljudi, individualna pravica do samoodločanja ter vzajemno spoštovanje in razumevanje. Omogočajo ga kulture opravnomočenja, ki vzpodbujajo razvoj prakse (McCormack & McCance, 2016, p. 3).

Ta definicija odraža široko razumevanje okoliščin delovanja in kulturnih značilnosti, potrebnih, da uporabniki storitev in njihove družine prejmejo oskrbo, podprto z dokazi, visoke kakovosti in v skladu z njihovimi vrednotami in prepričanji. Značilnosti na osebo osredotočenega delovnega okolja oz. okolja, v katerem poteka oskrba, so:

- sprejemanje razumevajočega pristopa pri zadovoljevanju posameznikovih potreb;
- razvijanje učinkovitih odnosov;
- vzpodbujanje družbene pripadnosti;
- vzpostavljanje pomenljivih prostorov in krajev;
- vzpodbujanje človeškega potenciala;
- obravnavanje vseh oseb na individualen način;
- spoštovanje pravic in
- grajenje medsebojnega zaupanja in razumevanja.

Na osebo osredotočen pristop je v osnovi relacijski, kar pomeni, da so v njegovem bistvu najpomembnejši učinkoviti odnosi med ponudniki in prejemniki storitev. V mednarodnem prostoru je veliko dela usmerjenega v to, da bi sistemi in oskrba postali bolj osredotočeni na osebo, pri čemer je večinoma v ospredje postavljeno izboljševanje struktur in procesov storitev. To je sicer pomembno, vendar pa razvoj kultur, ki v ospredje postavljajo osebo, zahteva tudi razvoj praks, izboljšave v kakovosti in način dela, ki nudi neprestano povratno informacijo, refleksije in metode, ki omogočajo, da so slišani vsi udeleženci.

Okvir prakse, ki v ospredje postavlja osebo (»The Person-centred Practice Framework«) – razvila sta ga McCormack in McCance (2016), – razume ta načela kot glavno skupino vrednot pri zagotavljanju na posameznika osredotočene zdravstvene nege. Okvir prakse sta McCormack in McCance (2006) sprva zasnovala leta 2006 in ga dopolnila leta 2010. Izhaja iz prejšnjih empiričnih raziskav, ki so se osredotočale na oskrbo starejših, v središče postavlja osebo (McCormack, 2001) in izkušnje iz oskrbe v zdravstveni negi (McCormack, 2003). Leta 2016 sta okvir nadalje razvila v multidisciplinarni oz. multiprofesionalni kontekst (McCormack & McCance, 2016) z izraženo potrebo po zdravstvenih delavcih (ne le medicinskih sestrah), ki bi delali na ta način. Okvir je bil uporabljen mednarodno v različnih projektih v različnih zdravstvenih kontekstih in izobraževalnih programih. Če povzamemo, okvir zajema naslednjih pet konstruktov:

- Makrokontekst se osredotoča na širši strateški, politični in družbeni kontekst, znotraj katerega se razvija/odvija osredotočenost na osebo in vključuje: politiko zdravstvene in družbene oskrbe, strateške okvire, strateško vodenje in razvoj delovne sile.
- Predpogoji se osredotočajo na atribute, ki jih ima izvajalec, in vključujejo: strokovno usposobljenost, veščine za medsebojno komunikacijo, predanost delu, sposobnost izražanja jasnih prepričanj in vrednot in poznavanje samega sebe.
- Okolje oskrbe se osredotoča na kontekst, kjer se oskrba izvaja in vključuje: primeren nabor veščin, sisteme, ki pomagajo pri skupnem sprejemanju odločitev, učinkovite medsebojne odnose med zaposlenimi, podporne organizacijske sisteme, delitev moči, potencial za inovacijo in tveganje ter fizično okolje.
- Na osebo osredotočeni procesi se usmerjajo na zagotavljanje oskrbe v smislu različnih dejavnosti in vključujejo: delovanje v skladu s pacientovimi prepričanji in vrednotami, zavzetost, sočutno prisotnost, skupno odločanje in holistično oskrbo.
- Rezultati, ki so osrednji del okvira, se nanašajo na posledice učinkovite prakse, ki v središče postavlja osebo in vključuje: izkušnje z dobro oskrbo, vključenost v oskrbo, dobro počutje in kulturo zdravosti.

Odnosi med konstrukti kažejo na to, da je za rezultate, pozitivne za uporabnike in ponudnike storitev, treba upoštevati predpogoje in okolje oskrbe, pomembne za učinkovito oskrbo skozi procese, ki v središče postavljajo osebo. Postavljanje osebe v središče ter zagotavljanje temu ustrezne zdravstvene nege in zdravstva se odvijata v makrokontekstu, ki se osredotoča na širši družbeno-politični kontekst v zdravstvu. Vendar pa medicinske sestre in drugi zdravstveni delavci vplivajo na makrokontekst s tem, da se refleksivno in aktivno poslužujejo principov, procesov in praks, ki v središče postavljajo osebo.

Medtem ko je pomembno posvečati pozornost strukturam in procesom storitev, pa pristop, ki sta ga zasnovala McCormack and McCance (2016), pozorost posveča »odnosom, ki jih odlikuje zdravost« med medicinskimi sestrami in uporabniki storitev. Na ta način se razvija kultura, ki sprejema osem principov osredotočenosti na osebo in je ključnega pomena za zagotavljanje oskrbe / prakse, ki v središče postavlja osebo. Kultura zdravosti pomeni, da je sprejemanje odločitev nekaj skupnega (Ekman, et al., 2011), zaposleni sodelujejo drug z drugim (McCormack, et al., 2007), vodenje je osredotočeno na osebo (Lynch, et al., 2018) in inovativne prakse se vzpodbujajo (McCormack & McCance, 2016). Končni rezultat skupin, ki si prizadevajo za razvoj na delovnem mestu, je osredotočenost na osebo.

Ti elementi kulture zdravosti so ključni pri zagotavljanju oskrbe, osredotočene na osebo, in to, koliko okolje podpira in vzdržuje take principe delovanja, se je izkazalo za zelo pomembno za obstoj kulture, ki v središče postavlja posameznika (Slater, et al., 2015). Zdravost odraža širše razumevanje zdravja kot biološke psihosocialne perspektive. Zdravost doprinese moralno perspektivo k razumevanju zdravja ljudi. Zdravost tudi pozdravlja sodobne holistične ideje v zdravstvu in potrebo po čustveni vpletenosti v stremenju po zdravem življenju. Zdravost je mogoče doseči z učinkovitimi odnosi – odnosi, ki so vzpodbudni in nam pomagajo rasti kot osebam – namesto tistih, ki nam jemljejo energijo in povzročajo pretiran stres.

To pokaže tudi raziskava Lairda in sodelavcev (2015), katere ugotovitve odražajo okolja oskrbe, ki bolj kot samo oskrbo in zdravljenje poudarjajo razumevanje v družbenem in kulturnem kontekstu. To širše razumevanje zdravja je pomembnejše tudi s stališča zaposlenih, saj je kultura zdravosti tista, ki nudi podporo, in jim je oskrba, ki v središče postavlja osebo, omogočena v skladu z njihovimi vrednotami. Dokazano je bilo, da omogočanje oskrbe, ki je osredotočena na osebo, prinaša pozitivne učinke za zaposlene, kar se pozna pri zadrževanju zaposlenih in zadovoljstvu na delovnem mestu (Hansson, 2015). Tudi ti rezultati odražajo široke ideje o zdravju, ki so posledica raznolikih dimenzij našega življenja, vključno z delovnimi in življenjskimi izkušnjami.

Obstaja že veliko dokazov o vplivih učinkovite kulture na delovnem mestu, ki se kaže v zadrževanju medicinskih sester in učinkuje tudi na uporabnike storitev. Če se zavzemamo za umeščanje na osebo osredotočenega pristopa med vizijo in cilje organizacije, potem je nujno, da ta organizacija sprejme koncept zdravosti in razvoj zdravega delovnega okolja. Drugačno ravnanje lahko ogrozi integriteto prakse in moralno ogrozi tudi medicinske sestre kot odgovorne zaposlene.

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