



## REVIEW

## Exploring person-centredness in emergency departments: A literature review



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## ABSTRACT

Person-centred approaches to care delivery have been increasingly promoted in international policy and strategy, but despite this there is evidence of failings within healthcare systems that negatively impact on the care experience for patients and staff. This paper explores the international literature on person-centredness within emergency departments (EDs). The Person-centred Practice Framework was used as the underpinning theoretical framework. This theory contends that staff must possess certain attributes to manage the care environment appropriately to deliver effective care processes in order to achieve effective person-centred outcomes for patients and staff. An initial search of the literature identified no relevant papers that discussed person-centredness as a concept within EDs. A further search using terms drawn from a definition of person-centredness revealed literature that reflected components of person-centredness. Themes that emerged included medical-technical intervention, a culture of worthiness, managing the patient journey, nurse/doctor relationships, patients' and relatives' experience of care, and ED as a stressful environment. The themes can be mapped onto the Person-centred Practice Framework, suggesting that components of person-centred practice have emerged from studies in a fragmented fashion, without consideration of person-centredness as a whole within an ED context.

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### 1. Introduction

Person-centred approaches to care delivery have been increasingly promoted in international policy and strategy over the last decade as a means of enhancing standards of care (Laird et al., 2015). Its translation into care delivery has been proven to have a positive impact on patients and staff (McCormack and McCance, 2010). Improving the patient experience is concerned with more than just good clinical care. It includes being cared for with kindness, compassion and respect (Goodrich and Cornwell, 2008). According to McCance et al. (2013), this emphasises the need to focus on attitudes, behaviours and relationships that reflect the importance of working in ways that support a person-centred approach and puts the patient at the centre of care delivery.

### 2. Background

Despite the apparent drive towards a person-centred approach, recent enquiries in the United Kingdom (UK) have revealed substantial failings within the healthcare system that have had significant impact on the quality of patient care (Berwick, 2013; Francis, 2013). These reports highlighted inadequate communication, acceptance of poor standards and a culture that focused on systems rather than patients. Despite lessons that should have been learned from these enquiries, care remains inadequate, and recent reports from emergency departments (EDs) highlight overcrowding, medical errors, prolonged delays in the treatment of pain and suffering, lengthy waiting times, and patient and staff dissatisfaction (Canadian Association of Emergency Physicians, 2015). Within the UK the ED experience continues to dominate the media with headlines portraying an environment that is the antithesis of person-centred care, for example, "A&E units have become like warzones" (The Telegraph, 2013), "Cancer patients 26 hours of hell on earth in A&E" (Belfast Telegraph, 2015) and "Porter 'fed up of seeing nurses crying' over A&E problems" (BBC News Online, 2014).

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### 2.1. Person-centredness as a concept

Person-centredness describes a standard of care that places persons at the centre of it by moving away from fragmented medically dominated care towards care that is relationship-focused, holistic, and collaborative (McCance et al., 2011). McCormack and McCance (2010) developed the Person-centred Practice Framework, which essentially comprises four domains: *prerequisites*, which focus on the attributes of staff; *the care environment*, which focuses on the context in which care is delivered; *person-centred processes*, which focus on delivering care through a range of activities; and *expected outcomes*, which are the results of effective person-centred nursing (McCormack and McCance, 2010).

McCormack and McCance (2010) define person-centredness within nursing as

*“An approach to practice established through the formation and fostering of therapeutic relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development”* (p. 13).

This paper aims to explore the international literature on person-centredness within emergency departments.

### 3. Methods

The databases Proquest, Cumulative Index to Nursing and Allied Health (CINAHL), Medline Ovid, and Embase were initially searched using keywords shown in Table 1a. The inclusion period was January 2002 to February 2014. This revealed a dearth of relevant literature highlighting the lack of research in this area and therefore the need for a change in search strategy. A further search was conducted using keywords shown in Table 1b, which are based on the core components of person-centredness and the above definition. The search was limited to articles published in English, relating to humans and adult age group.

The literature was reviewed by title, abstract, and then full-text by the lead author for inclusion. Studies were included if they were published in peer-reviewed journals, empirically based and focused on key person-centred aspects in ED. Reference lists were scanned for relevant literature (Fig. 1). A total of 39 articles were identified. These studies were assessed for quality using the Critical Appraisal Skills Programme (CASP) 2014 and all were retained for inclusion. The findings are presented in Table 2. The literature was varied in terms of country of origin, giving a range of findings from different health care systems and cultures. The selected studies were

evaluated using thematic analysis, by the lead author, to identify themes that were pertinent to person-centred practice, and the results were checked for final consensus by all authors.

### 4. Results

Analysis of the literature revealed six themes that could be described as characteristic of components of person-centredness within ED. These were medical-technical intervention, a culture of worthiness, managing the patient journey, nurse/doctor relationships, patients' and relatives' experience of care, and a stressful environment.

#### 4.1. Medical-technical intervention

Kihlgren et al. (2004), Muntlin et al. (2010), and Winman and Wikblad (2004) all revealed a common finding of a medical-technical environment where value was placed on technology, medical status and patient throughput over caring. Two studies (Elmqvist et al., 2012; Person et al., 2012) highlighted how this was a cultural norm which ED staff employed to help them cope with working in an unpredictable, stressful environment. Nyström et al. (2003) referred to this as conveyor belt style nursing. ED staff viewed the purpose of their role as one of saving lives, and felt that they were there to deal with emergencies and acutely ill patients, which they found rewarding and exciting (Elmqvist et al., 2012; Nyström, 2002; Person et al., 2012). Winman and Wikblad (2004) found that interactions with patients were mostly undertaken when carrying out medical tasks or undertaking doctor's instructions. The high value placed on performing medical tasks meant that nursing care had become an extension of medical care with nursing expertise not being perceived as important by ED nurses (Möller et al., 2010; Nyström et al., 2003). This was reinforced by a number of studies that found that when ED nurses spoke of expertise and competence, they were referring to highly developed technical skills and medical tasks rather than competence in caring (Nyström, 2002; Nyström et al., 2003; Winman and Wikblad, 2004).

Nyström (2002) found that ED nurses had become totally involved in the paradigm of medicine and did not even recognise the nursing paradigm. An example of this attitude was found in a Swedish study involving twenty patients aged over 75 years (Kihlgren et al., 2005, p. 605) where a nurse stated:

*“It is difficult with nursing care. It is secondary for me as I am working in an ED. . . . We are not good at giving nursing care. We are trained in acute care, giving nursing care does not come automatically.”*

#### 4.2. A culture of worthiness

The literature also identified a belief system where patients were valued for their legitimacy to be treated within the ED. Elmqvist et al. (2012) identified that ED staff were always in readiness for lifesaving and described their work as running in a sprint race, performing quick measures for acutely ill patients. Some patient groups, however, presented a challenge for ED staff. Studies from Sweden, USA and UK all found that those with minor or routine complaints or conditions that could have been treated elsewhere were a frustration to staff and caused feelings of resentment (Muntlin et al., 2010; Person et al., 2012; Sbaih, 2002) and took their attention away from the job of saving lives. Such patients were referred to in terms of “regulars” (Bergman, 2012, p. 222) and having “banal complaints” (Nyström, 2002, p. 415). Other studies identified that caring for those with end-of-life needs (Bailey et al., 2011; Smith et al.,

**Table 1**  
Search strategy.

| (a) Initial search strategy |   |     |  |
|-----------------------------|---|-----|--|
| Keywords                    | Person centred<br>Patient centred<br>Client centred   | AND | Accident and Emergency<br>Emergency department<br>Emergency room |
| (b) Further search strategy |   |     |  |
| Keywords                    | Experience of care<br>Values<br>Beliefs<br>Shared decision making<br>Caring<br>Culture<br>Engagement<br>Therapeutic relationships | AND | Accident and Emergency<br>Emergency department<br>Emergency room |

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