What is Old is New Again
Introducing a New Section on Person-Centered Care

Thomas Kitwood was one of the first researchers to bring attention to the concept of person-centered care (PCC) and the idea of personhood. Kitwood (1997) argues that personhood must be considered in the context of relationships and social interactions. Personhood and PCC should assess and value the desires and needs of fellow human beings, and include recognition, respect, and trust. PCC and associated research currently hold the spotlight in health care and the care of older adults, bringing essential attention to the need to assess and plan care around individuals’ preferences, values, and wishes regarding their health, medical, and nursing care.

A focus on knowing the individual and his/her experiences bridges disciplines and continents, and has attracted the attention of funding agencies, such as the Patient Centered Outcomes Research Institute (PCORI). However, the PCC field has struggled to create uniform definitions, address measurement issues, and integrate PCC into real-world practice settings.

PCC has been a global priority, especially in the care of individuals with dementia. The United Kingdom and Europe have specialized training for practitioners to help older adults live well with dementia and have adopted the slogan, “Putting people first.” Downs (2013) argues that this approach brings a sense of optimism rather than despair and a focus on the strengths of the individual.

Sometimes what is old becomes new again. For example, the value and presence of PCC have been evident in gerontology and nursing care of older adults for centuries. Knowing the patient and providing individualized personal care has been central to providing quality care to older adults since the time of Florence Nightingale (1992), who wrote about the importance of knowing the patient, having concern for his/her basic human needs, and observing their interactions with the environment: “Always sit down when a sick person is talking business to you, show no signs of hurry, give complete attention and full consideration” (p. 28).

Nurse theorists, such as Carper (1978), Dossey (2008), and Meleis (2007), have also emphasized the importance of knowing the individual because it is nurses’ way of knowing and being respectful of individuals’ beliefs, preferences, and experiences with health care. The complexities and challenges of geriatrics demand that we know patients and work together without regarding disciplinary boundaries (Fick, DiMeglio, McDowell, & Mathis-Halpin, 2013).

It is in this context that the Journal of Gerontological Nursing introduces its newest section, PCC, and newest Section Editor, Kimberly S. Van Haitsma, PhD. We are thrilled to have a section editor who is a national and international expert in PCC, is well-published in the area of PCC, and self-developed an instrument to improve the measurement of PCC (Van Haitsma et al., 2013). Van Haitsma is a trained psychologist who earned a PhD in Clinical Psychology from Bowling Green State University. She worked as a clinical geropsychologist in post-acute, long-term care settings and then went on to work as an applied researcher in these settings. She joined the faculty at Penn State College of Nursing in August 2014 and now directs the new Program for Person-Centered Living Systems of Care. Her area of research focuses on questions seeking to understand the impact of contextual issues (e.g., physical environment, culture of care, staff interactions, interdisci-
plinary team processes, psychotherapeutic approaches) on holistic aspects of quality of life and quality of care delivery for frail older adults receiving services in long-term care settings. Her work has also focused on developing and evaluating PCC interventions designed to ameliorate affective or behavioral symptoms in frail older adults with and without dementia.

The PCC section debuts in this month’s issue with an article by Porock et al. (2015) that highlights the importance of gaining the personal perspective of individuals living with dementia and their caregivers. Using Delphi methodology, they surveyed individuals with dementia, as well as their caregivers and care partners, on their priorities for public policy and where public-funded research should be directed. Their findings—that individuals living with dementia had different priorities than those identified and funded by the National Alzheimer’s Project Act—are groundbreaking and should be used to direct future policy and care support for individuals with dementia and their caregivers. It is clear from this and other work that we should elicit and value the perspective of individuals living with dementia, regardless of their cognitive, physical, or intellectual challenges. I urge our readers to read this study and help disseminate this important work to funders, practitioners, and other stakeholders.

Geriatric nursing has history and value to offer the field of PCC. Our new section exists to highlight this area and advance the science of PCC. I welcome Dr. Van Haitsma to the Journal of Gerontological Nursing team and look forward to reading many more innovative and informative articles from the newest section on PCC.

REFERENCES


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