

Systematic approach crucial for person-centered care

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Systematic efforts and a clear structure are decisive factors in the transition to person-centered health care. A University of Gothenburg study, published in the scientific journal *BMJ*, reflects what is now a decade of experience and research in the field.

Expectations are growing stronger for health care to be person-centered, and therefore emanate from a partnership between staff, [patients](#) and relatives. But at the same times, the process of introducing and maintaining this way of working is slow and laborious in many places.

We already know that person-centered care can shorten [hospital stay](#) and reduce uncertainty in health care. Now, instead, we need to concentrate on how to achieve it, the researchers behind the broad *BMJ* article argue.

The study offers advice and tools for further research on, and development of, person-centered care. The corresponding author is Axel Wolf, Associate Professor of Health Care Sciences at the Institute of Health and Care Sciences at the

Sahlgrenska Academy, University of Gothenburg. Axel Wolf is also affiliated to the University of Gothenburg Center for Person-centered Care (GPCC).

"One of the key pieces of advice is that person-centered care must be practiced systematically on an everyday basis. This entails creating the organizational and individual conditions for developing a partnership between the patient, the patient's relatives if applicable, and the staff at every meeting—not just when it fits into the schedule," Wolf says.

"To achieve the best clinical effect, it is important for person-centered care not to be just a matter between the patient and the individual professional representative. It has to permeate the whole organization. There is also a big challenge involved in increasing the understanding of how person-centered care differs from current care practice."

It is fundamental for health care professionals to take the time to listen to what patients have experienced and wants to achieve in relation to their health. They must let the patient's goals, such as returning to work or being able to take a walk, guide the wording of a jointly agreed health plan. The patient's priorities and resources must be reflected in the health-plan, which must also be subject to continuous evaluation. The documentation must then accompany and be accessible to the patient, and this includes any move from hospital to primary care or municipal social care.

Since it set out ten years ago GPCC, a national research center, has led the way in developing, testing, evaluating and implementing person-centered care in many different health care contexts, in Sweden and abroad.

Together with his colleague Professor Nicky Britten of the University of Exeter in England, Axel Wolf

has lead an international research group investigating the enablers and the obstacles experienced by researchers, clinicians, and patients during [clinical studies](#) within the GPCC framework, and in everyday implementation of research results.

Among the obstacles described in the current study are hierarchical care structures, rigid occupational roles, and the conviction that one is already working in a person-centered way.

"With the current shift in Swedish [health](#) care to "good quality local [health care](#)", which is permeated by person-centered principles, the ethical approach focusing on the person and not only the diagnosis must be practiced constantly to optimize conditions. This requires systematic education and training, lifelong learning, and tools that facilitate the partnership," Axel Wolf concludes.

More information: Nicky Britten et al, Learning from Gothenburg model of person centered healthcare, *BMJ* (2020). [DOI: 10.1136/bmj.m2738](https://doi.org/10.1136/bmj.m2738)

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