The person-centered approach, whether in research or practice, focuses on outcomes that matter most to individuals. For older adults, these outcomes often concern quality of life, ability to function or care for oneself, management of symptoms, and the reduction of burden on caregivers, finances, and other resources. The person-centered approach to care began during the 1950s, with the work of Carl Rogers, a psychotherapist who emphasized the benefits of positive interpersonal interactions between the client and therapist (Kirschenbaum, 2004). Thomas Kitwood (1997) later extended this work to include individuals with dementia. The basic premise of person-centered care is that every individual, regardless of physical or mental ability, needs positive, affirming relationships and an environment that supports his or her growth. Nolan, Davies, Brown, Keady, and Nolan (2004) advanced this concept further by proposing a relationship-centered model of care that includes not only the patient but also all parties involved in care, including family and formal care partners. The central idea is that every individual in the caring relationship should experience a sense of self-worth, belonging, purpose, and achievement.

Over the past several years, the notion of person-centeredness has gained increased momentum across the entire continuum of care and is now guiding health care research. The work being conducted by Planetree (access http://planetree.org) to transform organizational cultures and deliver health care that puts the needs and preferences of individuals first is an excellent example of a provider partnership that aims to make person-centered care a hallmark of care in every setting. From a research perspective, the U.S. Congress, through the Patient Protection and Affordable Care Act (2010), created the Patient-Centered Outcomes Research Institute (PCORI) with the sole mission of helping individuals make informed health care decisions and improving health care delivery and outcomes by answering questions that matter most to them, their families and care partners, and those who advocate on their behalf (access http://www.pcori.org/about-us/mission-and-vision).
This special issue of the Journal of Gerontological Nursing brings together several interdisciplinary scientists whose timely research is built on a philosophy of person-centeredness. Each article focuses on a central element of the approach.

The first article by Palmer et al., “Hydrate for Health: Listening to Older Adults’ Need for Information,” (pp. 24-30) illustrates one aspect of the person-centered approach in care: obtaining, understanding, and responding to older adults’ self-reported informational needs. Hydration is a basic need for health. In the authors’ project, community-dwelling older adults indicated that they wanted pragmatic information on how to determine their own fluid needs and how these fluid requirements could be incorporated into their daily lives. Health information identified by older adults as important to know is critical to incorporate into consumer educational materials if these resources are to have a meaningful impact on health outcomes.

Preference for care is a fundamental tenet of person-centeredness, and two articles address this important concept. In the second article, “The Consistency of Self-Reported Preferences for Everyday Living: Implications for Person-Centered Care Delivery,” (pp. 34-46) Van Haitsma et al. demonstrate that individual preferences for personal care and leisure activity are not necessarily stable over time, and that age and frailty alone are not associated with preference stability. Their findings have important implications for the optimal frequency of preference assessment in nursing homes and highlight the need for more research on reasons for change over time.

The third article by Tappen et al., “Remaining in the Nursing Home Versus Transfer to Acute Care: Resident, Family, and Staff Preferences,” (pp. 48-57) explores nursing home resident, family, and staff preferences regarding transfer to acute care following a change in medical status. Most nursing home staff favored keeping the resident in the nursing home; families were divided in their opinion; and residents believed the decision depended on the severity of their condition and the prognosis. Interesting differences were also noted among ethnic groups. Given the potential for inappropriate transfers from the nursing home to acute care, as well as the lack of consensus on appropriate action, this work underscores the need for all stakeholders to engage in a discussion about potential transfers soon after admission to the nursing home.

Apathy in individuals with behavioral variant frontotemporal degeneration is often ignored by clinicians because of the patients’ lack of apparent distress. However, family members report that apathy is among the most difficult behavior they contend with on a daily basis. The fourth article by Massimo, Evans, and Grossman, “Differentiating Subtypes of Apathy to Improve Patient-Centered Care in Frontotemporal Degeneration,” (pp. 58-65) addresses how a more nuanced understanding of the subtypes of apathy and their trajectories may begin to answer one of PCORI’s real-world patient questions: “Given my personal characteristics, what should I expect will happen to me?” Just as importantly, Massimo et al.’s work targets the needs of the care partner, who often acts as the eyes, ears, and voice of the identified patient.

A person-centered approach is not only about outcomes—it is also about process. The final article by Hill, Penrod, and Milone-Nuzzo, “Merging Person-Centered Care With Translational Research to Improve the Lives of Older Adults: Creating Community-Based Nursing Research Networks,” (pp. 66-74) describes a creative, community-engaged infrastructure that bridges and supports person-centered care and translational research efforts. The wide research network the authors established was designed to employ community-based practicing nurses who have the skill, talent, and leadership to connect with older adults and to eventually improve their lives through research.

In daily practice and research, the needs and preferences of older adults are often not entirely congruent with those of health care providers or investigators, and this incongruence may not be recognized by providers or researchers. Importantly, it may not be spoken of by the older adult. We hope the readers of this issue will take away a new awareness of what it means to be person-centered and re-double their efforts to keep the voices of older adults central in research and practice.

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