Person-centred care: the emperor’s new clothes?

Despite the concept being widely discussed and promoted, it is still hard to find true person-centred care in practice. Are we fooling ourselves, just like the emperor? asks David Sheard.

In the tale of the emperor’s new clothes, the emperor is told a suit made of ‘invisible’ cloth by a couple of weavers, who assure the emperor that only the wise can see it. The naked man afraid of looking foolish blocks the truth from a young child to point out the reality that everyone else already knows from. Does this tale have relevance in the world of dementia care and person-centred care as it currently stands?

The natural picture

The current national picture in the UK is one where the words and the concepts behind person-centred care are widely talked about and promoted by services for people with dementia at conferences, in literature and in training. The words ‘person-centred’ feature prominently in phrases and statements of philosophy throughout health and social care services. Yet across the UK, other than in small pockets, it is hard to find significant large scale evidence of people with dementia receiving truly person-centred care.

Has there really been a change from the old culture of care, or are we fooling ourselves, just like the emperor? Is The Emperor’s New Clothes? A perfect metaphor for person-centred care? Is it a myth, an illusion, an unattainable and impossible dream?

Has dementia care been containerised in professional ideologies? We have person-centred care, dementia care, dementia friendly issues, life history and meaningful occupation, standards, dementia specific training and a plethora of DSNs and organisations such as the own Dementia Care Matters, all committed to increasing the ‘entourage’ of dementia care, which mixes with middle-class professionalism, distorts with overblown concepts and creates a false impression in those who believe person-centred care is not based in reality. Where does the truth lie?

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Biography and identity

Anonymity and agency

Community interaction

Inclusion and occupation

Comfort and attachment

Through his and others’ work, more and more services are fighting to change the old culture of care. They are trying to make different pieces of the person-centred jigsaw, struggling to connect all of the elements involved. So what continues to block the full picture on the jigsaw appearing?

Many services would identify certain traditional blocks to achieving person-centred care, as shown in Box 1.

Equally many services would identify a wide range of essential ingredients to succeed in implementing this approach (Box 2).

Philosophy for life

Maybe to prevent person-centred becoming the ‘The Emperor’s New Clothes’ we need to revisit the concept, and see that it is not just about people with dementia but actually concerns each one of us. The need is to understand that person-centred care is a life philosophy – an aspiration about being human, about pursuing the meaning of self, respecting difference, valuing equality, facing the anxieties, threats and guilt in our own lives, emphasising the strengths in others and celebrating uniqueness and our own ‘personhood’.

1: Traditional barriers to person-centred care

No person-centred philosophical of care

Too much focus on losses and dependency

Over-emphasis on staff hierarchies

Fixed care ideologies

Lack of links between beliefs, training and care delivery

Low pay

Personal self-distance

Care based on tasks and physical needs alone

No continuous learning culture

Obsession with risk prevention

2: To achieve person-centred care, the following are needed

Passionate vision

Innovation of belief systems

Feeding-like leadership

Encouragement of ‘insightful’ staff

Supporting person-centred philosophy in business planning

Management standards in dementia care

Non-traditional recruitment methods

Change management skills

Integrating personhood with clinical perspectives

Converting training awareness into practice

How can we expect those who support people with dementia to understand a person with dementia’s life history and feelings if they have never had an opportunity in their life to explore their own? How can we expect those who support people with dementia to understand why giving so much of themselves to people with dementia if they themselves do not receive person-centred care? Are we not helping those who need help to mirror this philosophy in their own life? How can we recognise well-being and ill-being in people with dementia if we do not even recognise it in ourselves?

Training needs to empower staff, to help them feel pride in the work they do and in the knowledge they have, to emphasise the important of developing and using individual initiative, instincts and passion as well as the need for professional knowledge, concepts and standards.

If those people who support people with dementia are going to start working truly together and so provide person-centred care, the training that is provided needs to work with the strengths of each individual staff member – and it needs to help individuals acquire skills that may not come naturally to them.

Insightful feelings and skills

Some people’s strengths include an ability to be able to use and understand the type of thinking and train and lead each other to become more visible and important with people with dementia. However, the terms and words used about person-centred care have become more visible and important than the real, ‘invisible’ meaning of how to achieve this approach.

We all know many staff who are ‘insightful’ rather than ‘theoretical’. We all know

What is person-centred care so difficult to achieve? Why do staff highly trained in this approach struggle to implement it? What is it about some untrained staff who are just ‘naturals’ – who appear to have ‘the knack’...

Why staff who have never worked with people with dementia, have very few if any qualifications and yet they are ‘naturals’. They do not need training in person-centred care. They see things as they are, what’s really visible, they have developed themselves into people who instinctively live their lives with the ability to connect to other people’s feelings, who use their instincts and gut feelings, who feel person-centred care rather than just practise it. In many situations they might not even be aware of the way they do this – but whatever the word to describe this is person-centred care. They are working from the heart rather than the mind.

Inspiration from untrained staff

Dementia Care Matters has been appraising a number of key questions. Why is person-centred care so difficult to achieve? Why do staff highly trained in this approach struggle to implement it? What is it about staff who are just ‘naturals’ – and appear to have, in Bell & Trost’s word (2003), the ‘knack’? What makes it so difficult to replicate ‘feeling’ through training?

We undertook a number of interviews with untrained staff which demonstrate true inspiration – too are presented on the next page. These interviews leave us wondering how far person-centred care and the care ‘industry’ which has developed around it, has come in the last 15 years when staff who have never heard of person-centred care are feeling and demonstrating it every day. The interviews highlight how these staff clearly articulate everything we would want them to know about supporting people with dementia, without any knowledge of the term person-centred care or the jargon used in this field. They have not been trained in any way to ‘help’ them feel what people with dementia ‘feel’.

These staff need training that is able to help them to see that there is a theoretical framework behind the things they are doing naturally: They need help to understand the words and the theory to the practice they are instinctively using. Once they have had this they may have an even greater understanding and realisation that person-centred care is coming from their heart, while the concepts around this approach are being learned by others in the head. They will then stand a better chance of taking it forward, of not being put down by staff with outdated beliefs, professional qualifications and training.

Joining up the visible and invisible

Given the difference in types of staff engaged in the battle against the old culture of care – the instinctive and the theoretical – we need to find a way to join both together, so that each of these learn from each other. We can learn from the other and services need to recognise this. People who have a passion and understanding need to know how to apply person-centred care to themselves and to ‘feel it’. Those who find it easy to work with their instincts need to acquire knowledge about the terms behind person-centred care and how these apply to people with dementia.

Through specific training both groups need to acquire opposite skills that do not come naturally to them; to refresh, reapply and understand. The best way for them to achieve this is through support and training which enables both types to understand the other, to work together, to learn from each other, to model person-centred care to each other, to adapt each other and draw out the best from each other.

This will not be achieved by training alone. Training is only one piece of the puzzle. Many staff go on courses, feel inspired and have renewed hope, only to find that when they return to work they return to a service still practising the old culture of care. If person-centred care is going to work they need to be about individual change but a whole culture change.

The future for person-centred care

As a member of staff in one of these interviews states: ‘It’s no bother, it’s not such trouble. It’s so simple’. To this our inspira-

is the future getting the simplicity of person-centred care back into organis-

are managers and staff...

We used the key ingredients of person-centred care are essentially:

recognising it as a life philosophy that is:

a belief that this work is rewarding and is a process of two-way giving.

But we have not been working with people with dementia and loves each individual for who they are.

These that models person-centred care with staff and provides leadership rather than management.

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