

People-centred healthcare: Don't forget the nurses!

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Is the concept of “people-centred care” just new jargon for cost-cutting and to reduce access to routine healthcare? Or does it have the potential to improve both the health and well-being of people, while making the health system more efficient and less costly, and helping people to become healthier at the same time? This is the existential and fundamental question which policymakers and funders, together with the public and wider healthcare community, must answer.

From the nursing lens there are several ways to tackle this question. Nursing is based on the premise that each individual patient is a unique entity, even if millions of people in the world might suffer from the same illness, like diabetes, or high blood pressure. But to be able to manage the condition in a truly optimal manner that goes beyond medical therapy, we must recognise the unique social, ethnic, geographical and other factors that are also key determinants of health. Here is where the notion of “people-centred” healthcare can play a game-

changing role, not as some empty, wasteful jargon, but by nurturing an approach that really does treat each individual and their illness differently.

Nurses must be central to this agenda. Nurses interact with the largest number of individuals. The 16 million strong professionals around the world come in touch with the 7 billion people on this earth. Furthermore, based on many public surveys, nurses are the most trusted professionals from all health and non-health professions. Indeed, nurses are the drivers of good healthcare, acting as the interface between often quite worried patients and their families and their doctors, community professionals and pharmacists. Patients and doctors need nurses as partners and as leaders in care if they aim to achieve the desired outcomes. Nurses are not in it for themselves: they work hard and, though knowledgeable, skilled and qualified, are far from the top of the pyramid when it comes to pay and voice.

You would ask why this is all relevant. It is relevant because it is essential to have a “trusting” “therapeutic” relationship between healthcare professionals and the public in order for people to take the risk and adopt a culture of “people-centred healthcare”. For patients to be informed and gain confidence as partners, and for doctors and healthcare providers to work together smoothly, nurses are an essential link in the chain. Without the trust and support of nurses, it will not be possible to build the partnership that is the essential ingredient of “people-centred care”.

Once that relationship is formed between the nurse, or care professional, and the people, families and communities, the transfer of power and focus towards shared decision-making over one’s healthcare can become a reality.

To maintain the locus of control in the hands of the “people”, technology can become a very useful tool. This means a technology that enables the dialogue, knowledge and partnership to develop and build on existing relationships. But we must understand that technology cannot replace the fundamental relationship between the nurse and the client.

If all of this sounds obvious and simple, then why is it not happening in reality? There are many answers to this question, but while nurses may adhere to the notion that each person is the “master of their destiny” as a paradigm, the reality is that for far too long we, as healthcare professionals, have developed a strong dependency model. We use words, terminology and multiple confusing acronyms and abbreviations that become barriers, and leave the public out in the cold, feeling incompetent, unable to enter the “hall of fame” of knowledge, and even afraid to ask intelligent questions about their own health. To change this, we need a cultural transformation, which strongly acknowledges that the only person who has full control of their wellness is the individual patient, and as nurses and healthcare professionals, we are at best a partner in managing often very complex human realities.

In addition to this cultural shift, our educational systems have to go through a fundamental transformation from where we are the holders of knowledge and solutions to becoming the enablers. We must work alongside informed, empowered patients to facilitate the attainment of physical, mental and social well-being.

If we make that transformation, it could lead to much stronger returns on investment of time, effort and resources, and a healthier, invigorated and more economically active society as well.

The concepts and models are well articulated, but to make the final leap, we need to have the right people around the table. That includes nurses if the “next generation of reforms” is truly to be people-centred. Ministers for health, education, finance, decision makers, funders and other medical professionals who shape this crucial policy area: please open your offices and boardrooms and “walk the talk” by letting nurses and the public truly become part of the policy dialogue and turn what could become just more fashionable jargon into a powerful reality that benefits all.

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