CRITICAL REVIEW OF LITERATURE

A meta-synthesis of person-centredness in nursing curricula

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Abstract

Background: Person-centred approaches to practice are synonymous with effective healthcare. It is therefore important that the nursing workforce values, recognises and demonstrates person-centred practice. This has implications for nursing education and how curricula prepare students for person-centred practice.

Aim: To conduct a meta-synthesis of person-centredness in nursing curricula.

Method: Meta-synthesis.

Results: The meta-synthesis included 48 papers. Four themes were identified:

- Moving beyond mediocrity (dissatisfaction with current teaching and learning approaches, and a desire to enhance curricula to promote person-centredness)
- Me, myself and I (promoting person-centredness in nursing curricula requires all participants in nursing education to have self-knowledge)
- The curricular suitcase (nursing curricula have finite capacity so the inclusion of person-centredness is an essential requirement for the career journey)
- Learning elevators (it is important to prioritise learning cultures and experiences that help students understand and enact person-centred practice)

Conclusion: This study has found that nurse educators aspire to and are committed to the promotion of person-centred practice. Internationally, a range of pedagogies and curricular developments to promote person-centredness have been positively evaluated. However, there is generally a lack of conceptual clarity about the nature of person-centredness and no evidence of a systematic approach to whole-curriculum development that reflects the theoretical principles of person-centred practice.

Implications for practice development:

- Person-centred practice is a prominent concept in healthcare policy. If the future nursing workforce is to be prepared for person-centred practice then proficiency standards and nursing curricula should consistently reflect this.
- Nursing curricula need to be developed to encompass a breadth and depth of learning experiences in academic and practice settings, in order to optimise student learning about those issues that matter most to people in need of healthcare.

Keywords: Person-centredness, meta-synthesis, literature review, nursing curricula, nursing education
Introduction
The concept of person-centredness is enshrined within global healthcare policy and literature (Department of Health and Human Services, 2012; World Health Organization, 2015). Person-centred approaches to practice are being proposed as ‘a superior model of care’ (Miles and Asbridge, 2014, p 2), with evidence of enhanced health outcomes (Radwin et al., 2009; Edvardsson et al., 2011; Laird et al., 2015). It is contended that achieving excellence in healthcare requires a workforce that is not only clinically competent but also able to demonstrate humanistic approaches to care, consistent with a philosophy of person-centred practice (Gurses et al., 2011; Miles and Asbridge, 2014). Internationally, there have been calls for radical reforms in the education of health and social care professionals to prepare the workforce for person-centred practice (Benner et al., 2010; Frenk et al., 2010; Willis Commission, 2012). In the US, the Quality and Safety Education for Nurses Institute has endorsed six competency domains for preregistration nursing, one of which is patient-centred care (Cronenwett et al., 2007). Similarly, in the UK proficiency standards for registered nurses acknowledge that care should be compassionate, evidence-based and person-centred (Nursing and Midwifery Council, 2018).

Questions persist however, about the value attributed to person-centredness in nursing education and how curricula are preparing nursing students for person-centred practice. This lack of clarity pointed to a need to review the literature to determine the positioning of person-centredness in nursing curricula.

Aims
The aims of this review were:
- To conduct a meta-synthesis of person-centredness in nursing curricula
- To examine the resulting implications for curriculum design and curriculum delivery

Methodology
Design
When conducting a large-scale literature review, it is helpful to consider a range of methodologies that may facilitate a systematic and robust approach. A provisional review indicated the majority of papers relating to person-centredness in nursing curricula were qualitative in nature. In light of this, it was determined that a meta-synthesis would be an effective approach to a systematic review.

Meta-synthesis involves the integrative secondary analysis and synthesis of findings from existing qualitative studies that share a common theme. The aim is to enable the application of qualitative findings to inform the development of practice and the generation of new knowledge (Finfgeld-Connett, 2010; Sandelowski, 2006). In contrast, the principles and methods that inform and guide meta-synthesis create certain challenges that may be considered to be epistemologically contentious. It is argued that the perceived aggregation of findings from qualitative studies is antithetic to the qualitative paradigm, which intrinsically values multiple truths. While qualitative studies have traditionally generated islands of discrete knowledge, the application of this knowledge within the wider healthcare arena has been limited (Pope and Mays, 2009). The process of meta-synthesis seeks to clarify how existing qualitative studies are congruent and divergent and in so doing, creates the potential for enriched meaning through interpretative enquiry that may be more applicable to education, healthcare practice and further research (Noyes and Lewin, 2011). For this reason, meta-synthesis has gained momentum (Finfgeld-Connett, 2010).

Meta-synthesis
While there are no established standards for meta-synthesis, several different methodological templates have been developed (Noblit and Hare, 1988; Paterson et al., 2001; McCormack et al., 2010). Irrespective of the approach adopted, there is a general consensus that the credibility of the findings depends on a transparent and clearly defined audit trail. This should include evidence of informed sampling and robust justification of how and why studies were included or excluded,
and how each stage of analysis and interpretation was derived (Finfgeld-Connett, 2010). The meta-
synthesis presented in this study is aligned with the well-recognised and commonly used seven-phase
approach advocated by Noblit and Hare (1988).

**The phenomenon of study**
The starting point for a meta-synthesis is to determine the phenomenon of study (Noblit and Hare,
1988). In this review, the aim of the study was to explore empirical qualitative studies relating to
person-centredness in nursing curricula.

**Search methods**
A range of electronic databases (CINAHL Complete, Ovid MEDLINE, ProQuest Health and Medical)
was searched. The search terms are shown in Table 1. These included nursing education terms in
combination with terms derived from the definition of person-centred practice by McCormack and

<table>
<thead>
<tr>
<th>Table 1: Search terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic relationship</td>
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<tr>
<td>Mutual respect</td>
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<tr>
<td>Self-determination/self determination</td>
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<tr>
<td>Respect for persons</td>
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<td>Empowerment</td>
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<td>Service user</td>
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<tr>
<td>Personhood</td>
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<tr>
<td>Person centred/centered</td>
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<td>Patient centred/centered</td>
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<tr>
<td>AND</td>
</tr>
<tr>
<td>Nurse/nursing education</td>
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<tr>
<td>Nurse/nursing curriculum</td>
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<tr>
<td>Nurse/nursing student</td>
</tr>
</tbody>
</table>

**Inclusion/exclusion criteria**
Qualitative studies and the qualitative findings from mixed/multiple methods papers, with empirical
data, published in English between 1 January 2000 and 28 February 2018 and including a combination
of the search terms in the paper title or abstract, were eligible for inclusion. The scope of the review
was purposefully inclusive of a heterogeneous range of papers to determine the extent of the published
works relating to person-centredness in nursing curricula. England’s National Institute for Health and
Care Excellence (2014) advises that a key attribute of a search strategy is its sensitivity in terms of the
number of relevant records retrieved as a proportion of those that exist. This attribute is influenced
by the search terms and timeframe, and determining these parameters may involve a trade-off so the
search outcomes are manageable and up to date. One strategy is to consider key known studies that
can help check the sensitivity of the search strategy (NICE, 2014). This review encompassed a period
of almost 20 years, which allowed consideration of key known studies specific to person-centredness
in nursing curricula alongside some of the most contemporary papers.

**Search outcomes**
A total of 1,111 citations was identified from the literature search. The abstract for each citation
was considered by the lead reviewer (DOD) and 1,040 papers found to be not directly relevant
were excluded. The remaining 71 papers were further considered by two reviewers, who are highly
experienced researchers in the field of person-centred practice (BM, TM). Having read the abstract and
screened the quality and relevance of each paper, they separately made a decision about whether or
not a paper should be included. The reviewers then shared their views with each other. Where there
was a difference of opinion, whole papers were reviewed until consensus was reached about eligibility
for inclusion. On completion of this process, 48 papers were included in the meta-synthesis (Figure 1).
Figure 1: PRISMA Flowchart - Search outcomes

A summary of the 48 included papers is shown in Table 2.
<table>
<thead>
<tr>
<th>Author/year/country</th>
<th>Title</th>
<th>Methodology/methods</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leenerts (2003)/US</td>
<td>Teaching personal knowledge as a way of knowing self in therapeutic relationship</td>
<td>• Student feedback and insights into learning about self</td>
<td>Nursing students</td>
</tr>
<tr>
<td>Lemonidou et al. (2004)/Greece</td>
<td>Moral professional personhood: ethical reflections during initial clinical encounters in nursing education</td>
<td>• Phenomenology • Journal narrative analysis</td>
<td>Nursing students (75)</td>
</tr>
<tr>
<td>Kyrkjebø and Hage (2005)/Norway</td>
<td>What we know and what they do: nursing students’ experiences of improvement knowledge in clinical practice</td>
<td>• Focus groups</td>
<td>Nursing students (27)</td>
</tr>
<tr>
<td>Suikkala and Leino-Kilpi (2005)/Finland</td>
<td>Nursing student-patient relationship: experiences of students and patients</td>
<td>• Semi-structured interviews</td>
<td>Nursing students (30), patients (30)</td>
</tr>
<tr>
<td>Ironside (2006)/US</td>
<td>Using narrative pedagogy: learning and practising interpretive thinking</td>
<td>• Hermeneutics/interpretive phenomenology</td>
<td>Teachers and students (52)</td>
</tr>
<tr>
<td>Jones (2007)/UK</td>
<td>Putting practice into teaching: an exploratory study of nursing undergraduates’ interpersonal skills and the effects of using empirical data as a teaching and learning resource</td>
<td>• Qualitative evaluation</td>
<td>Nursing students (48)</td>
</tr>
<tr>
<td>Carr (2008)/UK</td>
<td>Changes in nurse education: delivering the curriculum</td>
<td>• Interviews</td>
<td>Nurse teachers (37)</td>
</tr>
<tr>
<td>McCarthy et al. (2008)/Ireland</td>
<td>Person-centred communication: design, implementation and evaluation of a communication skills module for undergraduate nursing students – an Irish context</td>
<td>• Qualitative evaluation</td>
<td>Nursing students (52), lecturers (4)</td>
</tr>
<tr>
<td>Abbott et al. (2009)/UK</td>
<td>Patient-centred care and compulsory admission to hospital: students consider communication skills in mental health care</td>
<td>• Thematic analysis of facilitated discussions</td>
<td>Students (23: nursing and medical)</td>
</tr>
<tr>
<td>Girdley et al. (2009)/US</td>
<td>Facilitating a culture of safety and patient-centered care through use of a clinical assessment tool in undergraduate nursing education</td>
<td>• Student feedback</td>
<td>Nursing students</td>
</tr>
<tr>
<td>Sikma (2009)/US</td>
<td>Supporting self-determination of older adults in community health settings: a curriculum development project</td>
<td>• Interviews</td>
<td>Community nurses (7)</td>
</tr>
<tr>
<td>Dacey et al. (2010)/US</td>
<td>An interprofessional service-learning course: uniting students across educational levels and promoting patient-centred care</td>
<td>• Multiple methods, including qualitative analysis of reflective journals</td>
<td>Students (10: nursing; psychology; medical; pharmacy)</td>
</tr>
<tr>
<td>Skaalvik et al. (2010)/Norway</td>
<td>Student experiences in learning person-centred care of patients with Alzheimer’s disease as perceived by nursing students and supervising nurses</td>
<td>• Qualitative - field notes and interviews</td>
<td>Nursing students (7), nurse supervisors (6)</td>
</tr>
<tr>
<td>Stacey et al. (2010)/UK</td>
<td>Masters at work: A narrative inquiry into the experiences of mental health nurses qualifying with an undergraduate masters degree</td>
<td>• Narrative inquiry</td>
<td>Nursing graduates (14)</td>
</tr>
<tr>
<td>Staun et al. (2010)/Sweden</td>
<td>Evaluation of a PBL strategy in clinical supervision of nursing students: patient-centred training in student-dedicated treatment rooms</td>
<td>• Multiple methods, including focus groups</td>
<td>Nursing students (24), clinical staff (41)</td>
</tr>
<tr>
<td>Ursel and Aquino-Russell (2010)/Canada</td>
<td>Illuminating person-centered care with Parse’s teaching-learning model</td>
<td>Reflective discussions and student documentation</td>
<td>Nursing students</td>
</tr>
<tr>
<td>Author/year/country</td>
<td>Title</td>
<td>Methodology/methods</td>
<td>Sample</td>
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</tr>
<tr>
<td>Christiansen (2011)/UK</td>
<td>Storytelling and professional learning: a phenomenographic study of students' experiences of patient digital stories in nurse education</td>
<td>Phenomenographic – interviews</td>
<td>Nursing students (20)</td>
</tr>
<tr>
<td>Griffiths et al. (2012)/UK</td>
<td>'A caring professional attitude': what service users and carers seek in graduate nurses and the challenge for educators</td>
<td>Qualitative – focus groups</td>
<td>Service users and carers (52)</td>
</tr>
<tr>
<td>Ferguson et al. (2013)/Canada</td>
<td>Putting the ‘patient’ back into patient-centred care: an education perspective</td>
<td>Interpretive descriptive - interviews</td>
<td>Patients 18, family members (8)</td>
</tr>
<tr>
<td>Steenbergen et al. (2013)/UK and Netherlands</td>
<td>Perspectives on person-centred care</td>
<td>Qualitative – interviews</td>
<td>Nursing students (10), lecturers (6)</td>
</tr>
<tr>
<td>Walton and Blossom (2013)/US</td>
<td>The experience of nursing students visiting older adults in rural communities</td>
<td>Phenomenology</td>
<td>Nursing students (96), older adults (16)</td>
</tr>
<tr>
<td>Webster (2013)/US</td>
<td>Promoting therapeutic communication and patient centered care using standardized patients</td>
<td>Student reflections</td>
<td>Nursing students (15)</td>
</tr>
<tr>
<td>Chan (2014)/Hong Kong</td>
<td>Cue-responding during simulated routine nursing care: a mixed method study</td>
<td>Mixed methods including student-actor notes and focus group</td>
<td>Nursing students (15)</td>
</tr>
<tr>
<td>Chapman and Clucas (2014)/UK</td>
<td>Student nurses' views on respect towards service users: an interpretative phenomenological study</td>
<td>Interpretative phenomenology – interviews</td>
<td>Nursing students (8)</td>
</tr>
<tr>
<td>Clarke (2014)/UK</td>
<td>A person-centred enquiry into the teaching and learning experiences of reflection and reflective practice</td>
<td>Person-centred enquiry</td>
<td>Focus groups (4), each with 8-10 participants including students and lecturers</td>
</tr>
<tr>
<td>McCormack et al. (2014)/UK</td>
<td>Exploring 'self' as a person-centred academic through critical creativity: a case study of educators in a school of nursing</td>
<td>Case study – reflective accounts</td>
<td>Nurse educators (6)</td>
</tr>
<tr>
<td>Miles et al. (2014)/US</td>
<td>Teaching communication and therapeutic relationship skills to baccalaureate nursing students: a peer mentorship simulation approach</td>
<td>Student evaluations and feedback</td>
<td>Nursing students (193)</td>
</tr>
<tr>
<td>Ross et al. (2014)/UK</td>
<td>The personal development tutor role: an exploration of student and lecturer experiences and perceptions of that relationship</td>
<td>Qualitative – interviews</td>
<td>Nursing students (6), tutors (5)</td>
</tr>
<tr>
<td>Schwind et al. (2014)/Canada</td>
<td>Opening the black-box of person-centred care: an arts-informed narrative inquiry into mental health education and practice</td>
<td>Qualitative – meetings and telephone calls</td>
<td>Nurses and nursing students (14)</td>
</tr>
<tr>
<td>Watts and Davies (2014)/UK</td>
<td>Tensions and ambiguities: a qualitative study of final year adult field nursing students' experiences of caring for people affected by advanced dementia in Wales, UK</td>
<td>Qualitative - interviews</td>
<td>Nursing students (11)</td>
</tr>
<tr>
<td>Waugh et al. (2014)/UK</td>
<td>Supporting the development of interpersonal skills in nursing, in an undergraduate mental health curriculum. Reaching the parts other strategies do not reach through action learning</td>
<td>Qualitative - reflections focus groups and story-telling</td>
<td>Nursing students (52), lecturers (7)</td>
</tr>
<tr>
<td>Adamson and Dewar (2015)/UK</td>
<td>Compassionate care: student nurses' learning through reflection and the use of story</td>
<td>Evaluation of online discussions</td>
<td>Nursing students (16)</td>
</tr>
<tr>
<td>Author/year/country</td>
<td>Title</td>
<td>Methodology/methods</td>
<td>Sample</td>
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</tr>
<tr>
<td>33</td>
<td>Arenson et al. (2015)/US</td>
<td>Mixed methods including focus groups</td>
<td>Focus groups (2), with each of six professions. Student reflections (60)</td>
</tr>
<tr>
<td>34</td>
<td>Currie et al. (2015)/UK</td>
<td>Qualitative – analysis of placement documents and focus groups</td>
<td>Placement documents (405), focus groups (3)</td>
</tr>
<tr>
<td>35</td>
<td>Levett-Jones et al. (2015)/Australia</td>
<td>Course evaluations</td>
<td>Student feedback comments</td>
</tr>
<tr>
<td>36</td>
<td>Blazeck and Katrancha (2016)/US</td>
<td>Focus groups</td>
<td>Nursing students (20), faculty members (10)</td>
</tr>
<tr>
<td>37</td>
<td>Haugland and Giske (2016)/Norway</td>
<td>Grounded theory – reflective journals and focus groups</td>
<td>Nursing students (12), focus groups (8)</td>
</tr>
<tr>
<td>38</td>
<td>Haycock-Stuart et al. (2016)/UK</td>
<td>Interviews and focus groups</td>
<td>Nursing students (51), nursing lecturers (15)</td>
</tr>
<tr>
<td>39</td>
<td>Landeen et al. (2016)/Canada</td>
<td>Interviews and focus group</td>
<td>Faculty staff (25)</td>
</tr>
<tr>
<td>40</td>
<td>LeGrow et al. (2016)/Canada</td>
<td>Student evaluations</td>
<td>Postgraduate nursing students</td>
</tr>
<tr>
<td>41</td>
<td>McCann and Huntley-Moore (2016)/Ireland</td>
<td>Exploratory mixed methods design – social media discussion forum threads</td>
<td>Nursing students (16)</td>
</tr>
<tr>
<td>42</td>
<td>Tee and Uzar Özçetin (2016)/Turkey</td>
<td>Phenomenology - interviews</td>
<td>Nursing students (12)</td>
</tr>
<tr>
<td>43</td>
<td>Waugh and Donaldson (2016)/UK</td>
<td>Qualitative – questionnaire</td>
<td>Nursing students (13)</td>
</tr>
<tr>
<td>44</td>
<td>Brown and Bright (2017)/US</td>
<td>Phenomenology – journals and online survey</td>
<td>Nursing students (45)</td>
</tr>
<tr>
<td>45</td>
<td>Dingwall et al. (2017)/UK</td>
<td>Mixed methods, including focus groups</td>
<td>Focus groups (2)</td>
</tr>
<tr>
<td>46</td>
<td>Holland et al. (2017)/US</td>
<td>Mixed methods, including focus groups</td>
<td>Nursing students (16)</td>
</tr>
<tr>
<td>47</td>
<td>McCaffrey et al. (2017)/Canada</td>
<td>Hermeneutics – focus group and interviews</td>
<td>Nursing students (9)</td>
</tr>
<tr>
<td>48</td>
<td>Saunders et al. (2017)/Australia</td>
<td>Exploratory mixed methods, including semi-structured interviews and focus group</td>
<td>Nursing students (10), academic tutors (4), clinical facilitators (2)</td>
</tr>
</tbody>
</table>
Quality appraisal and data extraction
A range of tools exist to facilitate a robust and systemic approach to data extraction (Bondas and Hall, 2007; Noyes and Lewin, 2011; Tong et al., 2012). Noyes and Lewin (2011, p 5) contend that theoretical or conceptual frameworks relating to the phenomenon being reviewed can also be used ‘to guide the data extraction process’. The data extraction grid used in this review was adapted from the Qualitative Assessment and Review Instrument (Joanna Briggs Institute, 2014) and the Person-centred Practice Framework (McCormack and McCance, 2017, Figure 2). The grid was adapted to include broad prompts relating to the prerequisites, environment, processes and outcomes domains within McCormack and McCance’s framework. A potential limitation to this approach is the risk of neglecting data that do not match the domains of the theoretical framework (Noyes and Lewin, 2011). With this in mind, the grid included an open comments section where reviewers could record any incongruous findings, contextual or ‘macro’ issues, or other observations.

Figure 2: Person-centred Practice Framework (McCormack and McCance, 2017)

Six independent reviewers, in two teams of three, were recruited to examine the papers. Each team included a matched range of expertise in qualitative methodology, person-centred practice and curriculum design. As recommended by Noblit and Hare (1988), papers were collated in chronological order from the earliest to the most contemporary and were numbered accordingly. Alternating papers were allocated to each of the review teams. In this way, each panel member received a range of papers published across the 2000-18 timeframe.
Reviewers received an introductory letter, a pack of papers, guidance notes, a data extraction grid and a commentary card. All documents were provided in both hard copy and electronic format. Each reviewer was advised to independently read and scrutinise each paper and to compile individual, electronic notes using the data extraction grid as a template.

Following the individual iterative review process, reviewers met to share their annotated interpretations. A one-day workshop was facilitated by the lead author. This involved a programme of activities aligned with phases 4 to 6 of the Noblit and Hare approach (Figure 3). The workshop provided the opportunity for reviewers to share their individual feedback about each paper and to identify areas where consensus of opinion existed. Perspectives were also shared within each team, with members discussing and challenging the conclusions reached by others, until lines of argument emerged as the first iteration of the key themes.

Figure 3: Phases of a meta-synthesis (Noblit and Hare, 1988)

1. Getting started – decide on phenomenon of study
2. Defining inclusion and exclusion criteria
3. Reading the qualitative studies
4. Determining how the studies are related to each other – list key themes and their relationships
5. Translating studies
6. Synthesising translations
7. Presenting the synthesis

There was also the opportunity for the sharing of findings between teams so each reviewer had an overview of all the included literature. Each team presented its findings and developing lines of argument to the other expert panel. The lines of argument were critically discussed, and a final iteration of each emerging theme was synthesised to portray a translation of the findings from the literature.

A key endeavour during meta-synthesis is to retain the richness of qualitative research in the synthesis of the findings. In the final workshop activity, reviewers had the opportunity to formulate a creative expression representing their individual interpretation of the synthesised findings. The use of creativity in this context allowed exploration of the interpretations that were meaningful to each reviewer. It was recognised that each reviewer brought a wealth of individual expertise and experience and that their unique perspectives were valuable to the process. The rationale for this activity was to capture the richness of individual perspectives as part of the interpretive output of the meta-synthesis (France et al., 2019). The reviewers were also invited to summarise the implications of the meta-synthesis findings for curriculum design and for curriculum delivery; a poster for each of these headings was used and reviewers recorded brief comments/key words on sticky notes and attached these to the relevant poster. Feedback from this activity is considered in the discussion section of this paper.

Findings
The findings of the meta-synthesis are presented in Table 3, which shows the development of the themes over successive iterations mapped against the relevant supporting literature. The four key themes identified were:

- Moving beyond mediocrity
- Me, myself and I
- The curricular suitcase
- Learning elevators

These reflect the breadth of issues within the papers relating to person-centredness in nursing curricula.
Table 3: Development of key themes

<table>
<thead>
<tr>
<th>Emergent issues with supporting paper numbers</th>
<th>Core concepts</th>
<th>Key theme first iteration</th>
<th>Final iteration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Feeling discontent: 13, 18, 20, 23, 29, 30, 33</td>
<td>• Discontent/dissatisfaction</td>
<td>Challenges to achieving person-centredness in curricula</td>
<td>1. Moving beyond mediocrity</td>
</tr>
<tr>
<td>• Organisational constraints: 6, 7, 13, 14, 20, 23, 30, 34, 45</td>
<td>• Aspiring to person-centredness</td>
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<tr>
<td>• Mechanistic competence; Ritualistic practice: 3, 23, 32, 34, 44</td>
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<tr>
<td>• Shared values and embedded philosophy: 3, 6, 13, 29, 32</td>
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<td>• Wanting to do things differently/better: 9, 19, 20, 38</td>
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</tr>
<tr>
<td></td>
<td>• Perception/values/self</td>
<td>Internalising the essence of person-centredness</td>
<td>2. Me, myself and I</td>
</tr>
<tr>
<td>• Multiple perspectives on self: 5, 26</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Understanding personhood by experiencing humanism in nursing education: 18, 25, 28</td>
<td></td>
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<tr>
<td>• Self-knowledge: 1, 2, 32</td>
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</tr>
<tr>
<td>• Defining the curriculum: 7, 18, 19, 20, 32</td>
<td>• Person-centred curricula and student learning</td>
<td>Packing the essentials: fitness for person-centred practice</td>
<td>3. The curricular suitcase</td>
</tr>
<tr>
<td>• Content imbalance/deficits: 7, 20, 23, 30, 42</td>
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**Theme 1: Moving beyond mediocrity**

In the reviewed literature, nurse teachers and clinical facilitators attested to the importance of person-centred practice and its relevance and value to nursing curricula (Ferguson et al., 2013; Brown and Bright, 2017; Saunders et al., 2017). Several papers reported that person-centred care was a key curricular theme (Steenbergen et al., 2013; Ross et al., 2014; Currie et al., 2015; Landeen et al., 2016). However, there was limited exploration of how person-centredness was defined or the extent to which the curriculum was informed by person-centred principles and how these were embedded.

Currie et al. (2015) found students had a basic understanding of person-centred care from early in their studies but that they were more focused on the role of the nurse than on patients’ experiences of care. A number of studies (Ross et al., 2014; Adamson and Dewar, 2015) were undertaken as elements of the Leadership and Compassionate Care Programme (Adamson et al., 2012). The programme had a number of action strands including one on embedding person-centred compassionate care in an
undergraduate nursing curriculum. Some authors reported on various aspects of this programme, including the role of the personal development tutor (Ross et al., 2014) and the use of reflection and stories to learn about person-centred compassionate care (Adamson and Dewar, 2015). Steenbergen et al. (2013) explored the views of nursing students and academics at two universities and concluded that even when a curriculum was informed by person-centredness, students found the concepts difficult to understand and apply. Person-centred approaches were found to be more obvious to students practising in community rather than acute settings (Steenbergen et al., 2013). Landeen et al. (2016) examined the impact of a ‘kaleidoscope curriculum’ on a range of final year nursing student outcomes, including person-centred care. Beyond these examples of whole-curricular developments, the evidence of person-centredness informing nursing curricula typically related to interventions to develop specific areas of skills and knowledge, generally at module level or in practice learning.

The theme ‘Moving beyond mediocrity’ reflects the aspiration among nurse educators that curricula should prepare students for person-centred practice but recognises the challenges that exist in making this a reality. Carr et al. (2008) contended that nursing curricula have traditionally been person-centred but that this has been eroded by factors such as exponential increases in cohort sizes. Griffiths et al. (2012, p 125) stated that the ‘softer’ skills that are important to patients are ‘incompatible with academic nursing’. In contrast, Abbott et al. (2009) stated that progress has been made in enabling students to learn about core skills in person-centred communication but that further development is required. Other authors emphasised the need to embed person-centredness throughout nursing education programmes (Ferguson et al., 2013; Saunders et al., 2017). Ferguson and colleagues claimed that although patient-centredness is perceived as a fundamental concept in healthcare education, the findings of their interpretive study (based on interviews with nursing students and patients), concluded that, for this to have a meaningful impact, education needs to place greater emphasis on person-centred practice to highlight issues that matter to patients.

Nurse educators reported that their ability to promote person-centredness in curricula was limited by various factors. These included a perceived lack of knowledge about person-centredness and a need to develop the skills and confidence to teach it in an effective way (Frankel et al., 2011 cited by Arenson et al., 2015). Organisational factors, such as the need to comply with regulatory requirements and academic governance, were also identified as influential factors (Carr, 2008; Adamson and Dewar, 2015).

Practice learning also had the potential to present challenges to learning about person-centredness. Several studies found that risk-averse clinical cultures and over-regulated systems with an emphasis on tasks, routines and adherence to policies, mitigated against learning about autonomy and person-centredness (Jones, 2007; Skaalvik et al., 2010; Chan, 2014; Schwind et al., 2014; Watts and Davies, 2014; Adamson and Dewar, 2015; Brown and Bright, 2017; Dingwall et al., 2017). Skaalvik et al. (2010) reported that despite being placed in a setting where practice supervisors perceived there to be such opportunities, nursing students experienced limited learning about person-centred care. In contrast, students perceived that the priorities of maintaining order, attending to basic care activities and routine led to depersonalised care. Similarly, in a study by Schwind et al. (2014), students reported a difference between perceptions of ‘looking like we care’, with the reality of practice where there was ‘no serious effort to make it happen’. Jones (2007) found that although students understood what person-centred practice was, when they were in practice environments they observed the practice norms (for example, being busy doing tasks and completing these within an expected timeframe) and adopted the institutional style (such as for admission assessments), even when this did not ‘sit comfortably’ with their values or what they had learned in the classroom. This finding was corroborated by a range of other studies, which found a lack of resources and demanding workloads mitigated against person-centredness (Kyrkjebø and Hage, 2005; Skaalvik et al., 2010; Chan, 2014; Currie et al., 2015). However, in contrast, Ursel and Aquino-Russell (2010) found students believed person-centred care did not take longer than a task-based approach.
The literature portrays the powerful impact of practice cultures on student learning. This is referred to as the ‘hidden curriculum’ in recognition of the extent to which the socialisation of students in practice influences their disposition and care behaviours (Jones, 2007; Chan, 2014). Variance between the philosophical concepts and principles of person-centred practice learned in the classroom and the practice reality, represents a major challenge in promoting person-centredness in nursing curricula (Stacey et al., 2010).

**Theme 2: Me, myself and I**

This theme reflected the recurrent portrayal in the literature that person-centred practice demands that all participants in nursing education require self-knowledge, including teachers, mentors/clinical supervisors and students (Suikkala and Leino-Kilpi, 2005; McCormack et al., 2014). An appreciation of the significance of one’s beliefs and values and the extent to which these are congruent with person-centred care behaviours was noted to be fundamental to the development of person-centred learning cultures (Christensen, 2011).

McCormack et al. (2014) explored nurse educators’ experiences of using critical creativity to discover their understanding of self and the potential impact for teaching and learning as person-centred practitioners and educators. They found nurse teachers welcomed a ‘safe space’ to explore the freedom of ‘letting go’, learning about self and translating this into teaching and learning practices. This approach was endorsed by others (Waugh et al., 2014; Arenson et al., 2015).

An existential approach to the delivery of nursing curricula has been advocated, with the opportunity for students to engage with applied examples of care (for example, patient narratives, stories and roleplay) as a means of self-discovery. Exploration of ethical and moral personhood was identified as a ‘precondition’ for developing therapeutic relationships (Leenerts, 2003; Lemonidou et al., 2004; Christiansen, 2011; Webster, 2013; Chapman and Clucas, 2014). Leenerts (2003) found that nurse teachers who had developed self-knowing could use these skills to grow authentic and meaningful relationships with students, although the authors acknowledged that teaching students about self-knowing is challenging. Experiences of humanistic approaches to teaching and learning in theory and practice were positively evaluated in terms of enhancing self-knowledge for professional practice (Griffiths et al., 2012; Clarke, 2014; Ross et al., 2014). Ross and colleagues argued that if students experience being cared for as part of their learning relationships, they will be well placed to apply this in the practice of caring for others.

Ironside (2006) emphasised that learning should enable students and teachers to interpret situations they encounter from multiple perspectives and so engender an understanding of the value of personhood and the uniqueness of self and others. The development of moral, professional personhood was believed to be instrumental in establishing the student’s understanding of their personal frame of reference, personal values and burgeoning professional identity as a basis for engagement with patients as persons (Lemonidou et al., 2004; Christiansen, 2011; Schwind et al., 2014).

The ‘Me, myself and I’ theme is also indicative of the prominence given in the literature to the relationship between a student’s values and ways of being in practice. It was found that students are challenged by the reality of nursing care vis-à-vis their developing professional beliefs, values and ideals. Stacey et al. (2010) determined that students experienced a sense of dissonance between the espoused curricular philosophy and the practice of nursing. Students tried to reconcile the idealistic values instilled through their classroom learning with the reality of practice, which at times had a competing set of cultural norms, priorities and values. The impact of these experiences on the student’s sense of self and their beliefs about nursing were cited as being profound and potentially destabilising. These experiences are further indicators of the impact of the ‘hidden curriculum’. Adamson and Dewar (2015) noted that through discussions with lecturers, students may have the opportunity to reflect on how practice experiences relate to their understanding of self and how to deal with similar situations in future.
Theme 3: The curricular suitcase

The ‘curricular suitcase’ metaphor was identified to represent a range of issues in the literature relating to person-centredness and the content of nursing curricula. It draws an analogy between the curriculum and a suitcase. Both are viewed as having an optimal capacity with the potential to exceed capacity by packing in content that may be considered superfluous, with the associated risk of omitting essentials for the ‘journey’/future career that lies ahead.

Findings from the literature indicated concerns about the value of some aspects of nursing curricula, suggesting they were ‘content dense’ (Levett-Jones et al., 2015; Landeen et al., 2016). It was reported that curriculum development teams, eager to satisfy the requirements of professional regulators, the priorities of academic institutions and service providers, the needs of service users and the interests of staff, had packed too much breadth of content into nursing curricula, at the expense of in-depth consideration of the core learning required for effective person-centred practice. Saunders et al. (2017) suggested reducing the range of learning activities could facilitate the achievement of higher-order learning in core skills.

Griffiths et al. (2012) contended that person-centred care and health promotion are core aspects of nursing care and should receive due regard in curricula. Similarly, Steenbergen et al. (2013) recommended that content should focus more on person-centred care and that this should be explicit in assessment strategies. Watts and Davies (2014), in their study of students’ experiences of caring for persons living with advanced dementia, concluded they were lacking in the knowledge and confidence required and that their learning was hindered by the limited knowledge and role modeling by some healthcare professionals around person-centredness. Opportunities to gain direct experience with people who have mental health problems was also highlighted as an essential experience to enable students to develop a holistic approach to care (Tee and Üzar Özçetin, 2016).

A number of authors emphasised that content should be sufficient to develop students’ core competencies (Chan, 2014; Adamson and Dewar, 2015). Effective communication was highlighted as a core prerequisite for person-centred practice to enable students to understand the influence of values and beliefs, optimise therapeutic relationships and promote self-determination (Leenerts, 2003; Suikkala and Leino-Kilpi, 2005; Sikma, 2009; Webster, 2013; Chan, 2014; Miles et al., 2014; Haugland and Giske, 2016). The ability to demonstrate confidence and to challenge the practice of others was also considered relevant in preparing students for person-centred practice (Watts and Davies, 2014).

Despite the debate regarding the ideal breadth and depth of learning about core concepts, Carr (2008) emphasised that the nursing role should define the content of the curriculum and that there should be a focus on what matters to service users and carers. Ferguson et al. (2013) explored service users’ views on this matter; they advised that in order to be person-centred, healthcare professional education should focus on preparing practitioners to be courteous, communicate effectively and demonstrate commitment in their relationships with patients.

Theme 4: Learning elevators

The final theme uses the metaphor of an elevator to reflect the need to identify and prioritise learning cultures, styles and experiences that enable person-centredness to be elevated to a position of primacy in nursing curricula.

Classroom learning that is meaningfully linked with examples of how that learning can be applied in practice was positively evaluated by students. Teaching and learning approaches that engage reflection (McCann and Huntley-Moore, 2016), problem-based learning (Staun et al., 2010), patient-based learning (Landeen et al., 2016), roleplay and simulation (Steenbergen et al., 2013; Miles et al., 2014; Saunders et al., 2017), co-design with students (Tee and Üzar Özçetin, 2016) and ‘active learning’ by applying practice development methodology were also found to be beneficial to learning
about person-centredness (LeGrow et al., 2016). However, it was also found that the way and extent to which students engage with activities such as reflection influences the quality of learning (Kyrkjebø and Hage, 2005).

Several other teaching and learning approaches employed either as a core or adjunctive pedagogy were positively evaluated and were reported to engender an understanding of person-centred practice. These included: the use of a clinical assessment tool inclusive of patient-centred questions (Girdley et al., 2009); practising interpersonal skills in simulated situations involving challenging conversations (Abbott et al., 2009); engaging in a facilitative student-patient relationship (Suikkala and Leino-Kilpi, 2005); students gaining insights into registered nurses’ experiences (Ursel and Aquino-Russell, 2010); interprofessional learning (Dacey et al., 2010; Arenson et al., 2015); and the use of practice development approaches (LeGrow et al., 2016).

Creative methodologies using arts-based activities, digital stories and virtual learning tools were explored to try to transform the educational experience to make threshold concepts more understandable and applicable to practice (Levett-Jones et al., 2015; Waugh and Donaldson, 2016; McCaffrey et al., 2017). Holland et al. (2017) found a module on patient-centred care coordination positively influenced students’ understanding of their advocacy role and the need to involve patients’ families in care.

The involvement of service users in nursing education, either directly or using indirect approaches through for example, digital stories, movies and simulation, was frequently identified as having a positive impact on student learning (Christiansen, 2011; Adamson and Dewar, 2015; Blazeck and Katranacha, 2016; Waugh and Donaldson, 2016). However, clinical and academic staff have identified ethical and quality concerns about service user involvement in some aspects of the curriculum, such as clinical practice assessments (Haycock-Stuart et al., 2016).

Abbott et al. (2009) established that while students understood the mechanics of interpersonal communication, they benefited from facilitated discussions about how person-centred principles could still be upheld in challenging interpersonal interactions. Chan (2014) found that the use of cue-responding simulations provided a basis for exploring how students can go beyond the development of technical prowess to exploring the deeper nuances of person-centred communication.

A body of evidence was reported in relation to ‘learning elevators’ in practice settings. Practice-based experiences were viewed as an influential aspect of students’ learning (Lemonidou et al., 2004; Jones, 2007; Steenbergen et al., 2013; Haugland and Giske, 2016; Saunders et al., 2017). Brown and Bright (2017), in a retrospective study on students’ reflections of working with older people over a semester, found students’ attitudes and skills developed through getting to know patients as persons. Currie et al. (2015) found the role of the mentor in practice was influential in fostering confidence in students. This confidence encouraged students to engage in direct care, bringing opportunities for the patient and student to get to know each other. Currie and colleagues concluded that mentors who provided praise and confidence-building positively influenced students’ learning about person-centred care. However, it was also noted that mentors need to facilitate students to recognise the importance of patient care experiences rather than focusing their attention on nursing skills and technical tasks. Staffing levels and time available to spend with their mentor could either positively or negatively affect how students learned about person-centred care (Currie et al., 2015).

Collaborative working between lecturers, students and clinical mentors could also promote the development of a shared understanding of person-centredness and how it could be consistently facilitated in theory and practice learning (Haugland and Giske, 2016). The authors identified the importance of facilitating students to ‘make significant learning discoveries for themselves’ as this is the most valuable form of learning (Haugland and Giske, 2016, p 115).
Creative expressions
As part of the meta-synthesis workshop, reviewers were asked to demonstrate, through creative means, their individual views about the literature on person-centredness in nursing curricula. Several creative expressions included the use of glitter, and images of celebrations to reflect an overall sense of optimism and anticipation about the developing body of literature. Others acknowledged that promoting person-centred practice was valued in nursing education but portrayed a lack of clarity about how to achieve this. Reviewers also appreciated there were many strands to be woven together to achieve a cohesive approach to learning about person-centredness and translating this learning into practice. The mechanics of embedding person-centredness in nursing education therefore need to be followed through in curricular design and delivery, and a summary of reviewers’ comments on the implications of the meta-synthesis review for these requirements has informed the discussion section of this article.

Discussion
The literature reviewed in this study came from a range of different countries and spanned a variety of uni- and multiprofessional educational courses, including undergraduate and postgraduate nursing curricula. There was extensive referencing to healthcare policy and strategic directives where person-centred practice was portrayed as synonymous with effective healthcare. In the papers reviewed, there was also a strong aspirational sense of the merits of promoting person-centredness in nursing education as a means of enabling students to provide compassionate care aligned with the global healthcare agenda (World Health Organization, 2015).

The four themes identified from the meta-synthesis reflect the recurring issues in the literature about person-centredness in nursing curricula. There is evidence of a commitment to modernising nursing curricula and examples of various teaching and learning modalities to prepare students for person-centred practice. However, a range of challenges emerge, and these will be discussed under the following headings:

- Implications for curriculum design
- Implications for curriculum delivery

Implications for curriculum design
Allowing for semantic variation, the term ‘person-centred’ was used in the title and/or abstract of the majority of the papers included in the meta-synthesis. However, despite the varied use and interpretation of the term in the literature, beyond an acknowledgement of its significance there was little clarity as to its definition and no clear articulation of what nurse teachers, clinicians and students understood by the concept. Several papers referred to curricula where person-centred care was a key theme (Steenbergen et al., 2013; Ross et al., 2014; Adamson and Dewar, 2015; Currie et al., 2015) but the philosophical principles that informed curriculum design were not specified.

At an operational level, there is evidence of sustained commitment by nurse educators to developing teaching and learning approaches that will enable students to understand the perspectives of persons receiving care. Many of these strategies were positively evaluated in that students became enlightened and sensitised to person-centredness. However, such initiatives were generally at module level rather than across curricula.

In the UK, the ‘Future Nurse’ standards have acknowledged that 21st century nurses must be prepared for person-centred care (Nursing and Midwifery Council, 2018). Although person-centred is defined, the fundamental tenets of person-centredness are not prominent either in the outcome statements or the curriculum element of the programme standards for pre-registration nursing education.

In the US, definitive steps have been taken from a quality and safety education for nurses (QSEN) perspective, to profile patient-centred care in pre-licensure nursing competencies (Cronenwett et al., 2007). Six competency domains are identified, with one specific to patient-centred care. Notably,
patient-centred care is defined, and the associated knowledge, skills and attitudinal indicators are listed. The patient-centred competencies are particularised and provide an operational basis for curriculum design. While the ‘patient’ terminology and the breadth of indicators may not sit well with some philosophical conceptualisations of personhood, some of the core elements of person-centredness are manifest: values-based approach; therapeutic relationship; shared decision-making; and the legal, ethical and organisational factors that influence care outcomes. The papers considered in this study provide only limited evidence of qualitative research to develop teaching and learning initiatives to enable students to meet the QSEN competencies (Girdley et al., 2009; Webster, 2013).

In relation to the implications for curriculum design, it is therefore concluded that steps need to be taken to achieve a collective response, where the principles of person-centredness are the bedrock of nursing curricula (Carr, 2008; Willis Commission, 2012). This should include a systematic approach to curriculum development, with explicit articulation of how curricula are underpinned by relevant person-centred philosophies, theoretical frameworks and principles. Central to this body of work, and irrespective of the underpinning theory/framework, is a need for a shared understanding of the meaning of person-centredness across the academic and practice elements of education programmes. Philosophically inherent to developing person-centredness in nursing curricula is the need for curricula to be derived from the perspectives of people who use nursing services, with due weight given to what matters most to them.

**Implications for curriculum delivery**

Several challenges were identified in the literature by those involved in curriculum delivery. Steenbergen et al. (2013) reported that even when a curriculum included person-centred care, students had difficulty in understanding what it meant. Currie et al. (2015) found that although nursing students had some knowledge of person-centredness early in their course, their main focus was on understanding the role of the nurse.

A range of teaching and learning approaches to promoting person-centredness were explored and positively evaluated in the papers reviewed. These included: effective interpersonal skills (Adamson and Dewar, 2015); service user involvement in education (Griffiths et al., 2012); critical reflection (Steenbergen et al., 2013; Clarke, 2014; Adamson and Dewar, 2015); action learning (Waugh et al., 2014); interprofessional education (Dacey et al., 2010; Arenson et al., 2015; Dingwall et al., 2017); and problem-based learning (Staun et al., 2010). There were also examples of initiatives to promote humanistic experiences in nursing education as ways of facilitating students’ understanding of person-centredness, often through service user involvement, digital stories (Christiansen, 2011; Levett-Jones et al., 2015; Waugh and Donaldson, 2016) and movies (McCann and Huntley-Moore, 2016). Employing creativity in the curriculum using drama (Dingwall et al., 2017), arts-based inquiry (Schwind et al., 2014) and literature/novels (McCaffrey et al., 2017) was also found to be valuable. Such initiatives involved creating an environment that captured students’ attention and motivated them to engage actively in meaningful learning about factors that affect a person’s experience of care. Creativity in nursing education has also been found to foster a sense of ‘freedom to learn’ among students, which creates the conditions for the development of critical thinking skills, self-expression and human flourishing (Titchen and McCormack, 2010; Chan, 2012).

Similarly, providing nurse teachers with opportunities to engage in creative and facilitative pedagogies has been shown to develop their confidence and skills in facilitating student learning (McCormack et al., 2014). Teachers who took part in a ‘creativity in the curriculum’ programme found that they were challenged by the journey of self-discovery. However, the teacher participants reported that by experiencing moments of personal challenge, including fear and uncertainty, they learned about their personhood and developed insights into how to facilitate learning about person-centredness (McCormack et al., 2014).
It has been shown that work-based learning greatly influences students’ practice (Lemonidou et al., 2004; Jones, 2007; Stacey et al., 2010; Steenbergen et al., 2013). At times students were confused and disillusioned as they perceived the emphasis in practice to be on the skills of the nurses and technical competence. This was in contrast to the emphasis on the patient experience envisioned in classroom learning (Stacey et al., 2010). There were, however, some types of practice learning experience that were positively evaluated. Steenbergen et al. (2013) reported that community-based and nursing home practice learning were highly beneficial to students in grasping an understanding of person-centredness. Correspondingly, Walton and Blossom (2013) highlighted the merits of working with well older people to learn about person-centredness. Overall, assuring the quality of learning experiences in practice was regarded as a crucial element of curriculum delivery. In order to optimise learning, it was considered important to find ways to embed shared values and beliefs in classroom and practice settings so that the totality of a person-centred curriculum can be delivered in a consistent and cohesive way (Carr, 2008; Steenbergen et al., 2013).

The findings from this meta-synthesis have identified priority areas for further research. While it has been reported that students develop an understanding of person-centredness early in their nursing education (Currie et al., 2015), less is known about how this influences their values and practice behaviours. There is also a need to examine the efficacy of nursing curricula in preparing students for person-centred practice and to establish a repository of effective approaches to person-centred curriculum design and delivery.

Conclusion

Person-centred practice is positioned as a prominent and highly regarded concept in international healthcare policy, with a corresponding mandate for nursing practice, education and research. This review has found that although there is increasing evidence of person-centredness in nursing curricula, there are fundamental issues that need to be addressed in order to make sustained progress.

The International Community of Practice for Person-centred Practice (PcP-ICoP) is a collaboration of organisations committed to the advancement of person-centredness in clinical practice, policy, research and education. The PcP-ICoP has hosted two international colloquia on person-centredness in nursing education, which were attended by 110 academics and practitioners. A recent position statement on person-centredness in nursing curricula (McCormack and Dewing, 2019) identified key considerations in respect of promoting person-centred practice in the future healthcare workforce.

If progress towards person-centred practice as a global healthcare imperative is to be realised, then there must be a proportionate international investment in developing a coordinated and sustained programme of education and research to support this agenda, not only in the field of nursing education but for all healthcare professionals.

References


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