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'Stepping in' or 'stepping back': How first year nursing students begin to learn about person-centred care

Kay Currie *, Samantha Bannerman, Val Howatson, Fiona MacLeod, Wendy Mayne, Christine Organ, Sarah Renton, Janine Scott

Department of Nursing & Community Health, School of Health & Life Sciences, Glasgow Caledonian University, Cowcaddens Road, Glasgow G4 0BA, United Kingdom

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SUMMARY

Background: The concept of person-centred care has gained international recognition over the last decade and forms one of the key concepts of our Nursing Quality Improvement Curricular Framework.
Objectives: This study aimed to investigate nursing students' learning about person-centred care during the first-year of their programme.
Methods: Qualitative thematic analysis of a section of placement learning documents from two consecutive cohorts of students from all fields of nursing (n = 405), supplemented by three focus group discussions.
Results: Two conceptual categories of student approaches to learning emerged. Firstly, 'stepping back', or learning from a distance about how nurses provide care, often through reading case notes and care plans; second, 'stepping in', learning about the patient as a person by direct interaction with service users. Evidence of reflection on the patient's experience of care was limited. These results have resonance with existing pedagogical theories around preferences for active or passive styles of learning. The potential for clinical mentors to build student confidence and encourage direct engagement with patients was highlighted.
Conclusions: Students are aware of the concepts, principles and professional values of person-centred care from early in their programme; however, the majority tend to be preoccupied by learning about what nurses 'do', rather than 'how patients experience care'. Development towards a more person-centred approach may require targeted support from mentors to help students gain confidence and begin reflecting on how patients experience care.

Introduction

Recognition of the primacy of the patient experience of care and the need for person-centred approaches to promote quality healthcare has grown in international prominence over the last decade (Institute of Medicine, 2001; WHO, 2006; Institute for Healthcare Improvement, 2014; DoH, 2010). Whilst comparable policy initiatives are in place across the UK and internationally, in 2010 the Scottish Government outlined their own ambition for NHS Scotland to deliver care in which "mutually beneficial partnerships are developed between patients, their families and those delivering health care services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making" (Scottish Government, 2010, p. 7). Subsequently, the NHS Scotland (2012) Quality Improvement Hub developed these ambitions and defined person-centred care as "providing care that is responsive to individual personal preferences, needs and values and assuring that patients guide all clinical decisions". This policy perspective complements the professional education standards required by the UK Nursing & Midwifery Council (NMC), which indicate that nurses must demonstrate communication and interpersonal skills which are safe, effective, compassionate and respectful (NMC, 2010).

During our 2011 revalidation of the undergraduate nursing programmes, consideration was given to the most effective way of integrating NHS Scotland's Healthcare Quality Strategy (Scottish Government, 2010) ambitions and NMC (2010) standards within the curriculum. An overarching 'Nursing Quality Improvement' curriculum framework was developed, building on the foundation stones of evidence based practice, critical thinking and inter-professional practice. This framework threaded the themes of person-centred, safe, and effective care horizontally and vertically through theory and practice modules of each academic year. Whilst all themes are incorporated within each academic year, the first-year of the nursing programme emphasises the importance of person-centred care.

Based on empirical and practice development work conducted over several years, McCormack and McCance (2010) suggest that using a

* Corresponding author. Tel.:+41 0141 331 3472.
E-mail address: k.currie@gcu.ac.uk (K. Currie).

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person-centred nursing framework enables nurses to focus on the patient as person, working with their beliefs and values and facilitating shared decision making. Goodrich (2009) highlights the importance of ensuring that academics and policy makers are clear about meaning in relation to the terminology used to describe person-centred care, and that the language used should effectively engage hospital staff at all levels; this point is also pertinent in relation to undergraduate nursing students. We believe that the use of McCormack and McCance's (2010) framework, introduced in the first year of our programme, provides a consistent and relatively straightforward conceptualisation of the potentially complex and confusing terminology associated with the person-centred care arena. Professional values are acknowledged as being the cornerstone of person-centred care (Goodrich and Cornwell, 2008) and Reid (2012) argues that respect, compassion, and dignity are the foundations of ethical and professional caring, with compassion and dignity only being achievable if the person in the patient is seen and responded to. Strachan (2012) echoes this view, stating that in order to provide person-centred care, nurses require a variety of enabling attributes and behaviours such as comforting, empathy and the ability to individualise care. Applying professional values in interaction with patients requires effective communication skills, as emphasised by Manley (2011), who adds that evaluation of care given is essential and requires nurses to listen and act on feedback from patients and other service users.

Thus, international policy highlights the importance of person-centred care and the professional literature points to the importance of values, theoretical frameworks, and communication skills required; our new curriculum aimed to embed all these concepts in the first-year theory modules and we wished to investigate the impact of these curricular changes on student learning. However, the test of theory-based learning comes in translation into practice, where experiential learning becomes influential. In his seminal work, Kolb (1984) defines experiential learning as "the process whereby knowledge is created through transformation of the experience" (p. 38). Essentially, experiential learning is learning by doing, rather than reading about something or by listening to others. The active involvement of the learner is crucial, as is a degree of interaction, some measure of autonomy and flexibility, and a high level of relevance. Kolb's model provides a theoretical basis for experiential learning research and has been highly influential in the educational literature.

This paper reports the findings from an exploratory study conducted with the first two cohorts of our new programme, which aimed to investigate nursing students' learning about person-centred care, particularly in the clinical setting. The study objectives were to:

- explore first-year nursing students perceptions of the meaning of 'person-centred care'
- explore theoretical concepts and professional values students consider relevant to person-centred care
- explore learning about person-centred care and the patient experience of healthcare during placement
- identify facilitators and barriers to student engagement with the concept of person-centred care.

Methods

Approval was provided by the School Ethics Committee. First-year students from all fields of nursing (adult; child health; learning disability; mental health) from the 2011 and 2012 entry cohorts were invited to participate, with written consent being sought.

Two approaches to data collection were used. Firstly, documentary analyses of their practice-based learning reports, which asked students to write briefly about learning related to professional roles, communication, person-centeredness and the patient journey during their first three week practice experience at the end of their first trimester. These reports are a mandatory component of the module placement but are not formally assessed. Secondly, focus group discussions following their second six week practice experience at the end of first-year. Students were sent to a wide variety of clinical or community areas, related to their specific field of practice.

Reports from 235 (49%) of the first cohort were collected and distributed to the research team for qualitative thematic analysis (Braun and Clarke, 2006). Report content tended to be brief, descriptive sentences which summarised those elements students considered key responses to each of the required report headings. Data extracts were grouped to create initial first level themes and abstracted to identify two conceptual categories, describing how students learned about person-centred care and the underpinning principles which informed their learning. Rigour was enhanced by creating an audit trail of the discussion of emergent themes, peer review of thematic labelling, and final agreement of conceptual categories. This analytical process was repeated with the second cohort of 170 students (43%); data confirmed original themes, no new findings emerged.

To enable in-depth exploration of the themes identified by documentary analysis, three focus groups were held. Questions related to study objectives were used to guide discussion (Table 1). The group discussions were audio recorded and content analysis techniques (Elo and Kyngäs, 2008) were used to categorise data. Study objectives were used to develop pre-determined analytical category headings and two team members grouped verbatim discussion content under relevant headings (indicated in Table 2). Interpretation of the overall meaning of the content within each category was achieved by team consensus.

Findings

Analysis highlighted a range of themes related to learning about person-centred care (Fig. 1). Broadly speaking, 'how' students learn was conceptualised as either 'stepping back from/learning at a distance' or 'stepping in to/learning through interaction'. Underpinning both of these conceptual categories was consistent use of the language and terminology of person-centeredness and the core professional values of respect, dignity, privacy, promoting choice, and effective communication; the 'what' students learned. Facilitators and barriers to engagement in person-centred care were identified through focus groups. The following section presents findings drawn from a triangulation of documentary analysis and focus group data; illustrative quotations are extracted from both practice reports and focus groups.

Nursing student perceptions of the meaning of 'person-centred care'

When asked 'What do you think 'person-centred care' means?' focus group responses emphasised using communication skills to get to know the patient as an individual,

> "just getting to know the person, they're someone's family …. so they're not just someone lying there""don't see the patients as just

Table 1
Focus group topic guide.

What do you think 'person-centred care' means; what do you understand by that term?
Thinking about some of the theory you explored in University classes and things you may have talked about with your mentors, what professional values or theoretical concepts do you think are important or relevant to person-centred care?
Thinking mostly about your practice-based learning experiences, 'what' have you learned about person-centred care and the patient experience of healthcare; and 'how' have you learned about these things?
What things do you think have helped you to deliver person-centred care?
What things do you think have prevented you from delivering person-centred care?