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UNDERSTANDING PERSON-CENTRED CARE

for Nursing Associates

LM Learning Matters

Chapter 1

Providing person-centred care

NMC *STANDARDS OF PROFICIENCY FOR NURSING ASSOCIATES*

This chapter will address the following platforms and proficiencies:

Platform 1: Being an accountable professional

At the point of registration, the nursing associate will be able to:

1.1 understand and act in accordance with the Code: Professional standards of practice and behaviour for nurses, midwives and Nursing Associates, and fulfil all registration requirements

1.8 understand and explain the meaning of resilience and emotional intelligence, and their influence on an individual's ability to provide care

1.9 communicate effectively using a range of skills and strategies with colleagues and people at all stages of life and with a range of mental, physical, cognitive and behavioural health challenges

1.10 demonstrate the skills and abilities required to develop, manage and maintain appropriate relationships with people, their families, carers and colleagues

1.11 provide, promote, and where appropriate advocate for, non-discriminatory, person-centred and sensitive care at all times. Reflect on people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments

Chapter aims

After reading this chapter, you will be able to:

- identify the predominant milestones in the NHS's history, as well as describing how they have shaped the modern NHS and the formation of the nursing associate profession;
- list the members of the multidisciplinary team (MDT) and explain the role of a nursing associate in relation to person-centred care and the wider MDT;
- define and understand the core principles of person-centred care in relation to your role as a nursing associate;
- use a variety of tools to have a sense of self-awareness, as well as the impact that your personal characteristics have on patient care.

Introduction

Nursing associates are the newest profession to join the Nursing and Midwifery Council (NMC) register. Many healthcare practitioners and members of the public may not yet have an in-depth understanding of what nursing associates are and what they can do. Imagine someone asks, 'You're a nursing associate? What's that?' This question could have a very simple answer; however, as you begin to explain that a nursing associate is someone who cares for patients, I am sure you will agree that there is more to your story.

In this chapter, we are going to discuss the heritage of the NHS and learn how this has led to the formation of the nursing associate profession. Having an awareness of your professional history will enable you to confidently discuss with colleagues, patients and the public what it means to be a nursing associate. Moreover, it will consolidate your understanding of your role in providing person-centred care.

Person-centred care is a broad subject, hence the diverse content of this book. A good starting point is to understand the core principles of person-centred care and how this improves the quality of care for patients. During this chapter, you will gain an insight into these principles and learn how to apply them in your practice. However, every practitioner is different. Diversity in the health and social care workforce is a representation of the patients we care for – no two people are the same. Your life experience and background make you a unique practitioner. Of course, we strive for standardised, high-quality person-centred care across the NHS; however, having a higher level of self-awareness will improve your understanding of how you, as an individual, have a positive impact on providing person-centred care. This is what you will uncover by the end of this chapter.

A brief history of the NHS

The NHS was originally established to provide healthcare that was free at the point of delivery (NHS, 2018a). The idea was that if people maintained good health, their reliance on acute services would be minimal. In other words, people would only need to use secondary healthcare services (such as hospitals) when they were severely unwell. The NHS was the first organisation in the world to provide such a service with zero cost at the point of delivery. Since its establishment on 5 July 1948, however, the NHS has undergone several changes and the patient population

it serves is very different. Table 1.1 is a timeline of significant events that have happened in the history of the NHS.

Table 1.1 Timeline of the NHS

Decade	What happened?	Why is this important for nursing associates providing person-centred care?
1940s	• 1948: Establishment of the NHS by the then Minister of Health, Aneurin Bevan.	The original three core principles of the NHS still guide its development today: • that it meets the needs of everyone; • that it be free at the point of delivery; • that it be based on clinical need, not ability to pay.
1950s	• 1954: Sir Richard Doll and Sir Austin Bradford Hill published a paper in the *British Medical Journal (BMJ)* stating that there was a link between smoking and cancer. At this time, 80 per cent of the adult population in the UK were smokers. • 1955: Polio vaccination introduced. • 1957: The Percy Report advised the government that, where possible, people with mental healthcare needs should be cared for in the community, not in large institutions. • 1959: The Mental Health Act 1959 laid out that people with mental healthcare needs should be considered equal to those with physical healthcare needs, and care should be community-based.	The 1950s was a pivotal moment in promoting good health with the introduction of vaccinations and the recognition that smoking was linked to cancer. Mental healthcare finally got the recognition it deserved, and patients were cared for more appropriately.
1960s	• 1962: Enoch Powell's hospital plan served as a framework for the development of district general hospitals for populations of approximately 125,000 people.	The establishment of district general hospitals marked a point in time when the NHS needed to adapt to care for an increasing population.
1970s	• 1972: Computerised tomography (CT) scanners were introduced to provide 3D images of inside the human body, supporting medical diagnosis.	Technology began to play an important part in patient care.

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Table 1.1 (Continued)

Decade	What happened?	Why is this important for nursing associates providing person-centred care?
1980s	• 1980: The Black Report recognised health inequalities. • 1985: The Whitehall II study investigated the effects of socio-economic factors on health and wellbeing, involving 10,000 civil servants.	The Black Report was formal recognition that there were health inequalities in the country. This was consolidated by the Whitehall II study, which found evidence that the socio-economic backgrounds of people affected their health. Whitehall II is still ongoing at University College London and is a well-known study of the ageing process.
1990s	• 1990: The NHS Community Care Act 1990 disbanded the centralised NHS into 57 NHS trusts, meaning that health authorities managed their own budgets to serve their local populations.	The NHS Community Care Act 1990 was another paradigm shift to serve an even larger population and attempt to manage the accompanying financial demands.
2000s	• 2000: The four-hour target for A&E was established, covering arrival to transfer, admission or discharge. • 2009: The NHS Constitution was published and the Care Quality Commission (CQC) was launched.	The use of A&E services was greater than ever before, so the four-hour target was introduced to speed up the flow of patients through emergency departments. The NHS Constitution is the most current document explaining the values of the NHS, whereas the CQC inspects the quality of health and social care services.
2010s	• 2012: The Health and Social Care Act 2012 established NHS England and Public Health England (PHE), as well as ending primary care trusts (PCTs) and introducing clinical commissioning groups (CCGs) to manage the finances of local services. • 2013: The Francis Report exposed the failings of Mid Staffordshire NHS Trust after an in-depth investigation. • 2013: The Cavendish Review found that health and social care support workers need better education and support.	The two reports published in the 2010s were extensive and shook the modern NHS. The system failed patients, and the recommendations made were to prevent such a catastrophe from happening again. Notably, funding for education for healthcare support workers was dramatically increased. The financial system was reorganised again. The executive management was divided into NHS England for patient services and PHE to promote health and well being.

Source: BHF (2018)

Now that you have read about some significant events that have happened in the history of the NHS, complete Activity 1.1, which will help you to explain and understand how the history of the NHS has shaped the nursing associate profession in the present day.

Activity 1.1 Critical thinking

Think about how the significant events in each decade of the NHS timeline in Table 1.1 affected patient care. Make a list of each decade and identify the connections between events in each decade and the NMC *Standards of Proficiency for Nursing Associates*.

An outline answer is provided at the end of the chapter.

The modern NHS

In the present day, the NHS is one of the largest employers in the world, not to mention the largest and oldest healthcare service. The management system is complex, which reflects the scale of the NHS at large. Table 1.2 outlines different micro-organisations that contribute to maintaining the standards of the NHS, outlined in the NHS Constitution (NHS England, 2015b).

Table 1.2 Structure of the NHS management system

Department of Health and Social Care (DHSC)	The DHSC advises the government on national health and social care policy and provides direction for the NHS. It also decides on how the total NHS budget is divided up. The majority of the money is sent to NHS England.
NHS England	NHS England is the management head of the NHS (not the government). It commissions NHS services and sets strategies at a national level. Most money is transferred to CCGs.
Clinical commissioning groups (CCGs)	There are over 200 CCGs in England. They identify health and social care needs in their local areas, then fund the services to meet those needs. These services include NHS trusts, the private sector, GP surgeries, mental health services, charities and community services.
NHS Improvement (NHSI)	NHSI oversees the operational management of NHS trusts, predominantly the finances, and provides advice on how to improve services from a national perspective.
Care Quality Commission (CQC)	The CQC conducts inspections of NHS trusts and other health and social care agencies. It assesses how each organisation is performing in relation to a set of standards. Each organisation is graded using a traffic light colour system, and the results are openly published.
National Institute for Health and Care Excellence (NICE)	NICE completes research studies into a wide variety of topics and produces guidance for NHS trusts and clinicians. Each organisation bases their policies on NICE guidance, but they may adapt their policies to meet the needs of the local populations they serve.
Health Education England (HEE)	HEE leads all education and training for the NHS health and social care workforce. It commissions different programmes on national and regional scales and reports directly to the DHSC. It also led the national pilot and implementation of the nursing associate profession.
Nursing and Midwifery Council (NMC)	The NMC is the governing body of all UK nurses, midwives and nursing associates. It is responsible for protecting the public and maintaining the high standards of the nursing and midwifery professions.
Royal College of Nursing (RCN)	The RCN is a large trade union of the nursing professions and is a membership organisation. It is the representative body of the nursing and midwifery workforce, and aims to support, protect and celebrate these professions. Nursing associate are welcome to join the RCN and receive the same benefits as the other nursing professions.

Source: DHSC (2018)

As a nursing associate, it is important for you to have an understanding of the micro-organisations that manage the NHS because the decisions they make directly affect your clinical practice. Complete Activity 1.2 to consolidate your understanding.

Activity 1.2 Reflection

Rearrange the list in Table 1.2 into a thought cloud, starting with the NHS in the middle. Link all the different micro-organisations together to illustrate how the NHS management system is structured.

As this activity is based on your own reflection, there is no outline answer provided at the end of the chapter.

After completing Activity 1.2, you will have a clearer picture of how the NHS is managed. Your thought cloud may look complex, but this is a true representation of the systems in place that ensure the NHS meets the standards described in the NHS Constitution (DHSC, 2015). At this point, you have learned about the NHS's past and present, but what about the future?

What is next?

Across England, there are trials of new systems of health and social care services, called vanguard sites. Vanguard sites aim to encourage organisations to work more closely together, including the collaboration of physical and mental healthcare needs, in sustainability and transformation partnerships (STPs). STPs are groups of organisations that work together to achieve the objective of vanguard sites; there are 44 in England. STPs aim to transition into integrated care systems (ICSs). ICSs work together with a joined budget to coordinate care and improve services for people who live in a particular community. In short, ICSs aim to manage the limited resources of the NHS more efficiently and provide continuity of care across their organisations' services. This involves working with other bodies, such as local authorities, social care services and public health organisations, in order to drive up standards of service.

What does all of this change mean for patients? Some services in the NHS are moving closer to patients to provide the care they need where most people would choose to be – at home. There is a substantial increase in support to improve and maintain good health, thus reducing the intense pressure on hospital services (King's Fund, 2017). There are, however, some points for consideration. Regional health specialist services will become more common, which means that patients may need to travel further for specialised care. Moreover, the NHS will need to continue to change over the next few decades. Although more change may seem arduous, change is very much needed in the NHS because our patients continue to change. As a nation, we are living longer, with more complex care needs, so NHS services need to be able to meet new patient needs. Make sure you keep up to date with how the NHS is managed and the services that it provides throughout your career, as this will have an impact on your future as a nursing associate. See Chapter 8 for advice on how to keep your practice up to date and current.

The multidisciplinary team

The NHS is clearly complex, but where do nursing associates fit in this system? A **multidisciplinary team** (MDT) is a group of health and social care professionals who work together to provide care for patients. You are part of this team and have a unique, important role. Before going into which professionals make up an MDT, we need to discuss what a professional is.

Being a professional is more than doing a good job. As a nursing associate, you are a health and social care professional, but what does this actually mean? There are many attributes of a health and social care professional that are important for you to understand. Professionals' behaviour is of a consistently high standard, even when not at work. Being a professional is also about being in a professional community: we have common values and morals, we always strive to do our very best in everything we do, and we always continue to learn and adapt our practice. All of this is done in the best interests of the patients we care for. Table 1.3 lists important key documents that guide you in being a professional, with a short explanation of how they do this.

Table 1.3 Key documents

The Code **(NMC, 2018b)**	The standards of clinical practice and behaviour that are expected of all nurses, midwives and nursing associates.
Leading Change, Adding Value **(NHS England, 2016)**	A framework of ten commitments that guide the NHS workforce to provide the best quality person-centred care.
The NHS Constitution **(DHSC, 2015)**	This document explains the values of the NHS, including what patients and employees can expect from the service.

It can sometimes be hard to understand how overarching policy documents such as these relate directly to your practice as a nursing associate. To help you understand this, read through the following box, which breaks down each document and explains how it is relevant to your daily practice.

Understanding the theory: key documents

The Code (NMC, 2018b)

This document is fundamental to your practice, and you are encouraged to know it in depth. There are four sections that guide your clinical practice: 'Prioritise people', 'Practise effectively', 'Preserve safety', and 'Promote professionalism and trust'. Another important document closely linked to *The Code* is the *Standards of Proficiency for Nursing Associates* (NMC, 2018a). Take the time to read this too because it outlines your scope of practice.

Leading Change, Adding Value (NHS England, 2016)

The 'Leading change' section is grouped into three topics: 'Health and wellbeing', 'Care and quality', and 'Funding and efficiency'. As a nursing associate, you can positively contribute to all of these. First, it is part of your scope of practice to promote health and wellbeing for patients in your care. Second, you use evidence-based practice to provide person-centred care (see later in this chapter). Lastly, by using resources effectively and efficiently, you will reduce

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the expenditure of the area you work in, and by extension the NHS. By doing these three things, you will reduce **unwarranted variation**, which minimises the things we do not want to happen (people becoming more ill and then receiving poor standards of care, which costs a lot of money). The 'Adding value' section explains how you can achieve better outcomes, better experiences and a better use of resources for patients by consistently demonstrating the 6Cs: care, compassion, competence, communication, courage and commitment.

The NHS Constitution (DHSC, 2015)

The foremost message is that the NHS belongs to the British public. Both patients and practitioners have a vested interest, and this document explains this. The guiding principles of the NHS are outlined, as well as the NHS's values. The rights of patients and the pledges the NHS has made are also defined in the NHS Constitution. Without NHS staff, there would be no service, so staff rights and responsibilities are also included.

A good way to assess your own practice and check that you are maintaining the standards of the health and social care profession is to ask yourself throughout your day, 'If this was being filmed, would I edit the film before showing it to my manager?' If your answer is 'no', you can be confident that you are acting with professional **integrity**.

Now that you have an understanding of what it means to be a professional, let us look at an MDT in more detail. Any MDT will meet to plan the necessary care for a patient they are all caring for. If possible, it is recommended that the patient attends this meeting too because, after all, they are why the MDT is meeting. Table 1.4 lists the professionals who may be involved in an MDT. This will depend on the patient's needs and the clinical environment they are in (i.e. at home, a close-to-home service or in hospital). Table 1.4 is not an extensive list, nor does it mean that every professional mentioned needs to be involved in an MDT – it all depends on the situation. It may seem like a lot of people; however, each profession meets different patients' needs. Only the professionals who have an input in the patient's care are present at the MDT. Each patient (and their needs) is different, so each MDT will have different professionals present.

Table 1.4 Professionals in the MDT

Doctor	The medical lead of the MDT who has extensive knowledge on diagnosis and the treatment needed.
Nurse	The holistic care lead and advocate for the patient.
Occupational therapist	Assesses and works with patients to achieve their potential in both physical and mental health, in a safe environment.
Physiotherapist	Supports patients to maintain and improve their physical health needs.
Healthcare support worker (HCSW)	Provides fundamental care to patients and supports the nursing, physiotherapist and occupational therapist professions.
Dietician	Qualified to assess, diagnose and manage issues with diet and nutrition.
Nutritionist	An expert who provides advice on nutritional benefits to health.
Speech and language therapist	Provides treatment and support to adults and children with communication, eating, drinking and swallowing issues.
Nursing associate	A generalist practitioner that can work in all fields of nursing (adult, paediatric, mental health and learning disability) across the lifespan.

Source: NHS England (2015a)

Attending an MDT meeting for the first time can make some people feel anxious because there might be a lot of people in the room. However, it is important to remember that everyone in the MDT is there to support each other, as well as supporting the patient in achieving their goals. Once you have been to a few MDT meetings, you will gain more confidence, and eventually you may contribute to the discussions. Whether you have been to one or many, attending an MDT meeting is a very useful learning opportunity because you gain an insight into the roles of other professions, as well as how they have a positive impact through providing person-centred care.

Once you have attended an MDT meeting, complete Activity 1.3 to consolidate what you have learned. Do not limit yourself to completing this activity once, though. Each MDT meeting you attend will be different, so you can learn something new from each meeting you attend.

Activity 1.3 Reflection

After attending an MDT meeting, think about your answers to the following questions:

1. What was the role of each professional who attended the meeting?
2. If the patient attended, how did this affect the meeting? If the patient did not attend, how do you think the meeting might have gone differently if the patient was present?
3. What were the strengths and achievements of the meeting?
4. How could the meeting have been improved?

As this activity is based on your own reflection, there is no outline answer provided at the end of the chapter.

As previously discussed, the main aim of an MDT is to meet patients' needs. At this point in the chapter, you will be able to recognise that each patient is different and their needs unique, even if a group of patients have the same diagnosis. In other words, the MDT cannot care for patients using generic principles because this would not meet individual patients' needs. A person-centred approach to care, however, ensures that each patient is cared for as an individual and their needs are met.

What is person-centred care?

Every registered practitioner and support worker that has direct or indirect patient contact should **critically analyse** the positive and negative impacts of their decisions to ensure that all NHS services operate with a person-centred approach. It is also important to emphasise the phrase 'each patient'. While we can group patients together by many different characteristics, such as age, sex or the condition they are living with, it is important to remember that each person is unique, even identical twins. These differences occur due to our genetics, the environments in which we live and our life experiences. The influencing factors that cause these differences can be explained by the **social determinants of health**, which are summarised in the following box.

Understanding the theory: social determinants of health

Originally published in the seminal article by Dahlgren and Whitehead (1991), PHE (2017) explains that the social determinants of health are:

- genetic and personal factors;
- lifestyle choices;
- interpersonal relationships with family, friends and the community;
- living and employment conditions:
    - food production;
    - education;
    - work environment;
    - unemployment;
    - water and sanitation management;
    - health and social care services;
    - housing;
- general socio-economic, cultural and environmental conditions.

Quite simply, these influencing factors are what determines the health and wellbeing of a patient, as well as what makes them unique. Two patients sitting next to each other will have completely different backgrounds in relation to their social determinants of health, so it is impossible to care for them in exactly the same way, even if they may have the same health concern. It is therefore important to understand the different social determinants of health, as understanding these for each of your patients will enable you to deliver effective person-centred care.

To explore the ideas outlined in the previous box, it may be of benefit to examine a specific example of a health condition. The following case study is based on a patient living with the common long-term condition asthma.

Case study: George

George is a 27-year-old man who has had asthma since early childhood. When he has an asthma attack, he finds it difficult to breathe and has an audible wheeze. What causes George's asthma attacks are known as asthmatic triggers, some examples of which are animal fur, cold air, dust, exercise, pollen and sress. Not all of these asthmatic triggers need to be present to cause an asthma attack, and furthermore each person living with asthma has a different response to asthmatic triggers. To control his asthma attacks, George self-administers his salbutamol inhaler, following the instructions written on the prescription.

It is impossible to write down an algorithm that determines which asthmatic triggers will cause an asthma attack because everyone is sensitive to asthmatic triggers at different

severity levels. Some people may be sensitive to one specific asthmatic trigger, such as long-haired tabby cats, while others may not. In other words, health and social care practitioners must care for each patient differently. It is more accurate to say that each health and social care practitioner must care for each patient *specifically*. This proves the point that nursing associates must also practise with a person-centred care approach in order to meet patients' specific needs. If this does not happen, the patient will not receive the correct care, and they may become more unwell or begin to deteriorate.

The above case study leads on to another important point: knowing what to do to care for patients. Historically, health and social care was based on traditional practice. Traditional practice meant passing down anecdotal methods of how to care for patients, such as how to treat a wound. The theory behind this was that traditional practice passed the test of time – it has been done a certain way for many years, and so it does not need to change. This is dangerous and puts patients at risk. There should be a red flag waving inside your head if you hear someone say, 'That's the way we've always done it here', or words to that effect. We will come on to how to manage that situation soon, but first we need to look at what you should base your practice on. You will read the term '**evidence-based practice**' a lot throughout health and social care literature. The reason that traditional practice puts patients at risk is that the methods have not been tested to check if they produce the best outcome for the patient. The worst-case scenario is that traditional practice intervention may cause the patient greater harm. An example of this is the historic method of applying butter to treat burns. This was considered normal practice at one time. However, if we think about it, butter is a fat that we can melt to cook things. Considering that a burn is hot, when butter was applied, it melted and continued to burn the patient, making the wound worse than it was before. This sounds obvious from the perspective of the present day but is an example of traditional practice that was common for many years. Evidence-based practice, however, is founded on testing an intervention to see if it works before using it to care for patients.

Evidence-based practice is produced from **research** studies. A research study is a project that systematically investigates if a clinical or therapeutic intervention has the best outcome for the patient. A **systematic** investigation means that there is a strict method in the project, which is clearly explained in the write-up and could be repeated by following those instructions. A research study also needs to be valid and trustworthy. To achieve this, researchers outline how they have attempted to control the influencing factors that could alter the results of the study, as well as declaring the limitations of the study. A research study that investigates the benefit of a new dressing to treat burns which involved one adult male participant is not representative of the patient population, and would hence be considered to have limited transferability to clinical practice. *The Code* states that nursing associates are required to be able to read and comprehend research papers, as well as local trust policies, to base their practice on (NMC, 2018b). By doing this, you will be providing evidence-based care, and thus reducing the risk of harm to the patient. Risk cannot be totally removed because each patient is different, but it can be reduced and mitigated by using evidence-based practice. The risk in traditional practice is uncontrolled; therefore, evidence-based practice is always what you should base your clinical and therapeutic practice on.

So, what should you do if you hear that remark mentioned earlier, 'That's the way we've always done it here'? You are likely to hear words to that effect if you ask why you should use a certain intervention to care for a patient. This is a perfectly reasonable question for you to ask, but remember you may be working in a highly stressful, pressured environment or situation. Choose carefully when and where you ask questions; unless a patient's safety is at risk, asking a question in a private room without an audience is much more professional and considerate. To learn about

the rationale (and evidence) behind an intervention, you could word your question as follows: 'I've not seen this intervention before. I'm interested to know the evidence base behind it. Please could we go through it together?' You can adapt this wording to suit the situation you are in; however, by asking the question in this way, you are demonstrating that you have professional curiosity, and the person you are speaking with is less likely to misinterpret you and feel you are being accusatory. In short, you are promoting teamwork and a learning culture in the area you are in. This has massive benefits for staff because people then feel they can ask questions and develop their practice. Moreover, patients benefit because the staff are working together to provide evidence-based care. Think back to earlier in this chapter when it was outlined that person-centred care means we critically analyse the positive and negative impacts on each patient we care for. By adopting this approach, you are thinking about the impact on the patients you are caring for, and therefore demonstrating person-centred care.

Self-awareness

Person-centred care is not solely about knowing your patient and what makes them an individual; you also need to know yourself. More specifically, you need to know and understand how you have an impact on the patient. The impact you make may be very positive; however, you must be cautious of making a negative impact on the patient. As you have been reading, each patient is unique because of their social determinants of health. Social determinants of health help us to understand each patient's individuality in relation to their health; however, they can also help us to understand patients' personalities. This also applies to you. Nursing associates can be patients, of course, but the more pressing point here is that your background defines you as a person, and by extension informs the choices you make and the personality you have. Your approach to a task may be completely different to that of one of your colleagues who completed the apprenticeship with you, despite the fact that you both studied at the same institution. Activity 1.4 explores this in a little more detail.

Activity 1.4 Reflection

Consider how you approach writing an academic essay. Do you leave it all to the last minute, needing the pressure of an impending deadline? Or do you prefer to follow the recommended route of creating a structured study plan, completing the essay comfortably before the deadline, because you find this is a better way to manage your stress levels? Compare your thoughts with friends and colleagues. You may recognise that you are all completing the same task but have very different methods.

As this activity is based on your own reflection, there is no outline answer provided at the end of the chapter.

How do your reflections in Activity 1.4 relate to person-centred care? Consider the responses you received from your friends and colleagues, and how differently they interpreted the standardised process of writing an academic essay. Imagine the diversity of interpretations in the varied and high-pressured environment of clinical practice. The way that you and your colleagues

approach any task will inevitably be different. It is positive to have professional individuality because a diverse workforce is a reflection of the patients we care for; however, it is important to mitigate against possible negative effects on a patient. This should help you to understand why having increased self-awareness of your own strengths, weaknesses and preferences will help you and your colleagues to provide the best quality person-centred care.

Diversity in the NHS workforce is clearly beneficial; however, let us refocus on how you can have an even greater positive impact on person-centred care. Working as a nursing associate is a privilege because you are in a position to care for people when they are at their most vulnerable, and they trust you to do so. We must recognise, however, that working as a nursing associate can be stressful and emotive due to the high pressure of caring for people when they are vulnerable. This leads on to another important point: you need to be continually conscious of your attitudes and behaviours because they affect other people. In other words, allowing yourself to choose a negative outlook will cause your colleagues and patients to do the same. Alternatively, actively ensuring that you have a positive attitude and behaviour will encourage others to adopt the same approach. This can be a very powerful force for good, especially if you meet a patient or colleague having a bad day. (It is worth remembering that it is likely your patients will almost always be having a worse day than you.) Read through the following box to help you understand how your attitudes and behaviours affect other people.

Understanding the theory: Betari's box

Betari's box is a tool you can use to illustrate how your own thoughts and actions have an effect on other people (Mind Tools, 2019a). This could be your colleagues, your patients, or even your friends and family after you arrive home from work. First, you need to identify your attitudes, which are determined by your feelings and/or prejudices. Next, you need to identify how your attitudes affect your behaviour. A note of caution: you must be honest with yourself about your behaviour. For example, you may naturally have strong facial expressions, so your thoughts and feelings are obvious to those around you. Ask a genuine friend or colleague if you are not sure. Your attitudes and behaviours then lead on to affect another person's attitude. Lastly, the way you have affected someone's attitude affects their behaviour. If you apply the process in Betari's box to a clinical practice setting, you will be able to recognise if your attitudes and behaviours have a positive or negative effect on other people. In other words, your attitudes and behaviours may alter a patient's attitudes and behaviours, which could lead to them making the wrong decision or feeling worse. A positive example would be actively listening to a patient who is depressed and demonstrating empathy, which may elevate their mood, thus supporting them in managing their depression.

Regularly completing the process outlined in Betari's box will help you to be mindful of your attitudes and behaviours throughout your career, as well as encouraging you to channel positivity into your clinical practice. Having consistently positive attitudes and behaviours will encourage others to have the same approach, including both your colleagues and patients. Positivity leads to an increase in efficiency and effectiveness, so the quality of patient care will increase. By choosing to practise in this way, you are choosing to promote person-centred care.

Chapter summary

This chapter has provided you with an insight into the history of the NHS, and you will have recognised how significant events in the history of the NHS have informed the nursing associate profession in the present day. Remember to keep yourself up to date with changes in the NHS and the management systems in place; change is inevitable because our patients are changing, and we need to ensure that we are providing person-centred care at all times to meet their needs. The importance of nursing associate practice, as well as how it compares to other members of the MDT, has also been discussed. Each profession within the MDT will be focused on meeting a specific need of a patient, but what makes nursing associates unique is their generalist approach to person-centred care across the lifespan and in the context of all four fields of nursing. After reading this chapter, you will now have a more consolidated understanding of the core principles of person-centred care in relation to your clinical practice as a nursing associate. Lastly, you now have more in-depth understanding and self-awareness about how you can positively contribute to ensuring person-centred care.

Activities: Brief outline answers

Activity 1.1 Critical thinking (page 11)

The events that took place during the history of the NHS in each decade have direct links with the platforms of the NMC *Standards of Proficiency for Nursing Associates*. There may be more than one link to a platform for each decade; but here are some suggestions that you can use to self-assess your list:

- 1940s: Platform 1: Being an accountable professional
- 1950s: Platform 2: Promoting health and preventing ill health
- 1960s: Platform 6: Contributing to integrated care
- 1970s: Platform 3: Provide and monitor care
- 1980s: Platform 5: Improving safety and quality of care
- 1990s: Platform 4: Working in teams
- 2000s: Platform 1: Being an accountable professional
- 2010s: Platform 5: Improving safety and quality of care

Annotated further reading

de Bono, E. (2016) *Six Thinking Hats*. London: Penguin.

To learn more about your strengths and areas of development in relation to how you approach tasks and think, read this seminal book by Edward de Bono. You may also be able to find alternative activities online that will help you to identify which coloured hats you wear in certain situations.

NHS England (2015) *MDT Development*. Available at: www.england.nhs.uk/wp-content/uploads/2015/01/mdt-dev-guid-flat-fin.pdf

For more information about MDTs and the meetings they have, read this publication by NHS England.

Price, B. (2019) *Delivering Person-Centred Care in Nursing*. London: SAGE.

This book is an excellent introduction to person-centred care that has comprehensive content and a clear structure. Although it is intended for nursing students, much of the material is also relevant to nursing associate practice.

Willis, P. (2015) *Shape of Caring Review (Raising the Bar)*. Available at: www.hee.nhs.uk/our-work/shape-caring-review

This is the publication of an extensive review into the education and professional development of nursing and healthcare support workers following the Mid Staffordshire NHS Trust scandal.

Useful websites

16Personalities Free Personality Test: www.16personalities.com/free-personality-test

For an in-depth insight into your personality and characteristics, this website provides a free test based on the work of Myers and Briggs, which will help you to identify your strengths and areas for improvement.