

EDITORIAL

Patient- and Family-Centred Care: Some Solutions

Just under a year ago I wrote an editorial, using a personal tone, about a big problem we are facing in health care today. For all the talk of patient and family well-being as the *raison d'être* of health services, true concern for the struggles of those seeking help from the health-care system is sadly lacking in many settings in Canada and worldwide. I wrote about excessive wait times for both the most basic and the most complex health services, the dearth of primary care providers, and a distressing tendency of staff to avoid speaking to or even making eye contact with patients and families, as well as safety issues such as failure to pass on key information to patients, family members, and health-care workers. I also wrote about a creeping sense of hopelessness — the feeling that the status quo is just “the way it is.” I argued that, as recipients as well as providers of care, we have an obligation to start fighting back and turning sentiment into action.

I wrote that editorial from a very personal viewpoint, at a time when I was grieving the loss of a cherished family member and was engaged in much soul-searching about my work as a health-services researcher and teacher. Standing back almost a year later, after having made some life changes, I think it is time I offered a few suggestions for what we can do to move towards patient- and family-centred care, from the relatively easy to the complex and challenging.

Perhaps we should start with the simplest of my suggestions. I struggle with the idea that negative media portrayals of our profession (in television programs, journalistic reports, and advertisements) make it hard to attract new recruits to nursing. Members of the public and other health-care practitioners are left with the impression that our work is undemanding and that we are legitimate targets for mockery if not outright harassment. This renders it difficult to command the resources that nurses need in order to deliver high-quality care.

I leave it to you, the reader, to decide how much vigorous activism should be targeted at offensive portrayals of the profession (but I do urge you to consult the excellent blog www.thetruthaboutnursing.com and to read some of the thoughtful works on media images of nursing that a quick Internet search will place at your disposal). I leave it to you to decide whether advertisers and television networks should be targeted in media campaigns. But I do recommend, without hesitation, that you find

ways, personally and through your professional organizations, to thank and even honour the many journalists, creative writers, and performers who develop richly textured and thought-provoking representations of nursing that force people to consider what patient-centred care means and nursing's place in it. This might seem a small step, but surely it is a step in the right direction.

My second recommendation is that you seek out at least one nurse manager and personally make sure that this individual knows how much her or his role in patient care is valued and appreciated. Common sense, in addition to copious research in nursing and other fields, tells us that frontline nurse managers, particularly in the hospital setting, are a powerful force in shaping quality of work life for health-care staff. Their actions play a vital role in those myriad decisions over the course of a shift that determine whether care is safe, humane, and right for each patient. At a time of financial and organizational upheaval in health care, with the near certainty that we are headed for even more turbulence, we must not lose sight of the fact that frontline nurse managers have one of the most essential and difficult jobs in health care. We know that they are working extremely hard and are suffering the same emotional exhaustion that clinicians are experiencing, yet we do not know how to help them do their work better. If patient- and family-centred care is to become a reality, nurse managers will need more than a pat on the back and fair pay. They will need a level of emotional support and professional development that in most settings we have not been providing consistently.

Now for my third and perhaps most controversial plea. If we really want a health-care system that puts the needs of patients and families first, we will send an unequivocal message to our political leadership — to our provincial legislatures and ministries of health — that enough is enough. Most of the voting public and, truth be told, most of those who provide care and manage services, are ignorant about where health-care money comes from, how it flows, and what the system's outcomes are. We have some highly talented Canadian journalists covering the health-care beat, but is their work being widely seen and read by voters and policy-makers? We have public support at the provincial and federal levels for data experts and statisticians, who gather impressive data on structures, care delivery, and health outcomes, but are their reports being read by sufficient numbers of people, particularly voters? Do voters know that we are spending huge sums on what is often mediocre care driven by short-sighted, even cowardly, political decisions intended mainly to help governments survive to the next election?

I am reluctant to propose spending less on health care. Perhaps what we are spending is appropriately scaled, given the importance of health to quality of life and given that a large proportion of the costs are driven

by labour — and our health-care personnel do deserve fair remuneration. But the fact is, Canadians are spending staggering amounts of money on health. The amounts seem to plateau from time to time but are nowhere near stable. And statistics and anecdotal data alike tell us that we are oceans away from offering the public consistent access to high-quality services at reasonable cost. Again and again, we form consultation groups and set up commissions that generate documents stretching to thousands of pages. We allow members of various interest groups, including politicians, to shadowbox in the media around the dangers of becoming excessively American in our approach to care delivery while ignoring problems with hygiene, the condition of physical plant in our institutions, staff workload and its implications for wait times, and demoralized workers and managers who end their shifts feeling that they personally have failed when it is the institutional and political leadership that has fallen short.

If we are to move towards patient- and family-centred health care, as I wrote earlier, we will have to get at the root of why our system is the way it is and stop letting ourselves become inured to the stories of personal suffering being told by our patients and their families. The critical mass of these stories is sending us a message that we can no longer ignore. The media can be our allies in showing how nurses might better respond, along with our colleagues in the other health professions and other health fields, to the needs of patients and families. Our frontline nurse managers need to know that we appreciate how challenging their roles are and how vital their work is to the achievement of patient- and family-centred care.

I would argue, however, that our first step must be to stop letting elected politicians off the hook in addressing the highly complex and increasingly pressing problems in health care. Ours is a richly funded system. If by chance there are insufficient resources to provide the care that our patients deserve, then I would argue that we can remedy the situation by holding long-overdue discussions and making compromises about services, realizing that not everyone will be happy with the solutions.

The people in the best position to use the political process are the voters. If we are to achieve a truly patient- and family-centred health-care system in which nurses play a central and respected role, we will have to educate ourselves and each other, as well as the media and the public, and we will have to make voters see the urgency of holding elected officials responsible for the quality of services and the outcomes of our very complex and very expensive health-care system.

Sean P. Clarke
Editor-in-Chief