PERSON CENTERED ASSESSMENT

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INTRODUCTION

This assignment is intended at elaborating the meaning of person centered assessment and how it is estimating its significance with respect to the aged care. Moreover, based on the conversation with an elderly, it will be explained how person centered planning works and what is their potential perspective on this type of assessment. In the next section, arguments will be developed in relation to the favorableness and inappropriateness of person centered assessment and settled on the logical grounds of preexisting literature. The discussion section will analyze whole textual activity. It will be reflected how this plan could be used for the elderly to have successful ageing. Conclusion section, in the end, will wrap the text into a single paragraph deducing meaningful inferences from it.

CRITICAL REFLECION OF DISCUSSION WITH OLDER PERSON

The person that I talked to was 75 years old Roberts living in residential care home; far from his family and loved ones. He was suffering from common ageing condition known as dementia. He found it hard to remember his children, siblings, significant others, familiar places and pleasant experiences. We first had a general discussion but he was too reluctant to be open and talk, it took me 2 meetings to develop rapport with him and reach at the problem issue. Cutting long into short, he had favorable views about person centered assessment plan because it was focused more on what he thinks, feels, desires and says. Rest of the approaches does not consider client’s uniqueness rather he is subjected to universal intervention strategies discounting his agreeableness and willingness to comply with them. Moreover, he was contented with the care provider’s positive, optimistic and altruistic attitude because dementia snatched his sense of self and past life experiences partially and it was quite devastating for him. Hence healthcare providers’ attitude was the only reason for him to be contented and feeling valued. He also demonstrated a strong desire to be at home because it gives him sense of accomplishment when he watches his grand children playing and accomplishing their academic objectives. His home was the source of nourishment for him as all the possessions enable him to feel how productive he remained during his life.

CRITICAL REVIEW OF CURRENT LITERATURE

The concept of person centered care acquired wide acceptance and acknowledgement in nursing particularly with the ground breaking philosophies of Kitwood (1997). According to him, core elements in the personhood encompass uniqueness, embodiment and relationship. He suggested that recognition, respect, trust and nature of certain experiences that the individual attains from his relationships are highly influential for his ego development.

Based on the Darwin’s theory of individual differences, he propounded the most significant and intriguing notion that we must avoid generalizing concepts to the human diversity because each human being is unique not only physically but his cognitive patterns, thinking, feeling, perception, outlook, orientation preference, attitude, resiliency, coping, problem solving, decision-making, behavior and personality follow unique and holistically unparallel patterns (Brooker, 2005). Embodiment is referred to as the nature of experiences that he acquires while interacting his environment and other individuals. His experiences may have huge variations in terms of constructive and destructive ramifications (Brooker, 2008).

Person centered plan is aimed at enhancing the quality of life for people suffering from physical and cognitive impairments. The key components in the care planning of individuals with dementia include personhood and care based on relationships, meaningful engagement and individualized care, and positive social environments (Fazio et. al., 2018; Ali et. al., 2016). Personhood and relationship-based-care are aimed at respecting and seeking to comprehend the behaviors and subjective experiences of elderly individuals living with dementia. Individualized care and meaningful engagement is specifically demonstrated and practiced during sessions with the client aimed at prioritizing information about individual’s self concept, ego identity, needs, wishes, desires, values, preferences, perceptions, attitudes, routines and sources of pleasure. The third component, relationship-based care and positive social environments, is intended at identifying the client’s needs of love, belongingness, support and affiliation with the care partners.

Another person centered approach to dementia assessment conjoins two perspectives; idiographic and nomothetic approaches. Nomothetic approach consults bulk of preexisting literature addressing the issues of patients with dementia, their distressing behavioral ramifications, general principles and evidence-based treatment interventions from same problem group. Idiographic approach is largely reliant upon the profound data obtained from the individual in terms of his thoughts, feelings, life history, ways of dealing with previously encountered problems, attitudes for embracing stressful situations, preferences, dreams, hopes, aspirations, accomplishments, failures, significant identity roles, experiences and all the information about his social and autobiographical world (Mast, 2011).

Moreover, all the information regarding patient’s primary care providers, significant others, his past and current relationship with them and associated satisfaction are undertaken thorough contemplation. As this information cannot be obtained using single meeting session, multiple sessions are required to gather complete information with regular or intermittent intervals (Beck et. al., 1996; Barbe et. al., 2016). This information is not only helpful for dementia care planning but for other problems as well hence, it must be revisited and updated periodically and must be shared with other care providers for achieving holistic healthcare goals.

A bulk of literature provided significant consideration to the meaning of home—a primordial component in dementia care planning. Although the meaning of “home” encapsulates greater variations yet meta-synthesis conducted by Malony (2010) gathers the home ideas under one umbrella. He explained home as a pragmatic place of endorsement, refuge, ontological safety, warmth, comfort, significant relationships with other individuals, places, animals, ideas, times, deliberately cultivated possessions, self rapprochement and maintaining self-concept when subjected to loss of transitions. It is important to assess and comprehend the personalized perception of patients about home and their experiences associated with it regarding its building, sharing, sustenance and loss (Beer et. al., 2010). This assessment provides broader term to the social, emotional, psychological and physical domains of client’s life.

The above mentioned elaboration reflects the concept of person centeredness informed by Brooker, Kitwood, Mast, Malony and Fazio and his colleagues. Based on the concepts, three reflective questions many help the assessor to enter client’s world. 1) What could be the best possible way to manifest empathy, congruence and unconditional positive regard in relation to the client’s wholeness and uniqueness particularly when his weaknesses/ problems are being discussed (e.g., dementia and its associated maladjusted behaviors)? 2) What could be the best possible way to demonstrate feelings regarding therapeutic partnership and alliance with the client and other care partners? 3) What could be the best possible way to demonstrate optimism for enhancing individual’s quality of life and fostering hope?

Numerous qualitative studies (observation, interviews) conducted to examine the experiences of elderly living with dementia suggest that the role of care provider is irrefutable in enhancing their quality of life and developing optimism (Frank & Forbes, 2017). Care providers’ attitudes greatly influence the outlooks and perceptions of elderly about dementia. Simple verbal and gestural communication strategies must be given serious consideration because care providers’ pessimism has the potential to threaten the healthcare outcomes of elderly with dementia (Wolverson, Clarke, & Moniz, 2016).

DISCUSSION

Person centered planning is referred to as the clinical process aimed at identifying the needs, desires, strengths, capacities and desired healthcare outcomes of the person, typically directed by individual’s family or himself (Bryden, 2016). In order to elicit information about all the above mentioned aspects, person centered assessment tool is used so that it could be utilized while developing and implementing a favorable individual service plan ensuring his paced recovery in physical, mental, emotional and social terms (Kim & Park, 2017).

The concept of person centeredness was first introduced by Humanistic psychologists; Abraham Maslow and Carl Rogers. They suggested that psychological assessment and treatment must be centered on the client’s desires and self- determination because it is only the individual who knows about his strengths, weaknesses, problems and future aspirations better than anyone else (Crandall et. al., 2007). Psychologists are not the ones to decide or direct their treatment path rather their duty is limited at enabling the client to retrospect and identify the nature of his personal attributes (Wood et. al., 2015).

The presented literature explained the meaning of person centered approach regarding dementia. The common theme followed by all of these figures was “connectedness”, connectedness and sense of belonging with other individuals, places (home) or animals that remind them of their past life, nurture their current sense of self and strengthen their optimism for future life. Same thoughts were communicated by the patient I interviewed. This sense of self can be improvised with the positive and optimistic attitude of caregiver, also communicated by the Roberts. Hence, being healthcare provider in aged care community, I would develop optimism and favorable communication skills so that clients’ perception could be altered about his illness and they could feel better with the full fledge focus over their future treatment outcomes.

CONCLUSION

In this paper it was demonstrated that person centered assessment planning was a psychological idea and gained wide acceptance in nursing as well. To gain a profound understanding about living experiences and perspectives of patients living with dementia, Roberts was undertaken unstructured interview. He demonstrated contentment about person centered care due to two main reasons 1) positive and optimistic attitude of care providers 2) maintenance of dignity and worth of his self determination, strengths and desires by care providers. Next, it was explained how current literature addresses this plan including the philosophical and research based ideas of Brooker, Kitwood, Mast, Malony Fazio and so on. On the whole, this activity enabled me to develop an in-depth insight about the significance of communication skills and patient’s self determination.

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