

EXPLORING THE USE OF PERSONALISED CARE AMONG THE HEALTH CARE WORKERS, A PRECURSOR TO SUSTAINABLE HEALTHY LIVING AMONG THE SERVICE USERS IN UNITED KINGDOM

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Abstract

This study examines the significant roles of personalised care in health care industry by drawing from two scholarly definition, examples of personalised care, the coherence between personalised care and the 6 C's of nurse. Further discussion was how to provide personalised care and how social prescribing will be helpful to enhance the health condition of patient based on our chosen episode of care. Broader discussions would outline the changes personalised care has made to the NHS Long Term plan. It also identified the importance of personalised care operating models and the principles of these models, explaining how the principles of communicating and interpersonal skills are relevant to identifying a person's episode of care and addressing the conditions that pneumonia patient is experiencing. In conclusion, the paper identified the significant role of Nurses and health workers in improving the health and wellbeing of their clients in various respective roles. However it recommended that the health workers need to facilitate a working relationship that will improve effective implementation of the roles especially to ensure that the Cs are well implemented during the course of their various health care roles in order to facilitate personalised care activities among the clients that will speedily encourage quick recovery from their illnesses.

Introduction

Personalised care is a care approach that is based on an individual's thoughts, feelings, and wishes regarding how their health and well-being needs should be met (Nolte, Merkur, & Anell, 2022; Taylor, 2022). As a result, keeping the individual with healthcare needs' and expectations at the centre of the service (Smith & O'Hanlon, 2020). It is required to consider the individual's strength, values, and preferences (Melnyk & Fineout-Overholt, 2022). Typically, this is not identified as a one-size-fits-all approach, but rather a multifaceted approach to positively affect the individual's condition (Kusurkar, et al. 2021). Personalised care is a valuable approach to assisting individuals in recognising their long-term conditions, which influences daily decisions and the time they spend with health professionals within a short period of time (Rodgers and Walker, 2011; NHS, 2016). As a result, through personalised care, healthcare professionals' consultations are centred on ensuring individuals (in need of improved health) are supported (Rodgers and Walker, 2011). Furthermore, rather than simply being a

time when the health professional gives advice or instructions, improve the individual's (in care) knowledge and confidence to make daily decisions (Rodgers and Walker, 2011). In conclusion, personalised care is based on a 'what matters to an individual?' rather than a 'what's wrong with an individual?' during the course of conversation (Mandelstam, 2008; Department of Health, 2012).

Personalised care assists in bridging care gaps between the needs of service users and health care workers (Needham, Catherine, Allen, & Hall 2016). Healthcare practitioners can diversify their activities to meet the needs of individuals in care through personalised care (Needham, Catherine, Allen, & Hall 2016). Patients' voices can be heard through the provision of individualised care, which supports patients to be their own healthcare advocates as a foundation for addressing their individual concerns and medical errors. Building relationships between patients and healthcare providers is critical (Crocker & Johnson, 2014). Personalised care teaches patients how to manage their conditions with sufficient knowledge (Brown, & Vetrosky 2021). Personalised care is expected to become a culture among healthcare practitioners, and nurses must take responsibility for their own education by utilising e-learning platform (Moudatsou, et al. 2020).

During the delivery of personalised care Nursing and healthcare professionals adhere to the Six C's of Nursing concept, which aims to ensure patients are cared for with care and compassion on a daily basis (Peate, 2019). The six C's are important values that health and social care workers instil as a critical means of providing efficient individualised care to patients and excelling in a professional nursing career. Care, compassion, courage, communication, commitment, and competence are the six C's of care; they are an essential component of 'Compassion in Practice' (Department of Health, 2012; Peate, 2019). The primary goal of introducing the Six C's is to help articulate and define the values that underpin nursing practise when providing care and support to individuals receiving individualised care (Ford, 2022). Nurses must demonstrate all six C's prior to providing person-centred care in order to improve the quality of care that patients deserve (Ford, 2022). As a result, nurses must understand that providing care is the central core of their role in delivering needed assistance to improve the health of individuals and the larger community (Toney-Butler, & Thayer, 2022). Nurses provide care that is tailored to the needs of the patient and must be ongoing throughout all stages of care required throughout their lifetime (Kaplow & Hardin, 2016). Nursing care necessitates nurses adopting a compassionate attitude towards the needs of the patients (McSherry, Boughey, & Attard, 2021).

A compassionate nurse is more likely to develop a therapeutic relationship with a patient in need of individualised care; this is demonstrated by treating the patient with the respect, dignity, and empathy that he or she deserves (Wright, 2021). This value contributes positively to patients' rapid recovery (Wright, 2021). Trust is typically established between the patient and the nurse. Communication is essential in developing relationships with patients and coworkers (Grant and

Goodman, 2018; Noland, Drisko, Wagner, 2020). The importance of communication necessitates that nurses consciously listen to patients' care need (McSherry, Boughey, and Attard 2021). Communication assist nurses in keeping patients informed about decisions while also allowing patients' deserving needs to be heard (Molina-Mula, & Gallo-Estrada, 2020). The attribute of commitment value by nurses means that nurses work tirelessly to improve the quality-of-care patients receive and to ensure that patients have a positive experience with the individualised care provided (Rathnayake, Dasanayake, , Maithreepala, Ekanayake, & Basnayake 2021). Without a doubt, instilling these values in practise is simply demonstrated on the basis of competence. Nurses must have clinical knowledge and experience to support patients' needs and provide effective care and treatments to meet their health and social needs (Baille, 2014).

Summarised Episode of Personalised Care Bipolar Disorder

Mrs. X patient was used during illustration of episode without her true identity to avoid breach of confidentiality and privacy (NMC,2018). On physical examination, Mrs. X revealed a history of bipolar disorder, which had an impact on her health. This evidence was supported by challenging behaviours she manifested (high manic mood with signs of depression or low mood) Mrs. X depressive state was so severe that she sometimes refuses meals and medication. She showed signs of hallucinations on several occasion. The charge nurses (including the MDT) have managed her depression symptoms with medication treatment like Sertraline, citalopram, fluoxetine, and escitalopram.

During the treatment of Mrs. X Mania's bipolar disorder, Mrs. X's appearance and face appear happy, smiling, and nice to staff, and Mrs. X wanted to know the latest update on her care plan. She occasionally requested a break to visit his family, particularly her son. Mrs. X believes she has a mental illness and that she can manage things on her own. She was always extremely in a happy mood, when she participates in social activities, with other service users. She sometimes attends the word round meeting with the consultant because she wants to hear about her care plan. Mrs. X is happy, and she sometimes laughed to herself, but treatment helped to manage her symptoms and she took stabilizing medications that helped control her mania using medication treatments like lithium, valproic acid, and divalproex sodium. Due to Mrs. X's bipolar disorder, he experiences symptoms of depression and mania on a regular basis, and his physical and general observation has been monitored with hourly ward environment safety checks because his mental health assessment status is Informal, and occupational therapy was recommended to engage him in activities during her normal mood period.

Mrs. X underwent a mental state examination (MSE) with a senior nurse, while observing. Mrs. X appeared and engaged well, aided by good eye contact, her speech had a normal rate tone, and she responded well to questions.

Mrs. X's mood was described as low, she appeared calm, she did not appear agitated, she had hallucinations, and she considered self-harm to others. Mrs. X

heard voices, which is a symptom of psychosis or a psychotic episode (NHS, 2023). The cognitive function of her perception did not appear paranoid, suspicious, or grandiose. The improvement of Mrs X's bipolar disorder is subject to a number of factors not limited to skills needed but effective Interprofessional teamworking as part of demonstrating standard proficiency (in practice) helps improve Mrs X outcomes and access to healthcare. Interprofessional clinical teams collaborate to share clinical experiences, this lessens the vulnerability for attaining favourable outcomes, quality and safety of care for Mrs X (Reeves, Zwarenstein, Espin, and Lewin, 2011). When interprofessional were involved in care of Mrs X patient, it allowed for a shared team identity, commitment and clarity of roles performed independently to limit the exacerbation of acute pneumonia patient's condition (Reeves, Zwarenstein, Espin, and Lewin, 2011). This implies that potential fragmentation to provide adequate personalised patient centred care to patients are nullified, to improve the quality of care for Mrs X's bipolar disorder (Reeves, Zwarenstein, Espin, and Lewin, 2011).

The benefits of Interprofessional teamworking did not completely outweigh the hurdles encountered during Interprofessional teamworking during care of Mrs X (Etherington, et al 2021). This correlates to scholarly evidences of issues such as conflicting professional norms, values, goals and perceptions towards addressing some problems (Etherington, et al 2021). For instances the role of leadership from a nursing perspective varies from a doctor's perspective, this is based on the differences in their roles and their training. Conflicting benefits for nurses vary for doctors, for instance a neurologist may move on to the next case to address Mrs X bipolar concern's around her health condition concern. While nurses based on their own unanimous perspective, may differ in the need to be entitled to a recess (breaks and lunches). Therefore, nurses may opine differently to put the case of the patient on hold (Etherington, et al 2021). The major barrier to Interprofessional teamworking in Mrs X episode of care was personality conflicts between neurologists and nurses. Conflicting issues may also arise between multidisciplinary team members in the management of Bipolar disorder patient such as physiotherapist, occupational therapist, pathologist and neurologist to mention a few. Overcoming these conflicting issues, requires the maturity of the diverse team members to see approaches to problems from different optical lens and avoiding bias against different viewpoints. This is possible only when team members values and respect each other This will help embrace innovation and problem solving and increasing amazing outcomes. Alternative measures of addressing interprofessional teamworking, would require regular and effective team meetings, good performance management.

Interprofessional teamworking's significance in dealing with patients' episode is found in a range of national government policies such as the Department of Health (1997) and the National Health Service Management Executive (1993) in the UK. Stated "The best and most cost - effective outcomes for patients and clients are achieved when professionals work together, learn

together, engage in clinical audit of outcomes, together, and generate innovation to ensure progress in practice and service (Reeves, Zwarenstein, Espin and Lewin, 2011). The efficiency of Mrs X PC is as a result of the adoption of NHS six-evidence based components. The first which is shared Decision Making involved a process in which Mrs X was assisted with expert advice to guide her through the choice of treatment that they desired, while also taking into account the Mrs X's values, goals, beliefs, as well as her personal history and circumstance (De Longh et al., 2019). The Patient Activation Measure (PAM) is used to assess Mrs X's knowledge, skill, and confidence in order to support the patient's self-management (Riegel et al., 2021). Mrs X was encouraged to manage her ongoing physical and mental health conditions based on her strengths and assets, such as where and when to call for help and phone numbers to dial. Personalised care support planning (PCSP) allowed Mrs X to become actively involved in her own healthcare and wellbeing planning and management, by recognizing her strengths and what is important to her in the process (Shepherd et al., 2022). The conversation and planning involved Mrs X families, and care givers. Mrs X's experiences with other services are incorporated to create a care plan to meet her health and wellbeing needs. The process addressed what has worked well and what has not worked well with Mrs X, identifying the measures to be taken to resolve any outcomes.

Mrs X was eligible for social prescribing, to support her further beyond critical level. The family of Mrs X was educated on how to receive support that addresses Mrs X health conditions through social prescribing. The family of Mrs X are informed about holistic approaches as a means of gaining total control of her health through social prescribing. Officials involved in social prescribing are entirely non-clinical in nature, with the goal of assisting local residents who have been referred to receive care (Buck and EwBank, 2020). Social prescribing supplements the efficacy of personalised care support provided support Mrs X social, emotional, or pragmatic needs of Mrs X conditions (Buck and EwBank, 2020).

Models of personalised care in nursing practice are vital part of ethical professional practice and as a conceptual framework for nurses to provide personalised care (National Health Service 2022). The National Health Service acknowledged. The chosen model is the comprehensive model of personalised care has no restriction of individuals regardless of differences in age, gender, ethnicity and sexual orientation (National Health Service 2022). These models are committed to long term plan to help Mrs X self-manage her health conditions and Mrs X utilise decision making support tools to leverage most effective intervention that does not pose any harm (National Health Service 2022).

Conclusion

Nurses play significant role in personalised care for patients undergoing several episodes. Provision of care by nurses requires experience and knowledge of models

of personalised care, the six principles of care and most importantly abiding to the legislative policies that ensures nurses practice takes the safety of patients serious. Nurses training and education must grow with experience, as different issues or complications may arise with a patient or members of interprofessional team. Nurses plays a vital role in our society; we have the responsibility for providing health care services and we must do so within the confines of the law that guides the profession and refer to them when making an informed decision which must be relevant to the laid down guidelines. It is also important to note that nursing requires us to possess high level of integrity besides being aware of standards of good practice.

The responsibility of the patients is not only nurses but other clinicians, specialists, pharmacists, and laboratory technicians are all responsible for carrying out the duties assigned to them and sharing any findings with the rest of the team. An incorrect diagnosis will almost always result in an incorrect treatment, so coordinated activity, open communication, and the ability to voice concerns are all part of the dynamic that must drive such cases in order for patients to achieve the best possible outcomes. This shows the significance of teamworking.

Good communication between nurses and a patient is of vital significance as it provides patients with individualized care. Nurses who take the time to understand the unique challenges and concerns of their patients will be better prepared to advocate on their behalf and properly address issues as they arise. The attention given to the patient makes patients more compliant with treatment and imparts feeling of safety, affection and confidence, all of which are important during a patient's treatment and recovery. Therefore, this aspect in healthcare should never be neglected and reinforced with training, learning and practice of soft skills.

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