

## Person-centred care

So far, we have shared knowledge and skills essential for health professionals to assess, plan and manage care for those individuals who may have or be at risk of delirium and may experience distress.

We take a moment to pause, bringing to the fore person-centred approaches with individuals' families, carers and health care practitioners to consider the centrality of values that underpin our everyday practices. Tringale et al., (2022) define values as patients' attitudes and perceptions, comprising autonomy, compassion, and professionalism, informed by clinical expertise and research.

In our delirium research, students remind us of the importance of getting to know what matters to me, for individual patients where our personal values are integral.

Students say

'From the person with delirium perspective, put yourself in their shoes, it's so hard to understand, how it feels for the other person'

'We like hearing about other people's stories' the first step in providing compassionate care'

The work of McCormack and McCance surrounding person-centred care, recognises individual patients' experiences, values, preferences, fosters engagement in all aspects of care provision. Clarifying what we mean and how person-centred care as a value guides practice as part of the ordinary work what we do every day but is extraordinary.

Building on values, we consider key person-centred concepts for individuals experiencing delirium who have the right to engage and make care decisions with health professionals. Shared decision-making enables health professionals and patients experiencing delirium to share, discuss and make decisions together. As health professionals, we appreciate patient involvement in decision-making and the significance of caring conversations with patients in negotiating care. We help patients experiencing delirium make informed choices based on their needs and what matters most to them by providing information, listening and asking questions. This can instil confidence and empower patients to be active participants in decision-making about care that feels right and matters to individuals experiencing delirium. Informed consent and autonomy are central to shared decision making however, we as health professionals are aware at times, that competent decision-making is not always possible. During these times, we adhere to our ethical principles seeing ourselves as advocates taking patients preferences and values into consideration, collaborating with all health professionals and family members if

appropriate during decision-making processes drawing on care pathways focusing on the patient experiencing delirium to provide holistic care.

Health professionals appreciate subjective experiences, responsive to how physical care; psychological and emotional support required for each individual may vary depending on a person's life story. Health professionals strive to make holistic and person-centred practice a lived reality for patients experiencing delirium in care settings. Engaging with patients experiencing delirium and finding out how they visualise and understand what is happening to them is central to successful holistic approaches.

We know that people experiencing delirium may feel anxious, frightened and/or threatened. They may experience visual and/or auditory hallucinations. We can help and support the patient and their families by being sympathetically present. We do this by recognising and appreciating the uniqueness of the patient and their experience through the development of a therapeutic relationship. We, as health care professionals need to let the person and their families know we are 'there' for them both physically and psychologically by providing a non-judgemental presence (McCormack and McCance, 2017; Logan, 2018). Being authentic, understanding and respecting their unique experience of delirium. We are empathetic, providing emotional support in a caring, compassionate and competent manner,

engaging authentically with the patient and their family.

Fundamental to being able to do this is having the appropriate interpersonal knowledge and skills. We know that a person experiencing delirium may be confused, have difficulty communicating and thinking logically, are disorientated to time and place and may be either hypoactive, hyperactive active or both. Therefore, we need to be genuine, demonstrating warmth, respect and positive regard for individuals and their families. We do this by having a positive and understanding attitude, demonstrating our knowledge through verbal and non-verbal communication and interpersonal skills. We are mindful of respectful eye contact, proximity, gestures, facial expressions, stance and use of appropriate language and tone. Knowledge, skills and attitudes are the foundations of effective communication and are crucial in the care of individuals with delirium and their families.

To conclude, connecting with individuals begins and ends with the simple question what matters to me?

Take a moment to consider the essence of person-centred delirium care.

## References

Logan J (2018) Recognising and managing delirium in patients receiving palliative and end of life care. *Nursing Standard*. doi: 10.7748/ns.2018.e10888

McCormack, B. and McCance, T. (2017) *Person Centred Practice in Nursing & Health Care: Theory & Practice*; 2nd Ed, Chichester: Wiley-Blackwell

Tringale, M., Stephen, G., Boylan, A.M., Heneghan, C. (2022) Integrating patient values and preferences in health care : a systematic review of qualitative evidence *BMJ*12:e0672268Open

van der Cingel, M. (2022) *Compassion, the Core Value in Person-centred Care*. Cambridge: Cambridge Scholars Publishing.