Patient centred care and vulnerability in old age: a matrix taxonomy

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Introduction

A number of definitions of patient centred care exist however none focuses specifically on patient centredness of interventions provided for vulnerable older people by teams of health and social care professionals working in the community. Other research has tended to focus either on a single profession such as nursing (McCormack, 2003), or a specific patient group e.g. people with dementia (Kitwood, 1997). The National Service Framework (NSF) for Older People had person centred care as one of its eight main standards (Department of Health 2001. Other health and social care policy promotes patient or person centred care, this being reflected most recently in the personalisation agenda within adult social care.

The aim of this research was to explore and therefore ‘construct’ patient centred health and social care for vulnerable older people living in the community, incorporating the perspectives of both older people and health and social care professionals.

Methods

- The study had a constructivist paradigm informed by symbolic interactionism (Blumer, 1969).
- Focus groups (and some individual interviews) were held with older people and health and social care professionals, using a topic guide. There were 42 participants: 21 older people and 21 professionals (9 social workers, 5 nurses, 3 rehabilitation assistants 2 physiotherapists, one occupational therapist and one podiatrist).
- Discussions were recorded then transcribed verbatim and data analysed qualitatively using constant comparative analysis (Glaser, 1965).
- Ethical approval was sought and gained from the Local Research Ethics Committee. Informed written consent was obtained from all participants.

Results

- The data led to four different constructions of patient centred care for vulnerable older people (A-D in the matrix taxonomy below). Two are based on older people’s feelings of vulnerability (insider perspectives: A & B) and the other two on professionals’ perspectives (outsider perspectives: C & D).

- Older people who view their care as patient centred do not feel vulnerable (A), whereas those in situations where they feel vulnerable, do not consider the care they receive at that time to be patient centred (B).

Conclusion and recommendations

- Professionals should aim to provide the factors in Box A and reduce those in Box B.
- To be more patient centred in their approach, professionals must pay more attention to older people’s feelings of vulnerability.
- Asking older people in the community if they ever feel vulnerable, if so, when and in what situations and intervening accordingly, is an important step towards providing patient centred care.

Matrix taxonomy of vulnerability and patient centred care in old age