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Nursing Best Practice Guideline
Shaping the future of Nursing

client centred care
supplement

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Supplement Integration

This supplement to the nursing best practice guideline *Client Centred Care* is the result of a three year scheduled revision of the guideline. Additional material has been provided in an attempt to provide the reader with current evidence to support practice. Similar to the original guideline publication, this document needs to be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. This supplement should be used in conjunction with the guideline as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.

The Client Centred Care guideline strongly reflects the principles of primary healthcare as stated by the World Health Organization at Alma-Ata 1978, (WHO, 2005) as listed below:

Accessibility – reasonable access to essential health services with no financial or geographic barriers.

Appropriate Technology – technology and modes of care should be based on health needs, and appropriately adapted to the community's social, economic and cultural development.

Community Participation – communities encouraged to participate in planning and decision making about their health.

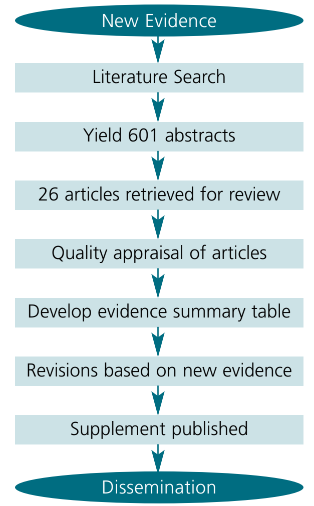
Prevention and Health Promotion – health systems focus on helping people stay well rather than treating the ill.

Intersectoral Collaboration – professionals from various sectors work with community members to promote the health of the community.

In addition, The Coalition for Primary Healthcare has twelve principles as the foundation of reform which are reflected in the *Client Centred Care* guideline. These principles are as follows: ensure access to a wide range of comprehensive services; provide primary healthcare 24 hours a day, seven days a week; establish interdisciplinary group practices; service based on community need; primary healthcare must be not-for-profit; community boards; enrollment; funding; information management; coordination of care; rights, responsibilities, and accountability; and education (RNAO, 2005).

Revision Process

The Registered Nurses' Association of Ontario (RNAO) has made a commitment to ensure that this practice guideline is based on the best available evidence. In order to meet this commitment, a monitoring and revision process has been established for each guideline every three years. The revision panel members (experts from a variety of practice settings) are given a mandate to review the guideline focusing on the recommendations and the original scope of the guideline.



Definitions:

The following definitions are new or revised and are to be added to those in the "Definition of Terms" section starting on page 12 of the guideline.

Client Centred Care

An approach in which clients are viewed as whole; it is not merely about delivering services where the client is located. Client centred care involves advocacy, empowerment, and respecting the client's autonomy, voice, self-determination, and participation in decision-making.

Client Directed Care

In contrast to Client Centred Care, Client Directed Care is an approach to care delivery where clients are considered the brokers of care, and receive what they ask for.

Clinical and Interpersonal Competence (knowledge and skill)

This is the approach to care that combines the skill, knowledge and abilities of all team members (client and family included) through direct observation/interaction, allowing each to share and influence one another in the caring process of client centred care.

Clinical Knowledge

It is knowledge about the health/illness condition of a patient/client/community, and about ways to maintain or improve health and well-being. This type of systematic knowledge is based on evidence and is acquired and developed through professional education, experience and research (Grinspun, 2004).

Decision Coaching

Decision coaching is provided to clients by a trained facilitator who is supportive but neutral in the decision. Coaching can be provided face to face (individual, group) or using communication technologies (telephone, Internet). Decision coaching is used alone or in combination with patient decision aids. The strategies may include:

- monitoring decisional conflict (uncertainty about the course of action and related modifiable deficits in knowledge, values clarity and support);
- tailoring decision support to needs (e.g. facilitating access to evidence-based information, verifying understanding, clarifying values, building skills in deliberation, communication, and accessing support; and
- monitoring progress in decision making and decision quality.

The goal is to help clients improve the decision making process and decision quality (Greenfield, Kaplan & Ware, 1985; Kennedy et al., 2002; O'Connor, Jacobsen & Stacey., 2002; Stacey, Murray, Dunn & O'Connor, in press).

Decision Quality

The extent to which the chosen option best matches informed clients' values for benefits, harms, and scientific uncertainties (O'Connor et al., 2005; Sepucha, Fowler & Mulley, 2004).

Family Centred Care

Generally indicates an approach to care in which the family is viewed as the unit of care, rather than just the identified patient. This approach is consistent with a client centred approach when each individual's meaning of "family" is respected and families are viewed as an integral whole.

Interactional Knowledge

It is knowledge about ways of relating with an individual, group, or community. It includes interactions that are verbal and non-verbal (i.e, gaze, posture, tone of voice and demeanour); that are purposeful and constructive; where there is a sincere desire to connect or engage with the others; and whose intent is to enable others to be leaders of their journey (Grinspun, 2004).

Patient Decision Aid

Patient decision aids are evidence-based tools designed to prepare clients to participate in making specific and deliberative choices among healthcare options in ways they prefer. Patient decision aids supplement (not replace) clinician's counseling about options. These tools aid decision making by:

a) providing evidence-based information about a health condition, the options, associated benefits, harms, probabilities, and scientific uncertainties;
b) helping clients recognize the values-sensitive nature of the decision and clarify the value they place on the benefits, harms, and scientific uncertainties. Strategies include: describing the options in enough detail that clients can imagine what it is like to experience the physical, emotional, and social effects; and guiding clients to consider which benefits and harms are most important to them; and
c) providing structured guidance in the steps of decision making and communication of their informed values with others involved in the decision (e.g. clinician, family, friends).

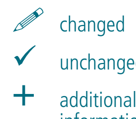
The ultimate goal of patient decision aids is to improve the process of decision making and the decision quality (O'Connor et al., 2005; O'Connor, Llewelyn-Thomas & Flood, 2004).

Quality of Decision Making Process

The quality of the decision making process can be judged using certain criteria. There is evidence that the patient is helped to: a) recognize that a decision needs to be made; b) know about the available options and associated procedures, benefits, harms, probabilities, and scientific uncertainties; c) understand that values affect the decision; d) be clear about which features of the options matter most to them (e.g. benefits, harms, and scientific uncertainties); e) discuss values with their clinician(s); and f) become involved in decision making in ways they prefer (O'Connor et al., 2005 ; O'Connor et al., 2002).

Summary of Evidence

The following content reflects the changes made to the original publication (2002) based on the consensus of the review panel.



Recommendation 1

Nurses embrace the following values and beliefs: respect; human dignity; clients are experts for their own lives; clients as leaders; clients' goals coordinate care of the healthcare team; continuity and consistency of care and caregiver; timeliness; responsiveness and universal access to care. These values and beliefs must be incorporated into, and demonstrated throughout, every aspect of client care and services.

The wording of this recommendation has been revised for further clarification. The following paragraphs will be added on page 22 under 2e):

f) Provide Decision Support

Nurses have a unique role to play in partnering with clients facing health decisions. A client centred partnership means that nurses respect and advocate for clients – as experts in their own lives – to lead the healthcare team; while nurses – as professional experts – have a central role in providing/sharing clinical expertise to facilitate clients' decision making on areas where they need or want more information. This partnership aims at strengthening clients' ability to reach decisions that are well-informed and best for them (Grinspun, 2004).

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The following content has been included from the work of Stacey, Murray, Dunn & O'Connor (In press).

- Involve clients in decision making in ways they prefer. The majority of Canadians want to be involved in health decisions (Magee, 2003; Martin, 2002; O'Connor et al., 2003). Participation to preferred level, rather than participation itself, results in improved outcomes (Gaston & Mitchell, 2005).
- Provide structured decision support to clients using patient decision aids and decision coaching. The following process is based on the Ottawa Decision Support Framework and has been evaluated in multiple studies (Murray, Miller, Fiset, O'Connor & Jacobsen, 2004; O'Connor et al., 1999; O'Connor et al., 2002; Stacey, O'Connor, Graham & Pomey, in press).
  - Assess decision and decisional conflict:
    - i. Decision: Tell me about the decision you are facing.
    - ii. Stage: How far along are you with making a choice?
    - iii. Certainty: Do you feel sure about the best choice for you?
    - iv. Knowledge: Do you know which options are available to you? Do you know both the benefits and risks of each option?
    - v. Values: Are you clear about which benefits and risks matter most to you?
    - vi. Support: What role do you prefer in making your choice? Do you have enough support and advice to make a choice? Are you choosing without pressure from others? Who else is involved?
  - Tailor decision support to needs:
    - i. Uninformed: reinforce accurate knowledge; clarify misconceptions; provide facts; re-align expectations.
    - ii. Unclear values: clarify what matters most to the client and facilitate the client sharing their values with others involved in the decision making.
    - iii. Unsupported: Build skills/confidence in: decision making, management, communicating needs, accessing support/resources, handling pressure, implementing change.
  - Evaluate:
    - i. decision quality (informed, realistic expectation, choice matches values/priorities) (O'Connor & Stacey, 2005; Ratliff et al., 1999; Sepucha et al., 2004).
    - ii. actions (progresses in stage of decision making/change)

Additional Literature Supports

Anthony & Hudson-Barr, 2004; Cott, 2004; Ford, Schofield & Hope, 2003; Gaston & Mitchell, 2005; Grinspun, 2004; Joff, Manocchia, Weeks & Cleary, 2003; Lewin, Skea, Entwistle, Zwarenstein & Dick, 2005; Magee, 2003; Martin, 2002; Murray, Miller, Fiset, O'Connor & Jacobsen, 2004; O'Connor et al., 1999; O'Connor et al., 2002; O'Connor et al., 2003; O'Connor & Stacey, 2005; Ponte et al., 2003; Ratliff et al., 1999; Stacey, Murray, Dunn & O'Connor, 2006; Stacey, O'Connor, Graham & Pomey, in press ; Sepucha et al., 2004; Sumsiun, 2005

Recommendation 2

*Recommendation has been deleted and incorporated as a bullet under recommendation 5

Recommendation 3

The principles of client centred care should be included in the basic education of nurses in their core curriculum, be available as continuing education, be provided in orientation programs and be sustained through professional development opportunities in the organization. Organizations should engage all members of the healthcare team in this ongoing education process.

Additional Literature Supports

Bauman, Fardy & Harris, 2003; Cott, 2004; Lewin et al., 2005; Parley, 2001

Recommendation 4

To foster client centred care consistently throughout an organization, healthcare services must be organized and administered in ways that ensure that all caregivers, regardless of their personal attributes, enact this practice successfully. This includes opportunities to gain the necessary knowledge and skills to really engage with clients from their standpoint, as well as organizational models of care delivery that allow nurses and clients to develop continuous, uninterrupted, and meaningful relationships.

Additional Literature Supports

Bauman, Fardy & Harris, 2003; Cott, 2004; Jonas & Chez, 2004; Lewin et al., 2005; Parley, 2001

Recommendation 5

Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:

- Board and senior management understanding and support.
- An assessment of organizational readiness and barriers to education.
- Community involvement (whether in a direct or indirect supportive function) who will contribute to the implementation process.
- Ongoing opportunities for discussion and education to reinforce the importance of best practices.
- Opportunities for reflection on personal and organizational experience in implementing guidelines.
- Initial and sustained financial support.
- Members of the public.

In this regard, RNAO (through a panel of nurses, researchers and administrators) has developed the *"Toolkit: Implementation of Clinical Practice Guidelines"*, based on available evidence, theoretical perspectives and consensus. The Toolkit is recommended for guiding the implementation of the RNAO nursing best practice guideline on Client Centred Care.

* Deleted recommendation 2 has been incorporated as a bullet above.

The wording of this recommendation has been revised to incorporate the deleted recommendation 2 as a bullet and to further expand on key resource and planning areas.

Additional Literature Supports

Cott, 2004; Chin, 2004; Kuokkanen & Katajisto, 2003; McCormack, 2003; Nelligan, Grinspun, Jonas-Simpson, McConnell, Peter, Pilkington et al., 2002; Ponte et al., 2003

Implementation Strategies

The evidence continues to support the recommendations identified with the addition of some new understanding of the successes and challenges faced during implementation. The initial pilot of the guideline in 5 organizations reaffirmed the importance of adopting all recommendations. Successful client centred care not only requires nurses to embrace the values and beliefs of client centered care but they need to do so in conjunction with the other professional team members and with the organizational support of appropriate policies and procedures.

Client centred care requires:

- a shift in organizational focus to remove 'power' barriers;
- inclusion of practice structures that allow for the sharing of power;
- advocacy within the power structures that exist; and
- placement of patient and family needs at the center of the entire health team and healthcare delivery system.

Adequate and continual training and resources to support the adoption of client centered practices are paramount (refer to figure A). Rigid hospital system schedules, lack of supportive documentation tools, inadequate time to educate and care for self can create barriers to successful implementation (refer to figure B). Procedures put in place previously may need to be challenged and assessed against the best practice recommendations for client centred care. Client centred care is a joint responsibility of the individual nurse and other healthcare providers and the organization in which practitioners work.

Additional Literature Supports

Chin, 2004; ; Kuokkanen & Katajisto, 2003; Spence Laschinger, Finegan, Shamian & Piotr, 2001; Worthley, 1997

Research Gaps & Implications

In reviewing the evidence for the revision of this guideline, several gaps in the research have been identified. These gaps include:

- A need to evaluate the impact that a client centred care approach has in decreasing complications and readmissions, and assisting in readiness for discharge.
- A need to evaluate the impact that a supportive client centred organizational environment can have on client outcomes.
- A need to evaluate the contribution of clients in the provision of care and its effects on quality of care.

In addition to the tips mentioned above, RNAO has published implementation resources that are available on the website. A *Toolkit* for implementing guidelines can be helpful, if used appropriately. It is available for free download at www.rnao.org/bestpractices.

Figure A

Success Factors for Client Centred Care

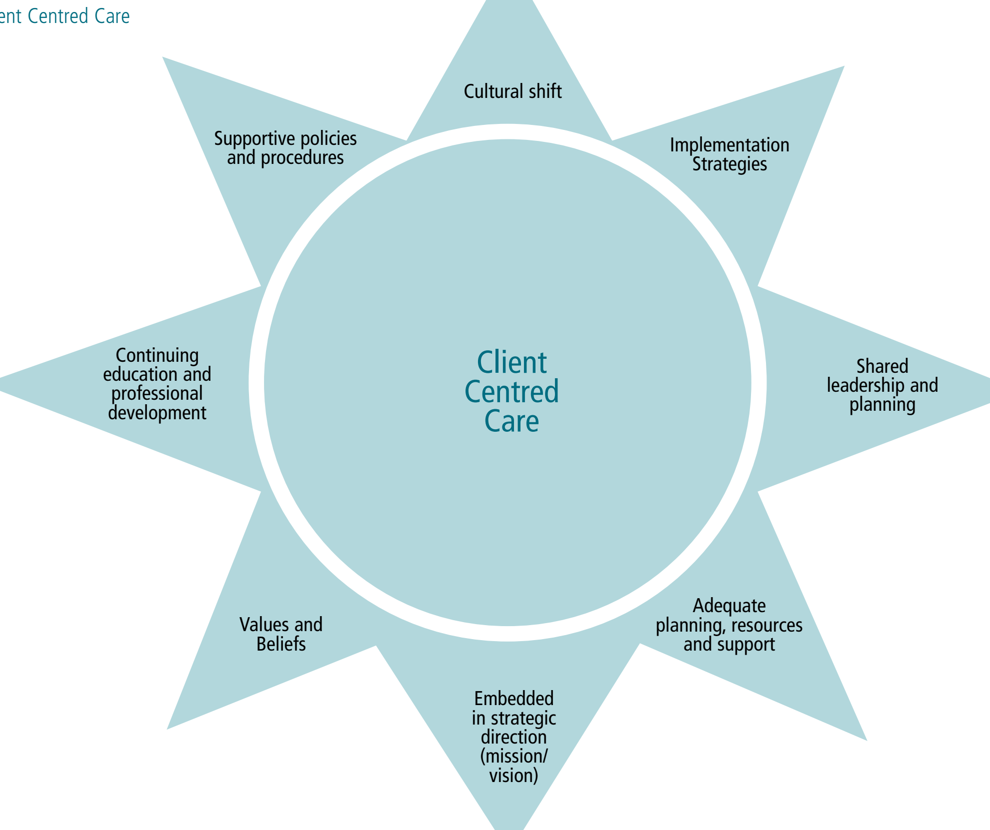
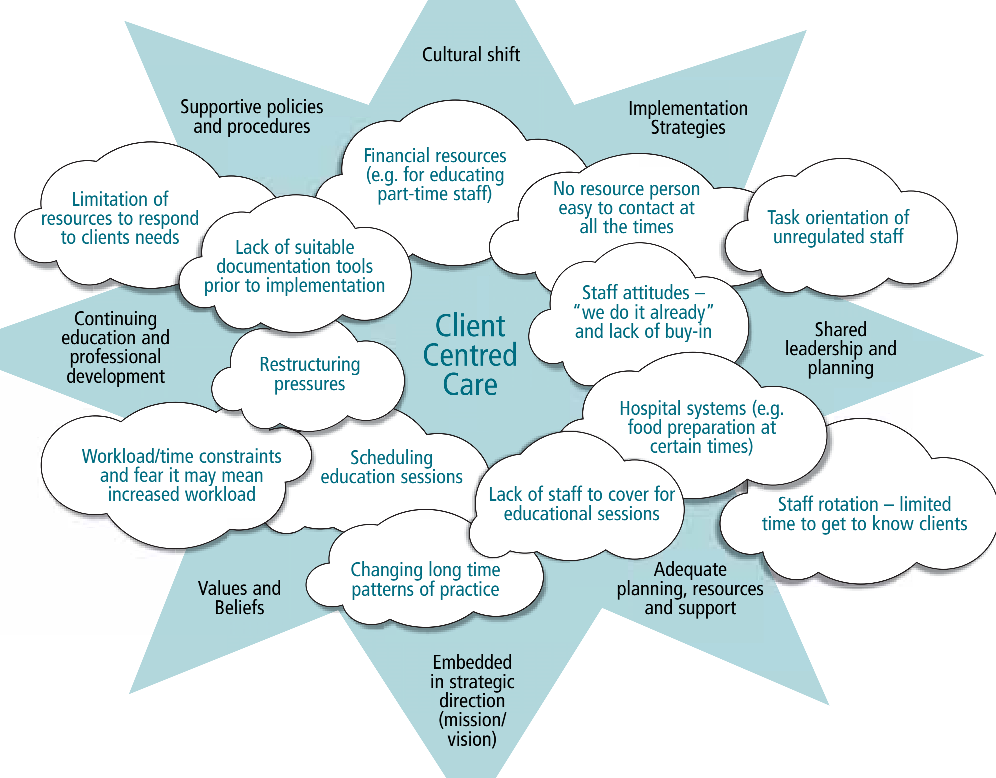


Figure B

Challenges/Barriers to Client Centred Care



The following case studies are included as additional content in appendix A2 on page 60.

Case Study – Scenario 1 (York University, Toronto, Ontario: NURS 4130 6.0- Living Client Centred Care in Complex Care)

Tony is a teenager who has recently been diagnosed with schizophrenia. He has been told by his physician that he will need to take neuroleptic medications for the rest of his life. He has been hospitalized twice in the past six months. Tony would like to eventually reduce the amount of medication that he is taking as he finds the side effects interfere with his life. He tells the nurse that they make him feel like he is losing himself. His parents insist that he will stay on the medication and they are also adamant about his need for ongoing psychotherapy. One day in the hall, Tony's father tells the nurse that he hopes that one day Tony will be cured. Later that same day, Tony tells the nurse that he feels like his hopes and dreams have been shattered. During this admission, Tony has begun to isolate himself from others and has also begun to refuse attendance at any of his group activities. Many of his friends from school who had visited Tony many times during his first admission have now stopped seeing him.

You have been assigned to be Tony's primary nurse. Describe your nursing care. In particular, how would you enact the relevant values, beliefs, and core processes of client centred care with Tony and his family? Provide rationales for your approach and actions.

Additional Related Readings:

Ahmann, E., & Lawrence, J. (1999). Exploring language about families. Pediatric Nursing, 25(2), 221-224.

Deegan, P. E. (1993). Recovering our sense of value after being labeled. Journal of Psychosocial Nursing and Mental Health Services, 31(4), 7-11.

Case Study – Scenario 2 (York University, Toronto, Ontario: NURS 4130 6.0- Living Client Centred Care in Complex Care)

You have been caring for Mr. C. (age 60) in the Intensive Care Unit since his admission two weeks ago, after he sustained a head injury and multiple fractures in a fall from the second story of his house. Meantime, you have gotten to know Mrs. C very well. She has shared that she feels guilty because she had asked her husband to clean the leaves off the roof and that's when he fell. The physicians have just spoken to Mr. C's family about discontinuing life support, because of his poor prognosis. You are in Mr. C's room, along with Mrs. C, their son, Robert, and his long-time, same-sex partner, Sam. Suddenly, Mrs. C starts yelling at her husband to get up. Robert angrily tells her that it's all her fault this has happened. Sam tells him to leave her alone. He adds that that he doesn't believe the doctors have tried hard enough for Mr. C and that they should not agree to the withdrawal of life support.

Discuss how the readings about families and the RNAO best practice guideline on *Client Centred Care* would guide you to think about this situation. Also, describe how you would respond, with rationales.

Additional Related Readings:

Ahmann, E., & Lawrence., J. (1999) Exploring language about families. Pediatric Nursing, 25(2), 221-224.

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