

POSTER ABSTRACT

Person-centeredness and person-centred care in practice: an overview of reviews

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Introduction

Person-centred care (PCC) entails that the unique values and preferences of each patient is taken into account and that care is achieved in partnership between patient and professionals. Due to the large number of publications and the diversity in terminology used (e.g. person-centred care, patient-centred care, family-centred care etc.) research results on PCC are not easily accessible, which in effect hinders evidence-based PCC. The aim was to address and elaborate on a common ground in how PCC is presented and displayed in current synthesized research literature.

Methods

An overview of reviews were conducted. Searches were done in PubMed, Cinahl, Scopus, PsychINFO, Web of Science and Embase.

Inclusion criteria

Reviews of empirical studies with systematic searches, published between 2017- 2018, written in English, involving human participants in healthcare settings, and incorporating a construct of PCC defined as; I) viewing the patient as a person (i.e. someone who has the ability and resources to express their will, needs, and desires), and II) working in a collaborative partnership involving patient, health care professionals and other people of importance in the patient's life.

Results

The search strategy identified 3697 reviews of which 31 were included in this overview.

In the included records, many terms were used together with the concept of centredness including person/patient/family/child and client. The synthesis of data showed three main areas presented in the included reviews:

Attributes of PCC:

Three attributes elaborating on the construct of PCC were identified: Being unique; Being heard; and Shared responsibility.

Translation of PCC into practice:

Practicing PCC included Getting to know the patient; Building a shared understanding; and Create opportunity for the patient/ significant others to act. Prerequisites facilitating PCC practice included The organization/leadership; Training and education of health care staff; Time, flexibility and continuity; Guidelines, tools and documentation of goals and care plans; and measurements of PCC.

Outcomes measuring effects of PCC:

Outcome measures included Observational health related outcomes, adherence and behaviour; Family involvement and experience of family members; Care processes, organizational effects; and Patient-reported outcomes.

Discussions

The many terms used with unclear and overlapping definitions as related to PCC was confirmed in this review. The three attributes of PCC: being unique, being heard, and shared responsibility confirms that there is a common underlying ethical and conceptual denominator among PCC constructs; explicit or implicit. This review also identifies a number of prerequisites in order for PCC to be realized in practice and current outcome measures used to explore effects of PCC.

Conclusions (key findings)

Our study highlights the conceptual and terminological confusion in the PCC literature.

Three common attributes of PCC were found in the synthesis of reviews: being unique, being heard, and shared responsibility.

Lessons learned

Challenges involved in delimitations of database searches.

Limitations

Limited timeframe, only 2 years. Hence, this study should be seen as features related to the overall research field on PCC.

Suggestions for future research

Further reviews in the PCC research field is merited as well as theoretical inquiry to facilitate conceptual clarity.