Answer Guidance

# Chapter 12: Value-based, Person—or Family-centred Care

## Activity answer guidance

### Activity 12.1

If you were asked, “What is compassionate, caring, dignified, person-centred care and values-based nursing practice and why is this important in nursing?” what would you say?

#### Answer guidance:

*Explaining what compassionate, caring, dignified, person-centred care and values-based nursing practice actually is equates to a monumental task. This is then made more difficult because not only will nurses have differing views on what it is, but so will patients. However, our Code (NMC 2015) highlights the fundamental importance these values hold in all aspects of nursing care.*

*Compassion, in a similar manner to caring, is directly derived from the ethical principle of beneficence, which requires that we seek to do or produce well for others. Despite the role of the nurse being diverse and multifaceted, all nursing practices share the same ultimate aim to make the lives of those receiving care better.*

*Caring is frequently described as at the heart of nursing, but what that means exactly appears to differ between nurses. Some nurses focus on attaining the skills which enable them to deliver care based on a range of specialist technical interventions, as they feel this is the most important aspect of care. Others however feel that caring is their ability to relate to their patients and “be there for them.”*

*It is frequently stated that the word dignity comes from two Latin roots – “dingus” and “dignitas.” Both of these Latin roots have very similar meanings, “dignus” means worth and “dignitas” means merit.*

*Person-centred care is an approach based on the work of Tom Kitwood (1937–1998), an English gerontologist, which respects and values the uniqueness of every individual and seeks to maintain their personhood. This is done by creating an environment where personal worth, individuality, respect, independence, and hope are all evident.*

*We all hold values and beliefs, which have been formed by our individual experiences throughout our lives so far. Our values and beliefs shape our attitudes, and so the way that we think, feel, and behave. As a nurse, the values and beliefs we hold can have an impact on the care we deliver. Values-based practice is an approach to supporting care that provides practical skills and tools for finding out the values of an individual and negotiating how these can be upheld in care delivery. It aims to introduce a wide range of views and enable the recognition of specific values that may be held by certain cultures, small groups, or those held only by certain individuals.*

*It is easier to say why the values of compassion, care, dignity, and being person-centred are important in inpatient care. The patients we care for are not just someone who needs, for example, a bath. They have life histories and experiences that have made them into a unique individual which, in order to provide the care they find acceptable, we need to take into account. It is by upholding the values of compassion, care, dignity, and being person-centred that enables us to deliver high-quality care that is deemed to be acceptable by patients.*

### Activity 12.2

Undertake a search of the news headlines, either from your local area or from the national news. Find a news report highlighting an instance where people were delivered nursing care that was not compassionate, caring, dignified, person- or family-centred, or value-based:

 Read the report and reflect on the details.

 What do you think was the cause of the fundamental lapse in care?

 What would you have done if you had seen this inadequate care being delivered?

#### Answer guidance:

*There are many stories of poor care delivery in the media, and you may have even experienced it yourself as a patient or relative. Care Opinion is also a platform where people can leave feedback on their care experiences. The particular story I would like to discuss relates to Oliver McGowan, as his mum Paula has worked hard to share his story in the media to make sure such a thing never happens again:* [*Oliver McGowan | Oliver's Campaign |*](https://www.olivermcgowan.org/)

*The fundamental lapse in care was a lack of person-centred care, and not listening to the patient or their family. Oliver was administered frugs despite being told that he had previous bad reactions to them, and this ultimately led to his death. Oliver was not treated as an individual, but rather as a person with Autism. They did not find out about his normal lifestyle and all the achievements he had in his short life. If I had seen this level of care being delivered I would like to think I would have reported it, and tried to ensure his family was involved in care planning and decisions made about Oliver. They should have co-produced his care plan, not being excluded and ignored.*

### Activity 12.3

Reflect on an experience when you have been involved in delivering care:

 How many of the “caring indicators” in the list above can you identify in your practice?

 Which of the “caring indicators” do you think you need to develop further?

#### Answer guidance:

***What:*** *I recently care for an elderly lady of Asian heritage. Her daughters stayed with her 24 hours a day, taking turns to care for her or go home and care for their family. They tended to all activities of daily living for their mother and let me know whenever they needed assistance. I worked collaboratively with them to develop a care plan for their mother (who did not speak English). I made sure they felt as though we were working in partnership- which we were, and I was very grateful for their presence on a busy shift! They were very anxious about their mother’s health and I tried to listen to their concerns, imagining how I would feel if my Mum was in the hospital, and offering them reassurance when I could. I made sure to regularly check if they needed anything and offer them drinks and snacks, although they brought their own food. On one occasion they knelt on the floor in the ward and used a prayer mat to say prayers, as they could not leave their Mum to go and do this elsewhere. I respected their cultural needs and ensured the bay was quiet and they were not disturbed at these times. I developed a good relationship with the family and would do what I could to make things easier for them, for example sharing the magazine that I had bought when I thought they looked bored or lonely.*

***So what:*** *I believe I demonstrated empathy, reassurance, and good communication skills such as listening. We developed a trusting relationship, and I would say the care I gave was family-centred. I respected their cultural needs, therefore demonstrating anti-discriminatory practice. I tried to show simple acts of kindness and feel that this family had a positive experience during their stay. I do wish that I had invested more time in getting to know my patient, it was very easy to assume the family had everything covered but I did not necessarily see their Mum as a person rather than a condition, because I did not ask about her or her life. I focussed on the daughters, but not the patient.*

***Now what:*** *In the future, I will ensure that my family-centred care encompasses the patient as well as the extended family. If I am unsure how to do this or feel I lack the required skills, then I will seek support from my supervisor and acknowledge my limitations.*

### Activity 12.4

 *Look up dignity in three different dictionaries – either online or hard copy.*

 *Can you relate these definitions to the care you deliver?*

#### Answer guidance:

*Definition 1: the state or quality of being worthy of honour or respect.*

*Definition 2: a sense of pride in oneself; self-respect*

*Definition 3:* [*calm*](https://dictionary.cambridge.org/dictionary/english/calm)*,* [*serious*](https://dictionary.cambridge.org/dictionary/english/serious)*, and* [*controlled*](https://dictionary.cambridge.org/dictionary/english/controlled)[*behaviour*](https://dictionary.cambridge.org/dictionary/english/behaviour) *that makes* [*people*](https://dictionary.cambridge.org/dictionary/english/people)[*respect*](https://dictionary.cambridge.org/dictionary/english/respect) *you*

*These definitions do relate to the care I give as I feel I am providing care that ensures the patient feels all of the above, despite often being in a vulnerable position with a perceived lack of control. It is my job to ensure they still feel in control and have pride and feel respected.*

### Activity 12.5

Reflect on your most recent experience of providing care:

 How many of the attributes of dignity in Table 12.2 were present in the care you were involved in delivering?

 Would the people whose care you were involved in say that they were “feeling and being treated as being important and valuable when in situations that are considered threatening” and in everyday activities?

#### Answer guidance:

*Here is an example:*

***What:*** *I recently cared for a young woman who had been the victim of an assault. She was very scared and upset. I demonstrated respect by speaking to her in a professional yet caring manner, I felt empathy for her situation so did not make her keep discussing what had happened. I kept communication flowing by chatting about things that would make her feel comfortable. I ensured she had privacy at all times and ensured I did not give any information out over the phone about her condition, at her request. I ensured I kept her fully informed of what was happening and the reason for any delays in her treatment and subsequent discharge. I worked with the interprofessional team who signposted her to relevant support post-discharge to ensure she felt empowered.*

***So what:*** *I feel that this patient had a good experience of care, despite the traumatic circumstances. I believe I worked hard to maintain her dignity by acting in a professional yet caring and empathetic manner.*

***Now what:*** *In the future, I will feel more confident to maintain dignity in challenging circumstances.*

### Activity 12.6

Over a period of 20 years, Professor Brendan McCormack and Professor Tanya McCance have developed the Person-centred Nursing and Person-centred Practice Frameworks, both of which identify the key elements of person-centred nursing.

Click on the link <https://www.cpcpr.org/resources> to view these frameworks

Considering these frameworks and the information in this chapter, how can you ensure your care is person-centred?

#### Answer guidance:

The frameworks and the evidence in this chapter suggest that we can ensure person-centred care by:

 Demonstrating an awareness of that person’s beliefs and values and ensuring these are incorporated into care planning (and being aware of my own).

 Communicating in an authentic way

 Ensuring decision making is done in partnership with the patient and their family

 Demonstrating empathy and listening

 Demonstrating holistic care

 Providing competent care and acting within my scope of practice

 Working interprofessionally, with the patient at the centre

 Thinking about the care environment

 Implementing service improvements based on the patient journey

 Teamwork

### Activity 12.7

 Reflect on what you have read so far in this chapter.

 What do you think is the relationship between the fundamental values of compassion, care and dignity, and person- or family-centred care?

#### Answer guidance:

The fundamental values of compassion, care, dignity, and family-centred care are integral to good quality care and patient satisfaction. Patients are people and must be treated as such. Although patient safety and evidence-based care are important, what matters to people is that they maintain their identity and are not just treated as a condition. It’s important to ask what matters to them and what they would like, and to include their family if they want them to be.

### Activity 12.9

Reflect on your most recent experience of caring for someone. Can you identify any care you delivered that could be described as spiritual?

#### Answer guidance:

*Here is an example:*

***What:*** *I recently cared for a patient who was terminally ill and an end-of-life care plan was required. The patient was very spiritual and it was important that we considered spiritual elements of end-of-life care. I was surprised to see that spiritual care was not considered or discussed at admission.*

***So what:*** *With the support of my practice supervisor, I was able to discuss spiritual care at the end of life with the patient and their family. The hospital chaplain was also present, at the request of the patient. We discussed their spiritual wishes at the end of life and put a care plan in place to ensure these wishes were respected when the time came.*

***Now what:*** *This gave me a greater understanding of the importance of spirituality when delivering holistic nursing care and that as a nurse, I should not neglect this important aspect of care. If I feel nervous or anxious discussing the topic, I will seek support from my practice supervisor. By reflecting on these experiences I will develop confidence and feel better able to raise the topic with patients in the future.*

### Activity 12.10

Reflect on what the word ‘spirituality’ means to you. Do you see it as having a religious association or is your understanding more secular? Does spirituality have any links to other aspects of your everyday life?

Make a note of your thoughts and compare them with the information presented in the rest of the chapter.

#### Answer guidance:

*You may initially think of religion when you think of spirituality, for example following a certain God, a certain religion, and certain practices or rituals associated with that. This might be a certain diet, clothing, or rituals. However, you may also realise that one does not need to be religious to be spiritual. It could simply be a matter of having meaning or purpose in life and a sense of hope for the future. It may also be a certain set of beliefs, values, and morals. For example, being a vegan could be considered spiritual and a way of life for many. It could also be the way in which someone expresses themselves and the relationships they hold with others.*

### Activity 12.11

Imagine the scene. You are at a wedding reception and have been seated at the table between two people you don’t know. The conversation is becoming very stilted, so in an attempt to get everyone talking you say, ‘Well, what shall we talk about – religion or politics?’

 What do you think their responses will be?

 Is your attempt to liven up the conversation likely to be successful?

#### Answer guidance:

*It is highly possible that you will not receive any responses at all! Topics such as religion and politics are normally viewed as highly personal. In the same way that you are unlikely to ask people about sensitive or intimate issues until you know them very well if you mention topics such as these it is possible that they will either stop talking or feel they are being called to account for their personal view and become argumentative.*

*Your attempt to liven up the conversation is not likely to be successful and you may well provoke an argument!*

## Case study answer guidance

### Case Study 12.1: Hector

Hector is 9 years old, and while playing in the garden tripped and fell through a pane of glass in his grandfather’s greenhouse. Luckily for Hector, he sustained only minor injuries, but he did need four sutures for a deep wound in his hand. When Hector was at his local hospital having the wound sutured, he was very scared and crying, because “it hurt” and he “didn’t like seeing the blood.” The nurse suturing Hector’s hand told him to “stop being a baby” and as he was a “big boy now he was not to cry,” and said that “the more he cried, the longer it would take, so the more it would hurt.”

Hector has arrived for an appointment to have his wound dressed at his GP’s surgery, where you are on placement. The receptionist comes to find you and your practice educator to tell you that Hector has arrived, but he is hiding behind a chair in the waiting room because he doesn’t want to come and see “the nasty nurses who hurt.”

What do you think might be the reason that Hector associates nurses with things that hurt?

How are you and the RN you are working with going to deliver effective and compassionate care to Hector in order to help him realise that not all nurses are nasty and hurt?

#### Answer guidance:

*Hector’s previous experience as a nurse was that they were not kind and did not care for him in a way he found acceptable. Unless Hector experiences nurses who act in a different way to this he only has his ‘bad’ experience to base his view upon.*

*Hector needs time and a different experience with nurses to assist him to realise that not all nurses will act in the same manner as the one who hurt him. To do this it would be necessary for you and your mentor to coax him out from behind the chair, if possible enlisting the help* *of the family member or carer who is attending the surgery with him, by finding, for example, a toy, that he would be interested in. It is key to develop a relationship with Hector where he trusts you and your mentor. It is likely that this would take some considerable time and if he was becoming overly upset it may be necessary, for example, to enable his family member or carer, or even Hector himself, to be the person who removes his dressing and if necessary replaces it with a new one. It is highly important to take this time and to establish trust between Hector and the nurses, as otherwise, he is going to constantly find it very stressful whenever he requires nursing care.*

### Case Study 12.2: Valery

Valery is 52 and has a long history of intravenous drug and alcohol dependency. She has ‘lived’ in a bus shelter for the past three weeks because she was asked to leave the hostel where she was staying after punching another resident and causing £1,584 of damage because she was in a ‘rage’. Valery often has mood swings, one moment appearing to be calm and the next becoming angry, provocative, and rude for no reason. She is frequently late or completely misses appointments. Today she walks into your clinic, shouting, three hours late.

When you see Valery, she is very dishevelled; her hygiene is poor and she smells overpoweringly of stale body odour and cigarettes. When she greets you, her speech is slurred, but you can just make out that she is saying: “You! I have been waiting for ages for you. There you are—wasting my time again. Just give me my drugs, you idiot, and get out of my way.”

As you read the case story of Valery and imagined yourself as the nurse who she had come to see, what were your thoughts?

Would your thoughts alter if you were to learn that Valery had been clean from drugs and alcohol for six months, the reason for this visit was to collect antibiotics for a recurrent chest infection and her slurred speech, forgetfulness, mood swings, and poor hygiene were all due to pre-senile dementia?

#### Answer guidance:

*There are no right or wrong answers for either question in this case study. The values you hold are your values and make you the person you are. However, you must remember that your values may not be the same as the patients. Inflicting your values upon a patient may be seen by them as judgemental and unprofessional (NMC 2015), resulting in a negative effect on the care they receive from you. Think back to the ‘Hector’ case study—the nurse and Hector had very different values. The nurse valued what she viewed as being brave and acting in a grown-up manner. Hector was scared and hurting and could not appreciate this view. He needed a nurse who could understand his feelings and care for him in a way that didn’t make things, in his view, worse.*