Knowing the Person: A Route to Patient-Centered Care

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Overview

The core issue in nursing is man within his entirety. Knowing the patient is the central element of clinical judgment (Tanner et al., 1993). Knowing the person or the patient is an efficient way of eliciting the trust of the patient. Jenny and Logan (2007) pointed out that clinical judgment, decisions, actions and patient outcomes came from knowing the one being nursed. Therefore, a conceptual analysis on this is imperative.

Locsin as cited by Parker and Smith, 2010 writes that based on history, humans were depicted through drawings and paintings. Painters and illustrators conceptualized the human being using colored artworks in imaginative ways. Furthermore, the origin of the word person is from the Greek word prosopon, which means the actor’s mask of a Greek tragedy; in Roman origin, persona indicated the role played by the individual in social or legal relationships. On the other hand, Locsin and Purnell (2009) stated that knowing can be viewed as an individual’s perceptual awareness of the complexities of a particular situation and draws upon inner knowledge resources that have been gained through experience in living. In addition, the heart of a thoughtful practice process of nursing is coming to know persons and knowing is critical to advancing knowledgeable practice.

Mantzorou and Mastrogiannis (2011) said that Martha Rogers mentioned that man was not discovered by nursing and its scientific value relies upon an extension of a continuous effort to mankind to explain the nature of man. Furthermore, they said that the informants in the study made by Jenker referred to knowing as the process of creating interpersonal relationships which influences clinical decision making. According to Tanner’s et al. study (as cited by Mantzorou and Mastrogiannis, 2011), knowing the patient acquire two broad dimensions: a) knowing the patient’s patterns of responses and b) knowing the patient as a person. In addition, Jenny and Logan (as cited by Mantzorou and Mastrogiannis, 2011), said that knowing the person or the patient serves as a cognitive and rational process of exploring important aspects of the patient and the situation. Radwin (2008) stated that knowing the patient comprises of two components, the nurse understanding of the patient and the selection of individualized intervention. Carper (1978) writes that empirics, aesthetics, personal and ethical knowing is all necessary, interrelated, interdependent, and overlapping and create the whole of knowing. On the other hand, Locsin and Purnell (2009) said that after reviewing these fundamental patterns of knowing in nursing, they felt that something was missing and was not explained. They added syphotic knowing that is the pattern that is at home within the nursing situation.

Based on the literatures cited, knowing the person has the critical attributes of involvement of the nurse and the patient, the nurse’s perceptual awareness of the complexities of a certain situation, the nurse’s understanding of the patient and empathy.

Assumptions

The assumptions of this theory -knowing the person is a route to patient-centered care; knowing the person is central to skilled judgment and therapeutic decision-making; knowing the person actualizes a cherished value in nursing: the treatment of persons as unique individuals and knowing the patient may result to positive patient outcomes.

Explanation of the Theory

A. Development of the Nursing Model- Knowing the Person: a Route to Patient-Centered Care.

The Nursing Model –Knowing the Person: a Route to Patient-Centered Care is a middle-range theory. Theories at this level contain limited number of variables and are limited in scope.
as well. Because of these characteristics, middle range theories are testable, yet scientifically
general to still be scientifically interesting (Walker & Avant, 2011). The nursing model
Knowing the Person: A Route to Patient-Centered Care is formulated to illuminate the value of
knowing the person or the patient towards patient-centered care in attaining optimal health.

Explanation of the Conceptual Model

The critical concepts of knowing the person are involvement of the patient and the nurse,
perceptual awareness of the nurse of the complexities of a certain situation, the nurse’s understanding
of the patient and empathy. Therefore, the nurse should understand first that persons are complete
human beings for a moment (Locsin as cited by Parker & Smith, 2010). Moreover, using technology
alone and focusing on the technological data can lead to the nurse thinking of the person as an object
who needs to be completed and made whole again. Parse (1998) as cited by Locsin believes that
knowing is the understanding that persons are unpredictable and simultaneously conceal from one
moment to the next. Locsin’s Technological Competency as Caring in Nursing is viewed as a vital
tool that the nurse must have for her to understand the patient more and for her to be aware of the
complexities of the situation and that she will be able to put herself to the condition of the patient,
understand the patient, thus focusing more on a patient-centered care. Locsin (as cited by Parker &
Smith, 2010), added that if the nurse will know the patient as a whole, opportunities to continuously
know the other become limitless and that there is also a much greater likelihood that having “already
known” the one nursed, the nurse will predict and prescribe activities or ways for the one nursed,
ultimately caring objectification of person. Therefore, this can lighten the obscure way of the nurse in
caring for the patient and in that way, optimal health can be attained.

The involvement of the nurse and the patient is important because entering the world of the
other is significant. Locsin as cited by Parker and Smith (2010), emphasized that establishing rapport,
trust, confidence, commitment and the compassion to know others fully as person is integral
to this crucial positioning. Furthermore, the nurse will be able to perceive the patient as a unique person who
has hopes and aspirations that are similarly his or her own.

The nurse should also utilize Carper’s Fundamental Patterns of Knowing to understand
the patient by using empirics, to be aware of the complexities of the situation, to be emphatic by
utilizing personal knowledge and ethics. Finally, the nurse should also make use of syoptic knowing
to understand the patient as a whole.

B. Components of the Theory

I. Fundamental Patterns of Knowing. A process of nursing focused on knowing
persons is valued by all nurses and can be integral to the health and well-being of persons.
Knowing the person increases the likelihood of quality care and enhances the legitimacy of
nursing as a professional practice (Barnard & Locsin, 2007). There are four fundamental
pattern of knowing that have been identified from an analysis of the conceptual and syntactical
structure of nursing knowledge (Carper, 1975). The four patterns are distinguished according
to logical type of meaning and designated as empirics; the science of nursing. Factual
knowledge from science, or other external resources that can be empirically verified; personal
knowledge are knowledge and attitudes derived from personal self-understanding and empathy;
ethics is the component of moral knowledge derived from an ethical framework including
awareness of moral questions and choices and aesthetics as the art of nursing. Awareness of the
immediate situation, including awareness of the patient and their circumstances as uniquely
individual and of the combined wholeness of the situation.

II. Locsin’s Technological Competency as Caring. Locsin as cited by Parker and Smith
(2010) stated that there is really a great demand for a practice of nursing based on an
authentic intention to know humans fully as persons rather than objects of care.
Furthermore, the ultimate purpose of this theory is to acknowledge the person as a focus
of nursing and that technological means can and should be used in the practice of
knowing persons in nursing.
III. Sypnotic Knowing or Integrative Knowing. Locsin and Purnell (2009) stated that after they’ve examined Carper’s Fundamental Patterns of knowing, they felt that something was missing and was not explained or accounted for. This newly termed pattern of knowing is Sypnotic Knowing or Integrative Knowing. This knowing is at home within the nursing situation, wholeness, caring, oneness, valuing, the “in between” and “the beyond” of Silva et al.(1995), transcendence, empathy, growth, intuition and all such knowing that is perceived and informed are embraced and included within the nature of integration in this pattern. The role of Sypnotic knowing is to fuse or synopsize in a unitary whole (Locsin & Purnell, 2009).

IV. Nursing Meta-Paradigms

1. Person refers to a being composed of physical, intellectual, biochemical, and psychosocial needs; a human energy field; a holistic being in the world; an open system; an integrated whole; an adaptive system; and a being who is greater than the sum of his parts (Wagner cited in McEwen and Wills, 2002). Most nursing models organized data about the individual person as a focus of the nurse’s attention (Thorne et al. cited in McEwen and Wills). The person in this theory would be any individual, sick or healthy who is indeed of the help of the nurse.

2. Health is the ability to function independently; successful adaptation to life’s stressors; achievement of one’s full potential; and unity of mind, body, and soul. (Wagner cited in McEwen and Wills). DeKeyser and Medoff-Cooper (as cited in Reed and Shearer, 2009) said that heath is considered within nursing to be the intended outcome of nursing actions, such as quality of life.

3. Environment typically refers to the external elements that affect the person; including internal and external conditions that influence the organism; an open system with boundaries that permit the exchange of matter, energy, and information with human beings (Wagner cited in McEwen and Wills). This is also the setting where nursing will occur. In this theory, the setting will be the hospital and the community.

4. Nursing is a science and art, and a practice discipline and involves caring. Goals of nursing include care of the well, care of the sick, assisting with self-care activities, helping individuals attain their human potential, and discovering and using the nature’s law of health. Nursing in this theory will occur when the nurse is able to know the person by being aware of the complexities of certain situation, understanding the patient, being emphatic and being involved in patient care.

Carper’s Fundamental Patterns of Knowing, Locsin’s Technological Competency as Caring, Locsin and Purnell’s Sypnotic Knowing are all necessary for the involvement of the nurse and the patient, the nurse’s perceptual awareness of the complexities of a certain situation, the nurse’s understanding of the patient and the nurse being emphatic to the patient. This is believed to be influential for the nurse to understand the personal illness of the patient by eliciting concerns, ideas, expectations, needs, feelings, and functioning, promoting the understanding of the patient within their unique psychosocial context, sharing power over responsibility and developing common therapeutic goals that are concordant with patients values (Drach-Zahavy, 2009 as cited by McCance et al. 2011).

Patient-centered care in the diagram leads to optimum health because it is believed to make a difference in patient health outcomes.

It has been found out that mental health clients were more satisfied with case management when they had been randomized to client-focused care management interventions. There was some evidence in the palliative care literature of improved pain management, when working in partnership with clients. There were also evidences of improved patient and nurse satisfaction, improved adherence to intervention recommendations and are improved senses of professional worth as outcomes of working in a person-centered way (Dow et al, 2006). It is clearly evident that person-centered care should be at the heart of services that promotes personhood, identity for the care staff and optimal health. More conclusive evaluative research is needed in this area.
CONCEPT ANALYSIS

Conceptual Statement: Knowing the Person

Defining Characteristics/Attributes

Determining the defining attributes of a concept is the heart of a concept analysis. This will help you others name the occurrence of a specific phenomenon as differentiated from another similar or related one (Walker and Avant, 2011). The conceptual statement of knowing the person has the critical attributes of the involvement of the patient and the nurse, the nurse’s perceptual awareness of the complexities of a certain situation, the nurse understands of the patient and empathy.

Antecedents

Walker and Avant (2011) stated that antecedents are those events or incidents that must occur or be in place prior to the occurrence of the concept. It cannot also be a defining attribute for the same concept. In order for a nurse to know the person, she has to have contact with the patient, subjective perception of the patient’s condition and she needs the cooperation of the patient.

Consequences

According to Walker and Avant (2011), consequences are the events or incidents that occur as a result of the occurrence of the concept—in other words, the outcomes of the concept. Knowing the person can be way to patient-centered care, skilled judgment, therapeutic decision-making and may result to positive outcomes.

Model Case

A model case is an example of the use of the concept that demonstrates all the defining attributes of the concept, a paradigmatic example or a pure exemplar (Walker & Avant, 2011). Wilson, 1963 (as cited by Walker & Avant, 2011) suggests that the model case is one in which the analyst can say, “well if it isn’t an example of it, then nothing is”.

Sarah, a delivery room nurse saw the parturient crying. She went to the bed of the patient and the patient told her that she is so in pain. Sarah checked the latest doctor’s order and noticed that the patient is only 3 cm dilated and has a cervical dilatation of 50%. She went back to the patient, did effleurage to divert the attention of the patient and explained to the patient that she is still on the latent phase of labor and according to her background; the contractions are still mild at this level. But then again, Sarah told her patient that this varies in every patient and she understands if she is in pain at that very moment in time.

This is a clear example of a model case. Sarah was able to perceive the complexities of the situation by checking the chart and noting the complaints of the patient. There was a patient and nurse involvement when Sarah went to the bed of the patient and told her that she is so in pain. Despite of the findings of the doctor and her background as a nurse, Sarah did understand the patient and empathize by doing something that would divert the attention of the patient.

Contrary Case

Contrary cases are clear examples of “not the concept”. Contrary cases are often very helpful to the analyst because it is often easier to say what something is not than what it is (Walker and Avant, 2011). Again Wilson (1963) suggests that it can be said of the contrary case, “Well, what the concept is, that is certainly not an instance of it”.

Nica, a nurse educator in a nursing college noticed that the grade of one of her student in a major subject is failing. She just ignored it and was not able to see the real story behind the failing grade of her student. That Jane just lost her father because of a chronic disease and she had spent most...
of her time taking good care of his father. Jane also did not care to check her grades because of being preoccupied of the situation.

Clearly, the nurse demonstrates no sense of involvement with the client (the student) and was not able to perceive the complexities of the situation because she did not warn her and ask her the reasons why her grades are failing. And because of not finding out the real reason, she was not able to understand the condition of her student and was not able to empathize.

**Borderline Case**

According to Walker and Avant (2011), borderline cases are examples or instances that contain most of the defining attributes of the concept being examined but not all of them. They may contain most or even all of the defining characteristics but differ substantially in one of them, such as length of time or intensity of occurrence. These cases are inconsistent in some way from the concept under consideration, and, as such, they help us see why the model case is not inconsistent. In this way, we help clarify our thinking about the defining attributes of the concept of interest.

Nayma, a nurse in the community was on duty. Upon checking her monthly reports, she noticed that the case of malnutrition is very high. She scheduled a meeting with the Barangay Health Workers and the parents of the malnourished children; she presented the possible predisposing factors and interventions of malnutrition. The BHW's and the parents told her that their main problem is the lack of way of living. Nayma told them that she understand their situation but she was not able to address the real problem of the community people maybe because she is a nurse and can easily look for a living.

The case presents us the attributes of involvement of the client (community people) and the nurse, the nurse's perceptual awareness of the complexities of the situation and the nurse's understanding of the client’s condition but not being emphatic.

**Related Case**

Related cases are instances of the concept that are related to the concept being studied but do not contain all the defining attributes. They are similar to the concept being studied; they are in some way connected to the main concept. The related cases help us understand how the concept being studied fits into the network of concepts surrounding it (Walker & Avant, 2011).

Angel, a nurse at the Intensive Care Unit was looking at the chart of the patient with a diagnosis of severe subdural hemorrhage secondary to vehicular accident. The patient is conscious and coherent with a Glasgow coma scale of 14. Angel understands the condition of the patient and on her chair; she imagined herself to be in the same situation of the patient and decided not to drive home if she is not well.

In here, the critical attribute of involvement of the nurse and the patient was missing and because of that, knowing the person or the patient is not that complete or not that comprehensive.

**Invented Case**

Walker and Avant (2011) stated that invented cases are cases that contain ideas outside our own experience. Then they often read like a science fiction. Invented cases are useful when you are examining a very familiar concept such as “man,” or “love,” or one that is so common place as to be taken for granted, such as “air”. Often t get a true picture of the critical defining attributes, you must take the concept out its ordinary context and put it into an invented case.

One sunny day, there is an ant that continually looks for food so that it could store something for the rainy season. On its way to the field, the grasshopper encouraged the ant to just play because it’s still summer, but the ant persisted to look for food. Rainy seasons came, and one night the grasshopper knocked on the door of the ant. The ant opened the door and let the grasshopper in. The grasshopper explained to the ant that it failed to store food because of being preoccupied with so many things. The ant served food to the grasshopper and provided a shelter for it.
In here, the ant was able to empathize to the grasshopper, understanding its situation, perceived the complexities of the situation. Involvement was there because they were able to talk to each other about the condition of the grasshopper.

Empirical Referents

Walker and Avant (2011) said that this is the final step in a concept analysis. When a concept analysis is nearing completion, the question arises “If we are to measure this concept or determine its existence in the real world, how do we do so?” Furthermore, empirical referents are classes or categories of actual phenomena that by their existence or presence demonstrate the occurrence of the concept itself.

In the real world, knowing the person can be recognized if the nurse and the patient are involved in caring for the patient; the nurse gained the trust of the patient, the nurse will be able to make skilled clinical judgment that will result to patient-centered care.

Figure 1. The Conceptual Model of Knowing the Person: A Route to Patient-Centered Care

References


