



Review/Comparative article

# An exploration of person-centred concepts in human services: A thematic analysis of the literature



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## ABSTRACT

Being 'person-centred' in the delivery of health and human services has become synonymous with quality care, and it is a core feature of policy reform in Australia and other Western countries. This research aimed to identify the uses, definitions and characteristics of the term 'person-centred' in the ageing, mental health and disability literature. A thematic analysis identified seven common core themes of person-centredness: honouring the person, being in relationship, facilitating participation and engagement, social inclusion/citizenship, experiencing compassionate love, being strengths/capacity focussed, and organisational characteristics. These suggest a set of higher-order experiences for people that are translated differently in different human services. There is no common definition of what it means to be person-centred, despite being a core feature of contemporary health and human service policy, and this suggests that its inclusion facilitates further misunderstanding and misinterpretation. A common understanding and policy conceptualisation of person-centredness is likely to support quality outcomes in service delivery especially where organisations work across human service groups. Further research into the application and service expressions of being 'person-centred' in context is necessary.

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## 1. Introduction

In Australia, many human services have strived to be identified as being person-centred in the delivery of their support services since the early 2000s [1–5]. The current implementation of the National Disability Insurance Scheme Act (2013) has person-centred approaches as a fundamental priority [6]. The policy drive to be person-centred has been mirrored in other Western countries including the United Kingdom [7,8], and in the United States of America ([9]; Patient Protection and Affordable Care Act [75]). The authors' own experiences were in the area of intellectual disability in the late 1990s and early 2000s where being 'person-centred' became a descriptor for providing positive, contemporary and desirable supports, and was linked to a planning process. As human service delivery has matured, there has been an increasing push towards services which are deinstitutionalised, flexible and responsive, and community-based. 'Person-centred' is now being used as an adjective to describe a number of approaches and processes including person-centred planning and person-centred thinking (in the areas of disability, intellectual disability and learn-

ing disability), person-centred care, person-centred therapy and person-centred nursing (in dementia care and ageing), and person-centred services and person-centred therapy (in mental health and recovery). Previous authors have attempted to define being person-centred however these have been limited to specific areas of service delivery [10–14]. Not surprisingly, applications of being person-centred in the provision of services and supports to vulnerable people have traditionally been siloed, meaning that the viewpoint or understanding of the term has been assumed to be universally understood in the context of the discipline. There is little evidence to suggest that the development of the concept in each individual discipline shares a consistent historical theoretical base nor is there evidence to suggest that there have been points of mutual development of understanding over time. While some authors have attempted to review and synthesise understandings of the term, the work has still largely been located in specific disciplines' areas [13–15]. Equally scarce is contemporary research which defines the uses, meanings and characteristics of being person-centred in service delivery across human services. Given that there are now a number of service providers who support people across diagnostic groups and across human service settings, and given the proliferation of the concept in contemporary government policy, it is timely to determine what is really meant when services and sup-

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ports define themselves as being person-centred irrespective of an individual's diagnostic presentation.

## 2. Method

An adapted scoping review methodology was utilised for the initial purpose of identifying the current literature in relation to the concept of interest [16,17], in this case 'being person-centred'. The breadth and depth of literature available lent itself to further interrogation, and Braun and Clarke's [18] comprehensive steps for thematic analysis were followed after data extraction. Levac et al. [19] recommends considering the purpose of the study at the same time as determining the research question to help to provide a clear rationale for study selection. In this case, we were interested in identifying the breadth and depth of applications of the term 'person-centred' and its various synonyms in the disability, mental health, and ageing literature. The outcome of conducting such a review would provide evidence of a number of themes that represent the characteristics of person-centredness as it applies in these human service sectors which could have significant implications for policy development and human service design [19].

The first four stages of Arksey and O'Malley's [16] five-stage framework was followed for this exploration of person-centredness and included (a) identifying the research question, (b) identifying relevant studies, (c) study selection, and (d) charting the data. The fifth stage of the process, (e) collating, summarising and reporting the results in a meaningful way, was dropped to make way for a comprehensive thematic analysis [18]. There was no interest in assessing the methodological quality of the studies as the author was interested in gleaning the 'person-centred' descriptors and their attributes, which limited data extraction and synthesis [17].

### 2.1. Identification of the research question

The following research question was developed: What are the uses, definitions and characteristics of the term 'person-centred' in the existing literature applied to disability, mental health, and ageing? Armstrong et al. [17] suggest that this is then broken down into smaller components. The specific data of interest were: What contexts are the term 'person-centred' used in? What terms are used in conjunction with the term 'person-centred'? What characteristics are identified as evidencing 'person-centredness'?

### 2.2. Identification and selection of studies

Various search terms and Boolean operators were used to search three large databases, CINAHL, Proquest and PsychInfo, for peer-reviewed publications: person cent\* (title) AND disabilit\* (all fields) OR mental health (all fields) OR ageing (all fields) OR dementia (all fields) OR mental retardation (all fields). These three large databases were used as they predominately cover the human services literature. In addition, Google searches of key Australian government websites were conducted and grey literature which informed their services were included. While there was significant interest in the peer-reviewed literature, the grey literature was also perceived to be of benefit here as there are a number of influential authors in the field of person-centredness which influence human services in Australia. Government policy documents and position papers which referenced person-centredness were also included. These were collated from Australia, the United Kingdom and the United States of America. An additional number of articles were sourced using hand searching of the reference lists of articles identified in online databases. These searches elicited over 2000 source documents. Duplicate references were removed.

The retrieved articles were screened to identify those based on the following inclusion criteria: (a) journal articles using the term 'person-centred' as a descriptor in the title and appearing in conjunction with any of the additional search terms in the rest of the article, (b) published in English, and (c) published post-1995 to the current date of the search which was 2015. Articles were searched post-1995 as 'person-centred' is a relatively recent descriptor of services and approaches. All types of literature (i.e., quantitative and qualitative research studies, opinion pieces, policy documents, and literature reviews) were used. The exclusion criteria were: book reviews, and abstracts from conference proceedings (due to their brevity). Articles which were clearly outside the intent of the search were also excluded, for example, where 'person;' and 'centre' appeared in the title but were not adjacently located and therefore referred to a different concept than the concept of interest. A total of 504 documents were included in the review.

### 2.3. Charting and collating the data

Data were extracted using a narrative review approach. The headings used for data extraction allowed the author to identify the descriptors and characteristics in the content as well as the evidence for thematic analysis [17]. The data collection categories were: authors, year of publication, article title, context/human service area of concern, descriptors of 'person-centred' and approaches described as 'person-centred'. If authors had identified with a particular body of knowledge or theoretical framework which informed their writing, this was also noted. Both the primary author (RW) and the secondary author (AB), extracted data on the first 15 articles independently using text search on PDF documents and charted this data using an Excel spreadsheet focusing on the scoping question, to ensure consistency of identification of data. The primary and secondary authors met to compare extracted data and used a process of direct text comparison to ensure consistency in the identification of the core descriptors and characteristics. There was 100% agreement in the identification of the core descriptors between the authors. The primary author extracted the data from the remaining articles. Data were coded to allow the authors to quickly identify, cluster and categorise similar data chunks relating to the research question [20]. The authors used NVivo10 [21] to manage a large amount of data and a selection of codes was cross-checked by the second author to ensure consistency. Coding continued until saturation was reached.

### 2.4. Thematic analysis

The iterative process of selecting articles for inclusion, extracting data, and subsequent initial coding convinced the primary author that the process of further interrogating the data had merit. Braun and Clarke's [18] steps for conducting a thematic analysis were applied. These were (a) familiarising self with the data, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the report [18]. The authors were familiar with the data due to the process of data extraction, and initial descriptive coding occurred as per Arksey and O'Malley's [16] process. Codes were sorted through a process of searching for points of commonality until consensus was achieved. Themes were reviewed by going back to a random selection of the raw data with the associated codes and ensuring there was a meaningful fit. Themes were refined using discussion and consensus to confirm naming and identifying the specific descriptors of each theme [18]. Given that thematic analysis may move beyond organising and describing the themes to interpreting, Braun and Clarke's [18] sixth step was applied to suggest some interpretation of the patterns and the significance of the data beyond a surface level. While a "good" thematic analysis should be

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