Kantian assumptions and emphasis on will and reason alone, and suggested that nursing would be better served with Merleau-Ponty’s (1962) notion of intersubjective truth. She said “embodied humans inhabit worlds imbued with meaning sensed and felt, and thus invite responses and skilful actions” (Benner, 2000, p. 10). Paley (2002) disagreed with Benner and said that Kant’s view of autonomy was more complex than she had described. He said Kant viewed autonomy as the power to self-legislate and as the grounds for individuation, which can be seen in his practical imperative to treat the person as an ends (Paley, 2002). He stated that Kant’s philosophy is appropriate for nursing because it emphasized the development of moral conduct and character. McCormack (2003) blended these two positions without resolution of this debate. The question for nurses: Are we willing to respect the perspective of older adults, not when they violate policies and regulations, which seem to us to put them at risk? Because we are obligated to report to those who establish such policies and regulations, and we are not robots, but seek to be authentic persons in relationships with patients, this work is at times considerably unsettling. Parse (1998) encouraged nurses and others to respect value priorities, which is the human becoming of all persons. Nurses’ value priorities should include doing their best to align with the wishes of their older patients, even when their families, employers, or governments do not agree.

References

Person-Centered Nursing Practice
With Older People in Ireland

Margaret G. Landers, RN; MSc
College Lecturer, Catherine McAuley School of Nursing and Midwifery, Brookfield Health Sciences Complex, National University of Ireland, Cork, Ireland

Geraldine M. McCarthy, RN; PhD
Professor and Head of Nursing, Catherine McAuley School of Nursing and Midwifery, Brookfield Health Sciences Complex, National University of Ireland, Cork, Ireland

This column presents an analysis of McCormack’s conceptual framework for person-centered practice with older people as a theoretical basis for the delivery of care of older adults in an Irish context. The evaluative process is guided by the framework proposed by Fawcett (2000) for the analysis and evaluation of conceptual models of nursing. The historical evolution, philosophical claims, and an overview of the content of the model are addressed. The following criteria are then applied: logical congruence, the generation of the theory, the credibility of the model, and the contribution of the model to the discipline of nursing.

A number of theories and frameworks have evolved over the decades, each with their own description of the phenomena of nursing. Nursing theories provide the knowledge base necessary to describe the nature of nursing, as well as nursing’s contribution to healthcare. The promotion of nurses’ contributions to the healthcare system is of considerable significance for nurses and educators worldwide for the ongoing development of the profession. Person-centered care is often talked about in healthcare today without sufficient critique. This column provides an analysis of a conceptual framework for person-centered practice with older people presented by McCormack (2003a) as a theoretical basis for the delivery of the care to the older person in Ireland.

Keywords: conceptual model of nursing, care of the older person, person-centered care
Methodology

The evaluative process was guided by the framework proposed by Fawcett (2000) for the analysis and evaluation of conceptual models of nursing. In accordance with Fawcett’s recommendations, the review of the model takes cognizance of its historical evolution and philosophical claims. The content of the model with respect to person, health, environment, and nursing is also discussed. The following evaluative criteria are then considered: logical congruence, the generation of a theory, and the credibility of the model (social utility, social congruence, social significance, and contribution of the model to the discipline of nursing). The literature reviewed for the column included McCormack’s (2001b) qualitative study “Negotiating Partnership With Older People: A Person-Centered Approach” and a follow-up paper from this investigation entitled “Autonomy and the Relationship Between Nurses and Older People” (McCormack, 2001a). The publication of the conceptual framework, which emanated from the study (McCormack, 2003a), and a framework for person-centeredness research (McCormack, 2003b) were also reviewed to support the analysis. The terms model and framework are used interchangeably in the review.

A Conceptual Framework for Person-Centered Practice With Older People

Ford and McCormack (2000) highlighted the move toward a more person-centered approach to the care of the older person. This approach represents a change from an organizational and professional focused system, and views the needs of the individual as central to the decision-making process (Ford & McCormack, 2000). McCormack (2001b) explored the meaning of autonomy for hospitalized older people from the perspective of the participants. The conceptual framework for person-centered practice with older people (McCormack, 2001b) was inductively developed and guided by the hermeneutic philosophy of Gadamer (1993). McCormack (2001b) said that authentic consciousness takes into account the holistic nature of the individual’s life so that the meaning of the illness experience can be ascertained. It gives credence to persons’ innate right to be autonomous, however in the process of socialization people learn how to execute their autonomy in their interactions with other people, through their reflection on life experiences. According to McCormack (2001b) authentic consciousness is based on the person’s, and the nurse’s values. In relation to the nursing care of the older adult, McCormack (2001a) argued that even though some older people may not be able to personally put into effect decision-making processes, it does not follow that they may not possess the ability to participate in autonomous decision-making. McCormack (2001b) proposed that through the interpersonal process the nurse becomes conscious of the other person’s values. The nurse’s professional partnership is built on a negotiated relationship between the nurse and the older person. The model represents a humanistic worldview of persons and their interactions with their environments. It focuses on the centrality of the human person and the process of engagement in interactions, which allows for the beliefs and values of each person in the relationship to be revealed. The conceptual model (McCormack, 2003a) is supported by a synthesis of knowledge from the theoretical assertions of Kant (as cited in Sullivan, 1990) and Frankfurt (1989).

Philosophical Claims

Traditionally, the philosophy of care has been defined from a paternalistic perspective and the traditional biomedical science models. In this perspective of care, the person is viewed as the sum of biopsychosocial parts with the emphasis on the physical elements of care. Such a conceptualization does not consider the social and moral obligations involved in the enactment of caring practices. McCormack (2001b) argued that if autonomy is conceptualized within a philosophy of interconnectedness, the likelihood for paternalistic practice is minimized. A person-centered approach acknowledges the beliefs and values of the person and rejects a paternalistic perspective. The person is conceptualized from a humanistic philosophical perspective and takes account of the Kantian view, that persons should not be treated as means to an end, but rather as ends in themselves (McCormack, 2004). A person-centered approach gives credence to the person’s innate right to be autonomous and to allow for rational decision-making based on the person’s authentic consciousness (McCormack, 2001b).

Kantian ethics distinguished perfect from imperfect duties. Perfect duties are based on strict guidelines and rules, whereas imperfect duties are more lenient and open to interpretation. The moral actions of nurses are socially and contextually grounded. McCormack (2001b) proposed that while autonomy is associated with the freedom to act; it also takes into account the other person’s position. From his perspective, ethical decision-making is based on the principles of partnership and takes into account the person’s wishes, as well as the professional’s knowledge.

Content of the Module

Definition of Person

The person is conceptualized from a humanistic philosophical perspective and as stated above takes account of the Kantian view that persons should not be treated as means to an end but rather as ends in themselves. Persons exist as individuals (being with self) with a right to respect and dignity (McCormack, 2004). Treating persons with respect and dignity constitutes person-centered nursing. The focus of care is persons and their situations, and not just the disease process (McCormack, 2004). Decision-making takes account of the context in which choices are made. In this regard the concepts freedom and autonomy are considered. Autonomy is
dependent on the capacity of the individual to make rational choices (Ford & McCormack, 2000). Freedom also is associated with responsibility. It is assumed that each person has the will to make rational decisions and to reflect on the decisions made (McCormack, 2001b). Persons also live out their lives in relation to other people. Nurses, in their interactions with persons, come to know persons’ desires and wishes, give credence to their experience, and retain persons’ right to be involved in decision-making. The dignity and freedom of the human being is paramount and honors the individual’s right to be involved in the decision-making process (McCormack, 2001b, 2003a).

The Environment

Person-centeredness is operationalized through nurse-person interactions. The relationships take account of the context or environment in which care is administered. Trust and respect for the person form the basis of care wherein the personal wishes of the person are respected. This viewpoint is in keeping with other nursing theories based on a humanistic perspective. It is acknowledged that the environment in which nursing takes place can enhance or interfere with a participatory approach to care (McCormack, 2003a). These constraints often include institutional factors, such as a lack of resources, but this should not preclude nurses taking a person-centered approach to care.

Health

An explicit definition of health is not provided in McCormack’s (2003a) model. The concept is, however, discussed from a person-centered perspective wherein the person’s values and beliefs are respected. In a person-centered milieu of care each individual is given the opportunity to bring the meaning of health to the nursing care encounter (McCormack, 2001a). Health is linked to personal well-being. Consequently, standardized nursing interventions may not be appropriate for every nursing interaction. Health takes account of context and in this regard, it is recommended that decision-making processes involve both the person and the nurse. This approach allows for an integrated approach in the development of an action plan based on decisions reached. Health-related decisions take account of the person’s individual choices derived from self-reflection and rational decision-making and the objective and professional advice of the nurse.

Nursing Care

In delineating nursing, McCormack (2001b) placed emphasis on “facilitation of an individual’s authentic consciousnesses” (p. 260). In this regard, the nurse creates an environment of trust which may result in one of the following three responses: (a) Engagement, which suggests a connectedness between the nurse and the person; (b) a degree of detachment when differences are exposed; and (c) complete disengagement, which occurs when the nurse takes an objective standpoint and decides on an appropriate response to re-engage professionally with the person. The above processes enable both the nurse and the person to articulate values and beliefs. The belief and values of the nurse emanate from professional knowledge and experience. The beliefs and values of the persons (being cared for) are based on life experiences, as well as living out their disability or infirmity on a daily basis (McCormack, 2001a).

An individual assessment using narrative story and a biographical description provides the means by which the person’s beliefs and hopes may be ascertained and contextualized (McCormack, 2003a). Clarke, Hanson, and Ross (2003) said that older people value a biographical approach to care. This approach allows for a holistic account of the person’s situation (McCormack, 2001a). It enables the nurse to get an understanding of acquired values and beliefs developed over the course of a person’s life. Five imperfect duties—inform flexibility, mutuality, transparency, sympathetic presence, and negotiation—underpin the relationship between the nurse and the person (McCormack, 2003a). The five imperfect duties (McCormack, 2003a) or caring duties (McCormack, 2004) allow for the operationalization of the phenomenon authentic consciousnesses in practice when decisions made represent the person’s values, beliefs, and wishes. The five imperfect duties (caring duties) outlined by McCormack (2003a) follow.

Informed Flexibility

This construct takes account of the significance of the person’s inclusion in the decision-making processes. The nurse not only provides professional guidance and information on healthcare issues but also considers the person’s viewpoint. The shared perspective proffered by the nurse and the person allows for a comprehensive plan of care to be formulated. The proposed plan of care takes account of both the older person’s values and beliefs, as well and the knowledge and expertise of the nurse.

Mutuality

Respecting the other person’s values and beliefs, as being equal to the nurse’s own, is central to the decision-making process.

Transparency

This concept requires the nurse to be open and honest. In this regard, the plan of care must be made explicit to the person with the rationale supporting the decision-making, and the parameters within which the decisions are made.

Negotiation

The person’s health should form the legitimate basis for all nursing care. This viewpoint takes account of the person’s views and values, as well as the nurse’s professional knowledge. Decisions are based on a negotiated system of care between the person and the nurse (McCormack, 2001a).

Sympathetic Presence

The concept of sympathetic presence emphasizes the importance of engaging with the person. The nurse demonstrates
regard for the uniqueness of the person and values contributions to the decision-making process. Responsive communication techniques are used to acknowledge the person’s views and priorities (McCormack, 2003a). The model relies on principles for action, which further guide the operationalization of the authentic consciousness in practice. Conflict may arise between the expectations of the person and the professional judgement of the nurse, nevertheless, persons become aware of the choices available to them. This awareness enables persons to choose their meanings in the situations and to be involved in decision-making processes regarding their health. McCormack (2003a) proposed that it is through the interpersonal process that the nurse becomes conscious of the other person’s values. According to McCormack’s model, the interaction between the nurse and patient is always professional. The nurse operating from a person-centered perspective ascertains and incorporates patients’ expectations, feelings, and illness beliefs into a jointly formulated plan of care.

**Questions for Evaluation**

**Explication of Origin**

The philosophic claims on which the model is based are made explicit in McCormack’s (2001b) publication about negotiating partnerships with older people. The model is underpinned by the tenets and assertions of Kant (Sullivan, 1990) and Frankfurt (1989). These claims have been described and acknowledged throughout McCormack’s (2001b) text and in follow-up publications on the model (McCormack, 2003a, 2004).

**Comprehensiveness of Content**

The conceptual framework is comprehensively presented and demonstrates depth of content. The model “emphasizes partnership . . . between the nurse and older person based on a negotiated relationship” (McCormack, 2003a, p. 202). The central concepts of the model (person-centeredness, autonomy, and person-centeredness as authentic consciousness), while abstract in nature, are comprehensively discussed in the context of elderly care (McCormack, 2003a). The concepts do however, require time and consideration to fully comprehend and appreciate their application for practice. McCormack’s desire for an ethically-oriented approach to decision-making is demonstrated in his use of the term imperfect duties. The five caring duties—inform flexibility, mutuality, transparency, negotiation, and sympathetic presence—are considered necessary for the operationalization of autonomy as authentic consciousness. These terms which were derived from Kant’s work, imperfect duties, are abstract in nature, however the description presented by McCormack (2003a) on each of the five imperfect duties or caring duties, provides a clear understanding of their meaning for practice.

The concepts person, health, environment (context), and nursing are comprehensively discussed by McCormack (2003a) from a person-centered perspective. Persons are conceptualized as individual human beings who are characterized by their uniqueness and authenticity. The person’s right to respect and dignity constitutes person-centeredness in practice. Environment is appropriately described as the context of care. McCormack (2003a) acknowledged that the context in which nursing care is delivered, can maximize or limit the implementation of a person-centered approach to care. Nursing is described adequately in the model as are the goals of nursing in promoting person-centeredness in practice. The five caring duties “direct the relationship between the nurse and the patient” (McCormack, 2004, p. 35). Person, environment (context), and nursing are also clearly represented in the diagrammatic representation of the model entitled, A Conceptual Framework of Person-Centeredness as Authentic Consciousness. Health is represented as the patient’s values. However, the terms are not presented as metaparadigm concepts.

The comprehensiveness of the breadth of content of the conceptual framework for person-centered practice is evidenced by the direction it provides for nursing research. McCormack (2004) outlined a research framework for person-centered care which is congruent with the theoretical principles described in the conceptual framework. The framework includes the following constructs: informed flexibility (enabling decision-making through information sharing and the assimilation of new knowledge into known perspectives), mutuality (the acknowledgement of other’s values as being of equal importance in decision-making), negotiation (participation through a research paradigm that values the views of the participant as a genuine foundation in the decision-making process), transparency (involvement—the making clear of meanings and goals for actions and the parameters and context within which decisions are set), and sympathetic presence (an engagement that acknowledges the uniqueness and value of the person by appropriately responding to cues that maximize the person’s opportunity to participate/not to participate). These constructs form the basic elements of the model. The content of the framework for person-centered research is comprehensively presented and focuses on the theoretical assertions proposed in the model.

**Logical Congruence**

The logical congruence of a model can be assessed by making a judgement regarding the congruence of the worldview and the content presented in the model (Fawcett, 2000). Respect for persons is the central focus of McCormack’s (2003a) model. The framework reflects a humanistic worldview that gives value to the individuality of the person. A relationship which focuses on partnership between the nurse and older person is central to the operationalization of the concept person-centeredness in practice. A humanistic perspective extends beyond traditional approaches to nursing care and promotes “the formation of a therapeutic narrative between professional and patient” (McCormack, 2003a, p. 203). Logical congruence is also evaluated by assessing the congruency of the philosophical stance proposed by the author,
with the content presented in the framework. As already stated, the model takes account of the Kantian view that persons should not be treated as means to an end, but rather as ends in themselves (McCormack, 2004). The person’s right to self-determination is reflected in the model by taking account of values, beliefs, and life history. The model demonstrates a value for the older person’s wishes and beliefs in the decision-making processes related to health and well-being.

Being person-centered requires that nurses come to know older persons from the perspective of their social context and situation (McCormack, 2004). The model focuses on the centrality of the person and the processes of engagement/partial engagement/complete disengagement in the interaction, which allows for the beliefs and values of each person in the relationship to be revealed in an environment of trust.

There is a link also made in the model between these processes and the five caring duties which are necessary for the operationalization of autonomy as authentic consciousness (McCormack, 2003a). The inclusion of a descriptive account of the five caring duties acts as a guiding framework for the nurse in practice. The three levels of engagement (connectedness) in the model, and in the descriptive account (McCormack, 2003a), identifies the stages for nurses to move through, when dilemmas arise in their interactions with the older person. The framework also includes the principles for action, which emanated from the study findings (McCormack, 2001b) and further support the nurse in the operationalization of the concept authentic consciousness in practice. The criterion logical congruence is also demonstrated by the fact that a clear link is made between the analysis of study findings and the principles for action developed for practice (McCormack, 2003a). The logical congruence of the conceptual framework for person-centered practice is further evidenced in the direction it provides for nursing research (McCormack, 2003b).

**Generation of a Theory**

McCormack (2003a) presented his work as a conceptual framework. Dewing (2004) classified McCormack’s work as a mid-range theory. He provided an in-depth and clear description of the main concepts of the model (person-centeredness, autonomy, and person-centeredness as authentic consciousness). The work also includes the guidelines for the application of concepts to elderly care. The person, health, environment (context), and nursing are discussed from the perspective of person-centeredness, but not as metaparadigm concepts. As already stated, a framework for person-centered research based on the theoretical principles of the model has been developed. It is important also that research propositions, emanating from the model, be formulated to allow for the development of testable hypotheses.

**Credibility of the Model**

**Social Utility**

According to Dewing (2004), the conceptual framework developed by McCormack (2003a) has clinical application. The inclusion of a descriptive account of the five caring duties acts as a guiding framework for the nurse in practice. The three levels of engagement (connectedness) in the model, and in the descriptive account of the model (McCormack, 2003a), provide practical guidance for nurses when difficult decisions have to be made. These statements not only give value to the priorities of the older person, but also take account of the professional beliefs of the nurse. The principles for action are classified around three major themes which emerged for an analysis of data (McCormack, 2001a). The themes representing the operationalization of the concepts person-centeredness, autonomy, and authentic consciousness include communication style, power and control, and speaking for you or speaking for me (McCormack, 2001b, 2004). The principles for action enable the nurse to address the reasons that prevent the older person from exerting autonomy in practice. The social utility of the model is also evidenced by the fact that a research educational module for a course in gerontological nursing has been developed in association with the Royal College of Nursing (Pritchard & McCormack, 2001). This module focuses on person-centered research with particular emphasis on the research approaches that allow for the views of older people to be listened to and followed through in practice.

McCormack (2003a) acknowledged that adherence to a person-centered approach requires commitment to the person to ensure that the values of the person are upheld. Nolan, Brown, Keady, and Nolan (2004) maintained that this stance is important in providing meaningful care. The model is comprehensively presented, the terminology used is complex and time may be required to fully consider and understand its implications for practice. Dewing (2004) proposed that complex conceptual models need to be translated into frameworks that are user friendly. Nolan and colleagues (2004) said that due to the complex nature of the conceptual model, the framework may be inaccessible to the less experienced nurse as the model requires a high level of clinical and theoretical expertise to fully comprehend its contents (Dewing, 2004). It may be necessary to introduce the concept, person-centeredness, in preregistration nursing curricula, to enable students to achieve an understanding of it prior to their clinical practice. It may be necessary also to address the educational needs of qualified nursing staff to enable them to fully operationalize person-centered care in practice. It is also imperative that nurses examine and understand the obstacles that exist in practice that impede the implementation of an individualized approach to care of the older adult (Suhonen, Vallimäki, & Leino-Kilpi, 2002).

**Social Congruence**

The social congruence of the model with the expectations for nursing practice is judged by assessing its compatibility with the goals of nursing practice. In Ireland, the Department of Health and Children (2001), in their publication “Quality of Health and Fairness: a Health System for You,” set forth the key principles to meet the future health needs of people. The key principles emanating from this report focus on the
empowerment and involvement of people in the decision-making processes “to improve their own health” (p. 18). McCormack’s (2003a) model centers on the care of the older person and this focus has significant meaning in a climate of care in which the population of older people is growing (The National Council in Ireland, 2004). The Nurse Education Forum (2000), in setting out its mission for nurse education in Ireland, emphasized the importance of placing the person at the center of healthcare.

Social Significance

The criterion social significance is concerned with making a judgement regarding the social value of a nursing model. McCormack’s (2001a) study is contemporary and focuses on the older person. Findings from this study led to the development of a conceptual framework for person-centered practice which was founded on the concept, authenticity. The framework recognizes the person’s participation in decision-making processes regarding health. The caring duties allow for the operationalization of the phenomenon authentic consciousnesses in practice when decisions made represent the person’s values, beliefs, and wishes. The principles for action are classified around three major themes which emerged from an analysis of data (McCormack, 2001a). These statements not only give value to the priorities of the older person, but also take cognizance of the professional knowledge and values of the nurse.

The social congruence of the model is supported by the fact that the principles of person-centeredness in practice have been developed to direct research in the area of person-centeredness. The principles also reflect the social value of the model as they enable the undertaking of nursing research from a person-centered perspective. McCormack’s (2004) research framework for person-centered care is congruent with the theoretical principles for action proposed for the operationalization of autonomy as authentic consciousness. The principles providing direction for research are guided by the five caring duties outlined in the model. This framework provides guidance for the development of person-centered approaches to research, which according to McCormack (2003b), will further the research mission of nursing in protecting vulnerable populations.

While considerable work has been undertaken in developing the model, the authors agree that further research is necessary to test the empirical adequacy of the concept, person-centeredness for practice. Research is also necessary to establish the social significance or the effectiveness of the model in practice. For example, it is important to establish whether the model has a positive effect on the well-being of the older adult. Dewing (2004) argued that the moral and ethical implications of subjecting participants to research related to person-centeredness, without a commitment to applying the findings to practice must be addressed. From a practice perspective, the development of protocols for the implementation of the model in practice is also necessary to fully realize the social significance of the model for practice. Therefore, it is imperative that nurses examine and understand the obstacles which exist in practice that impede the implementation of person-centered approaches in elderly care settings.

Contribution to the Discipline of Nursing

The focus of McCormack’s (2003a) conceptual model reflects the value that nurses place on the needs of older people residing in either hospital or community-based settings. The primary contribution of the framework is pragmatic and worthy of consideration because of the regard it shows for older people. The model centers on the care of the older person and this focus has significant meaning in Ireland where a climate of care in which the population of older people is growing.

The concepts of autonomy, partnership, and the freedom to make choices are central to the philosophy purported in McCormack’s (2003a) work. The model presents a needed approach to the care of older persons and gives values to their beliefs and life experiences. The work provides an in-depth description of the main concepts of the model (person-centeredness, autonomy, and person-centeredness as authentic consciousness) and their application to the care of the older adult. In addition, the principles for action necessary for the operationalization of the concepts central to the model are presented by McCormack (2003a). A negotiated plan of care which takes into account the needs of the individual and the professional knowledge of the nurse are seen as central to the operationalization of the concepts. Person-centered systems of care delivery present a philosophy in nursing that focuses on partnerships between the persons and nurses. Health-related decisions take into account the person’s individual values derived from self-reflection and rational decision-making and the objective and professional advice of the nurse. The model takes account also of the enabling and disabling features present in the environment (context) that impede on a person-centered approach to care. In this regard, the model makes a significant contribution to nursing by focusing on the concepts central to the discipline: person, health, environment, and nursing.

Conclusion

McCormack’s (2003a) framework for person-centered practice with older people provides a basis for the respectful delivery of care to older persons in Ireland. Fawcett (2000) provided a useful means of evaluating such models. The historical evolution, philosophical claims, and the content of the model were presented. The following evaluative criteria were then applied: logical congruence, the generation of a theory, the credibility of the model, and the contribution of the model to the discipline of nursing. McCormack (2003a) presented a conceptual framework for a person-centered system of care delivery that extends beyond traditional approaches to care. His work provided an in-depth description of the core concepts of his model and outlined the guidelines for their application to practice. The descriptions provided on the caring duties and the principles for action
act as guiding structures for the operationalization of the core concepts in practice.

It is the view of the authors that there is a need to develop conceptual models of nursing which focus on individual specialities within nursing. By focusing on the care of older persons, McCormack’s (2003a) model has made a considerable and noteworthy contribution to the development of contemporary disciplinary nursing knowledge in an Irish context. This focus has significant meaning in a climate of care in which the population of older people is growing.

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