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Introduction

If it is possible to identify one of the most significant developments in the health and social care environment in the past 20 years, it must be the move away from the ‘professional agenda’, which places the practitioner at the top of the apex of a triangle, where it is assumed that the doctor, nurse or social worker is the expert with all the power and knowledge, and the patient/client/service user along the base, as a passive recipient of professional wisdom. The crucial difference in the concept of person-centred care is that it requires practitioners to base their thinking and practice on the needs, wishes and rights of the person who is using health and social care services. This may be the way in which practitioners say they want to work or it may be quite a challenge for them, but it is not a matter of choice, as service users are now expected to be involved in the planning and prioritizing of service delivery and, according to Barrett et al. (2005: 15), ‘The Government rhetoric promotes the principles of choice and control for service users within a seamless service’.

This reference to a ‘seamless service’ highlights the requirement for practitioners to move towards more collaboration and better communication between professionals. In response to this challenge some universities are offering professional training and education to health and social care practitioners in a setting that promotes learning and understanding in interprofessional groups.

This book emerged from discussions among a group of academics from a range of different professional backgrounds who were working together on one module on the Interprofessional Learning degree at Canterbury Christ Church University. The module was entitled Person-Centred Care and Interprofessional Collaboration and was offered to first-year students from eight pathways that made up the programme. These were students studying to
become adult and child nurses, mental health nurses, midwives, social workers, occupational therapists, radiographers and operating department practitioners.

Although all of the staff members involved in developing and delivering the module were committed to the broad concept of interprofessional learning and the promotion of person-centred care, it soon became apparent when the team met that our understanding and interpretation of the issues were affected by the particular discipline from which each of us had come. In particular, the different perspectives of the nurses and the other groups made for some lively debates.

Issues of jargon and terminology were particularly difficult to disentangle. Even what we actually called the person or people on the receiving end of our services indicated a level of difference in the way we constructed our roles and understood our relationships. The medical practitioners spoke of ‘patients’ as if this were a generic term, but this did not fit with midwives highlighting ‘women-centred care’ or child nurses who saw their focus as the child and their family. Social workers talked of ‘service users’ and ‘carers’, while occupational therapists related to their ‘clients’.

Trying to find a term that would please everyone became quite a challenge and in the end it was agreed that the only possible term we could all use was ‘person’. Although this left room for ambiguity, it was felt that it avoided the profession-specific jargon that any of the other terms could imply. In this book, which has chapters written by a range of professionals, each writer has tried to use language that feels appropriate to him or her. However, throughout the book you will find that writers return to the question of language and how its use constructs the relationship between professional groups as well as with people who use services. A further aspect of the debate is whether we should call ourselves professionals or practitioners; neither of these concepts is uncontested and the only certainty is that no language can be completely value free. This is a continuing debate and one that informs our understanding of interprofessional working as well as the role and construction of those who deliver care and those in receipt of services. The ways in which we address these issues are fundamental to the discussions around how we work together.

If one of the purposes of interprofessional working is the combining of different perspectives then the patients or service users are interprofessional workers par excellence as in the vast majority of cases it is they… who unify and combine the different advice and perspectives integrating them into daily living and making health choices as they do so.

(Ovretveit et al. 1997: 117)

In order to gain a better understanding of each other’s perspectives, it was important that we were able to factor in discussions about the commonalities and differences between our views around our relationships with people who received services and with each other. This involved discussion of the values and attitudes that we had developed as professionals from different disciplines. One of the key factors that drew us together was a common concern for individuals and a commitment to the notion of ensuring that people
were treated with dignity and respect. In this sense our values were largely consistent, and focus on our understanding of the rights and autonomy of individuals who access health and social care. However, in terms of constructing our relationships with people who used services there were a range of views, from the ‘medical expert’ model that says that the professional knows what is best for their patients to a ‘social model’ that constructs the barriers to achievement for individuals in the social realm rather than according to the impairment of the individual.

The different philosophies of care underpinning these two orientations – the medical and social models – have consistently posed dilemmas in our understanding and differentiation of care. The dominance in the medical profession in the arena of care has led to inappropriate medicalization of social problems tying people into a dependency relationship.

(Philips 2007: 128)

Human rights, ethical frameworks and the values that inform professional practice and the ways in which they are applied can make a great deal of difference to the experience of someone who is in need of services. The social model of care identifies issues of power in the professional role (Thompson 2007) and looks at how the ‘helping’ relationship can also prove to be disempowering and produce a level of dependency on the professional (Shakespeare 2000). Person-centred care encompasses this model, therefore the issue of power and its impact on interprofessional working is another theme that is revisited in a number of the chapters.

This book is committed to helping readers explore the dilemmas and navigate the maze of interprofessional person-centred care. The exercises will help you in finding routes that can encompass diverse views and address the range of perspectives, while also keeping the person at the centre of our considerations. In order to question practices and procedures that may be taken for granted if they do not genuinely include the rights and needs of people in health and social care, we have to be able to reflect, question and try to understand ourselves (Jasper 2006) as people and practitioners, as well as gaining a working knowledge of the complex climate that operates in contemporary health and social care.

Although interprofessional working is not a new concept, it does seem to be an idea whose time has come. Collaborative working has many supporters and anyone who has worked with colleagues from diverse disciplines will know what can be achieved when a vision of person-centred care informs the aims and goals of all the practitioners involved (Braye & Preston-Shoot 1995). Nevertheless, respecting and valuing the views and expertise of others, including that of the service user, rather than promoting the superiority of one’s own profession still presents organisational and interpersonal challenges. The requirement for practitioners from health and social care to understand and interprofessional working and person-centred care entails engagement with different ways of working and involves seeing the world from a range of perspectives rather than maintaining the comfort of a familiar, profession-specific
spotlight on the world. However, this emphasis on interprofessional working also requires a significant reorientation of professional working practices (Barrett et al. 2005).

Awareness of the psychological factors at work in both organisational and interpersonal relationships can help to conceptualise the benefits of and, importantly, some of the barriers to effective person-centred care or interprofessional collaboration. Obholzer and Roberts (1994) highlight from a psychodynamic perspective the challenges that arise for practitioners who are working with issues that are highly emotionally charged, and the sometimes destructive strategies that teams can put in place to cope with the feelings and personal pressures that can arise from care work.

While there is a risk that academic psychology can provide too deterministic an approach to sit comfortably with the craft of recognising the individual worth of each person and engaging with them on that basis, the application of some models such as the phenomenological or humanist approach developed by Carl Rogers (cited in Nicolson et al. 2006) does address many of the principles and values that underlie person-centred care. Throughout the chapters the authors in this book return regularly to the values and attitudes that are so important if person-centred care is to achieve the transition from government rhetoric to the reality of experience for those who use health and social care services.

Equally, person-centred care cannot operate in a context that does not take into account the social structures and interpersonal elements that affect the lives of service users, carers and practitioners. In order to promote the individual rights and needs of service users, practitioners also have to understand how person-centred practice takes into account elements such as class, culture, ethnicity, age, gender and sexuality. Anti-discriminatory practice is therefore crucial in providing a context that underpins a number of the challenges for practitioners who are trying to promote empowering practice (Thompson 2007). Person-centred care and interprofessional practice both need to factor in issues such as racism, sexism and ageism so that practitioners have the sensitivity and understanding to ensure that individuals who access health and social care services stay at the heart of relationships with service users and colleagues.

Practitioners working in health and social care are more than aware of the challenges that the government’s agenda holds for them, where change seems to be the only constant. However, respect for those who use services and promoting their ability to have an impact on how those services are delivered will enhance the work of practitioners and benefit both in the long run. While more equal relationships among practitioners from diverse disciplines and between practitioners and service users can provide a better environment for practice, collaborative, person-centred practice will not develop by itself. This book therefore looks at a range of perspectives that inform areas of special interest in health and social work and uses these to develop a conceptual framework for practitioners and students who are trying to engage with the benefits and challenges of person-centred, interprofessional care.

People enter employment in the health and social care services for a variety of reasons and motivations, and these, in conjunction with their own personal
circumstances, will influence how they practise and collaborate with colleagues from other disciplines. Similarly, the personal circumstances and previous experiences of those accessing services will affect how they perceive and respond to practitioners. Despite recent scandals such as GP Harold Shipman’s conviction as a serial murderer and the Bristol Royal Infirmary Inquiry into death rates in paediatric cardiac surgery, there is evidence that trust in medical and health care practitioners remains high. Calnan and Sandford (2004) found that people’s trust in services is influenced by the extent to which the doctor appears patient centred and the perceived level of professional expertise. Whether care is described as patient centred or person centred, the most important issue is trust, because for people to engage with treatment or interventions they need to have trust in the practitioner providing the service.

In order to help readers to understand and reflect on the issues that inform person-centred care and interprofessional working, the book contains a series of case studies and reflective exercises that we have called challenges. Whether you are a first-year student who is looking at some of these issues for the first time or a practitioner revisiting some of the concepts in the book and reviewing your own attitudes and experiences, you will benefit from time spent thinking about the questions that are asked and developing your understanding of the value and application of the concepts.

**Plan of the book**

This book is organised into eight chapters and arranged in three parts. Part I (Chapters 1 and 2) provides an introduction to person-centred care and interprofessional working in the context of health and social care. Part II (Chapters 3, 4 and 5) looks at the theory and ethics of person-centred care and interprofessional working, and Part III (Chapters 6, 7 and 8) applies the theory to areas of practice; health promotion, adult protection and carers. However, it is clearly recognised that it is the integration of theoretical frameworks into practice that will enhance person-centred interprofessional care, and the chapters contain a number of examples that can be used to help you to think about how the more abstract ideas can inform your thinking, planning and the process of practice.

In Chapter 1, Milburn and Walker examine the shift from patient- to person-centred care in the context of the evolution of the health and social care services. A definition of interprofessional working is provided, which clarifies the potential confusion that has arisen due to changes of terminology from ‘multi’ to ‘inter’ over recent years. There then follows a critical debate covering the development of interprofessional education and collaborative practice and deliberating on how interprofessional practice can support person-centred care in the care setting. By the end of the chapter it is hoped that the reader has a clear understanding of how person-centred care and interprofessional working are intrinsically linked.

Elliott and Koubel in Chapter 2 consider the meaning of the concept of person-centred care, and explore its origins in relation to interprofessional
working and good practice in the current climate of health and social care. There is consideration of theoretical and value frameworks that inform person-centred care and a series of challenges aiming to develop your ability to reflect on the concept of person-centred care and the importance of adopting a holistic, anti-discriminatory perspective when working with people.

In Chapter 3, Bungay and Sandys, explore the notion of ‘What is a person?’ in the belief that we cannot practise person-centred care without some common understanding of personhood. Similarly, although much of recent government policy refers to person-centred care and the need to treat people with dignity and respect, these too are abstract terms. Do we really know what dignity means and does it mean the same to all people? Throughout this chapter there are a number of case studies designed to assist you in drawing your own conclusions and definitions on what a person is. When does someone become a person or stop being a person? What does it mean to treat someone with dignity and respect?

In Chapter 4, Barber, McLaughlin and Wood introduce the idea that it is crucial for practitioners to have self-awareness to be able to practise in a person-centred manner. They suggest that our verbal and non-verbal communication skills are influenced by both culturally entrenched professional ‘norms’ and our own values, which consciously and unconsciously affect our perceptions of others. To help increase self-awareness the authors offer the Johari window as a model to enable readers to question their beliefs and perceptions of others and how these affect care delivery.

In Chapter 5, Arnott presents the argument that an individual’s ‘moral intuition’ is not sufficient to meet the challenges of day-to-day health and social care, and that practitioners need to have some knowledge of an ethical framework to underpin their practice. She uses ethical theories that have informed health and social care practice, such as consequentialism, deontologoy and virtue ethics. Exploring the development of human rights, she reflects on the relationship between the roles and responsibilities of care professionals and the rights of the patient or client.

Gilbert and Dunn in Chapter 6 look at what health promotion means for health and social care practice and discuss the different strategies that can be used for the person-centred delivery of health promotion. A narrative approach facilitates the understanding of the roles of different professionals in empowering individuals and communities to improve their health. The authors also question some of the possible variables influencing how individuals or communities may or may not be able to, or may choose not to, prioritise a particular health issue as a key concern to address, and identify the factors that help or hinder the delivery of person-centred health promotion.

In Chapter 7, Koubel weighs up the attitudes and values found in adult protection, and explores the perception of who is a vulnerable adult and what makes people vulnerable. She identifies what abuse is and how signs and symptoms can be recognised, using case studies to help the reader consider the legal and ethical issues arising in response to safeguarding adults. Koubel challenges us as to how we can maintain an empowering, person-centred perspective
while promoting appropriate interprofessional working in relation to developing effective practice in safeguarding vulnerable adults. She further asks us to reflect on the differences and similarities between child and adult protection and the lessons we can learn from child protection.

In Chapter 8, Bungay and Walker consider the distinct input made by carers and practitioners to care, and review the support mechanisms in place for carers and practitioners in the context of institutional and community provision. Potential conflicts exist between the care recipient, the carer and practitioners because of the nature of the caring relationship. The authors reflect on the possible causes of these conflicts and the importance of collaboration between all those concerned.

Each chapter can be read as a stand-alone piece of work, however throughout the book common themes emerge, for example the issues of human rights, communication, empowerment, dignity and respect. These are all central to person-centred care and effective interprofessional working.

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