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## CONFERENCE ABSTRACT

### **"They talk to you like you're a person": Validating McCormack and McCance's Person-Centred Practice Framework through a qualitative study of older people's experiences of person-centred integrated care (PCIC).**

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This paper concerns the findings of a qualitative study exploring service user experiences of PCIC. Using McCormack and McCance's Person-Centred Practice (PCP) Framework, with a focus on the process and outcome domains at the micro level, the research validates the utility of the framework in an integrated care context. Drawing on a case study methodology, thirty interviews were conducted with service users engaging with integrated care services across three sites within the National Integrated Care Programme for Older Persons in the Republic of Ireland.

The PCP framework is an internationally recognised theoretical framework that supports healthcare service providers and teams in understanding the dimensions of person-centredness and how these can be represented and realised in practice (Slater, McCance and McCormack, 2017). The PCP framework centralises the establishment of the therapeutic relationship between the service provider and the service user, including their families and carers and identifies person-centred processes and consequent outcomes.

In particular, this paper will focus on this micro level component, i.e. the outcome and process domains, of the framework. The findings of the study validate the outcome and process domains as key in service user experiences of PCIC. While the three sites differ in terms of the integrated care model applied, findings indicate that the processes of engagement; having a sympathetic presence; providing holistic care; engaging in shared decision making; and working with patient's beliefs and values are evident; are all both experienced and valued by service users. In addition, across the three cases, service users identify the impact of their care as manifesting all four person-centred outcomes included in the framework: satisfaction with care; involvement with care; and feeling of well-being; and creating a therapeutic culture between service user and care professional.

The findings also indicate key components pertinent to service user experiences of PCIC which may be considered as possible extensions to the framework's stated outcomes. These include consideration on the felt experience of integration and coordination in terms of outcomes for the service user. While the framework includes the felt experience of feeling treated as an individual and being involved in care in outcome domains, the felt experience of coordination and integration could also be included. Findings of the study elucidate the importance of the biographical narrative and reveal how diversity of individuals' personal and social resources and capacities impact on the differentiated nature of agency and its expression as part of the care experience. This agency of

the older person, whether relating to their educational, economic or other capacities or their social network and ancillary informal social supports and care, will impact on how they engage with and participate in care processes and related care needs. Consideration of this key biographical information, in addition to individuals' beliefs and values, will impact on how service providers can optimise supports provided and will inform processes around participation and shared decision making. The findings reveal how this framework can be successfully used and potentially extended as a meaningful evaluative tool to explore experiences of PCIC.