

Adjusting to transitions:

Supporting older adults with person-centered care

“At least half of the exercise I get every day
comes from jumping to conclusions”

Bruce Dexter, journalist

“As human beings we suffer from an innate tendency to jump to conclusions;
to judge people too quickly and to pronounce them failures or heroes
without due consideration of the actual facts and ideals of the period.”

Prince, musician

The Importance of Values, Attitudes, and Beliefs

All of us – clients, residents, patients, family members, care providers – have this in common. Each person is unique, with their own personal values and beliefs shaped by a number of factors that include culture, religion, and personal experiences.

Values	Attitudes	Beliefs
our personal principles, morals, and ideals — what we consider to be important.	our views, which may be seen in how we behave.	things in which we have faith whether or not they are based on facts or evidence, e.g. religious beliefs.

Based in part on Galloway, J. Dignity, values, attitudes, and person centered care.
In Hindle, A. & Coates, A. (2011) Nursing Care of Older People. Oxford U Press.

Cultural Competence

“Cultural competence refers to an ability to treat every person with dignity, respect, and fairness, in a way that is sensitively responsive to differences and similarities, and thereby contributes to creating a genuinely inclusive culture. To do this, we need to examine our own values, beliefs, and cultural identity, and understand discrimination and racism in all of its forms. We also need to be able to recognize and continuously develop the skills, roles, and functions needed to perform cultural assessments, to plan, implement, and evaluate culturally sensitive care, and to challenge discrimination and prejudice.”

From Galloway, J. Dignity, values, attitudes, and person centered care. In Hindle, A. & Coates, A. (2011) Nursing Care of Older People. Oxford U Press.

Components of Culturally Competent Care

Cultural Awareness	Knowing your own cultural and professional background. Insight into your own cultural beliefs and values around healthcare and aging.
Cultural Knowledge	Learning about different cultural, ethnic, and religious groups.
Cultural Skill	Collecting relevant cultural data regarding the person’s presenting problem and assessing cultural, racial, ethnic, and religious differences in individuals.
Cultural Encounter	Engaging directly in cross-cultural interactions with people from culturally diverse backgrounds.
Cultural Desire	Being motivated to become culturally aware and seek cultural encounters – having a willingness to be open to others, to accept and respect cultural differences, and to be willing to learn from others.

Developing cultural competency is an ongoing process – it cannot be mastered.

From Neese B (2016). A guide to culturally competent nursing care. <https://online.alvernia.edu/culturally-competent-nursing-care/>

Spirituality and Religion

These are often confused with each other, or thought to be the same thing, but...

Spirituality is focused on answering questions related to the meaning and purpose of life.	Religion is related to the personal or institutional system of organized beliefs, practices, rituals, and/or forms of worship.
<i>Religion can be seen as a means to achieve spirituality.</i>	

Addressing spirituality and religious beliefs is a crucial part of person-centered care.

Adapted from Gender, AR (2002) Administration and Leadership. In Hoeman, SP (ed) Rehabilitation Nursing: Process, Application, and Outcomes. Mosby.

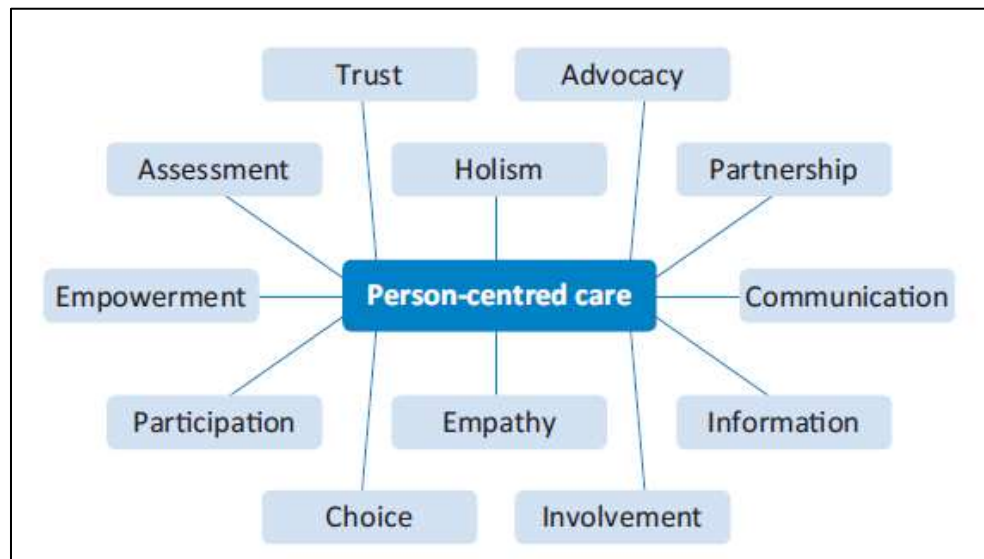
The Dignity Model

D	Deference	Respect the person and their wishes
I	Individual	Treat each person as a unique human being, with unique values, beliefs, and preferences.
G	Gain	Gain information through a holistic assessment to support the delivery of person-centered care.
N	Name	Refer to people using their preferred form of address
I	Information	Provide information and support and respect informed decision-making
T	Treatment	Treat the whole person, both physically and psychologically.
Y	Yourself	Treat others as you would like your family members to be treated.

The above model is taken from the National Health Service Constitution for England, which states, “[W]e value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.”

(online at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093419)
 Cited in Galloway, J. Dignity, values, attitudes, and person centered care. In Hindle, A. & Coates, A. (2011) Nursing Care of Older People. Oxford U Press.

Person Centered Care Related to Dementia



From *The Alzheimer's Voice: Person-Centered and Person-Directed Dementia Care:*

Person-centered care emphasizes the importance of not just diagnoses and physical and medical needs, but of social, mental, emotional, and spiritual needs as well.

Components of person-centered and directed care include:

- respecting personhood;
- striving to maintain personhood in spite of declining cognitive ability;
- treating people as individuals;
- seeing the world from the perspective of the person with dementia;
- recognizing the needs of people with dementia in terms of opportunities for more activities and social interaction that can compensate, in part, for their impairment and give them room to grow;
- valuing the person with dementia and his or her caregivers;
- involving family members in care and offering shared decision-making;
- knowing the person;
- applying detailed knowledge of the individual (biological, behavioral, biographical, and social) to tailor care;
- collecting and using personal experiences of life and relationships to individualize care and the environment;
- maximizing choice and autonomy;
- providing quality care; maintaining a supportive physical and organizational environment; and
- prioritizing relationships as much as care tasks.

From Lines, L; Wiener, J; Gould, E. (2014) *The Alzheimer's Voice: Person-Centered and Person-Directed Dementia Care*. Report for Administration on Aging, U.S. Administration for Community Living.
(note, formatting changed for this handout)