Qeios

Peer Review

Review of: "Redesign Considerations for a Person-Centered Nursing Home System"

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Thank you for the opportunity to read and comment on your commentary on person-centred care in nursing homes.

I enjoyed reading this as it resonates with what I have been teaching for decades – a systems approach and using complexity science frameworks, with unstructured problem-solving, context-specific to manage problems. I wonder who your target audience is? One of the issues created by the need for reform in the sector is that the quality standards have been strengthened. My personal expertise is in food and nutrition services, and we have found it extremely difficult to discuss systems theory as so few people in the sector have ever been exposed to this. The lack of skills and leadership has meant that skilled people need to work with individual homes to work on solutions. Even in large systems, where there is often a desire to have a uniform system across all homes, helping staff to identify that that may not be appropriate is challenging!

I think one of the key issues which you make (for example, under the challenges section, but which is not emphasised) is that the “one size fits all” approach is inappropriate and has never worked if you are trying to deliver person-centred care. I think you could add a statement to that effect in your conclusions to make it clearer for readers that it may be appropriate to have unique solutions to problems depending on context, clientele, etc.

I like that you have drawn from other paradigms. The systems, leadership, and complexity science references are excellent. So often, health practitioners use the scientific health literature only. And the focus often on systematic reviews and RCT work in the field means other thinkers are overlooked. Perhaps some specific suggestions of how to get started on systems work might be helpful. As I mentioned, we find that even health professionals rarely understand or consider the whole system, even a sub-system, but focus on both tasks or single elements of the system. For example, we are having

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difficulty with professionals understanding that resident satisfaction measures (developed by academics) that focus on meals only are not a measure of quality, nor the way to resolve foodservice issues. In the direct care space, this would also hold, I suspect. So while you focus on the leadership of the home, it is challenging at the lower levels in your hierarchy. Perhaps some specific examples might help readers to relate your commentary to them.

General comments and suggestions for you to consider to increase clarity:

1. Table 1 on page 3 - I read these across, so thought the ward level referred to how government policy affected wards – only when I read the table heading at the bottom did I realise it was a separate level. To increase clarity, I think having the 5 levels all in the left-hand column would make it easier to read and compare.
2. Figure 1 – I really like this, but I found that I could not read the text in the coloured boxes on the LHS, even when I increased the size. Is there any way that this could be made larger – for example, putting it in landscape on a separate page?
3. I think “as a whole” should not have hyphens between the words.
4. The title uses “person-centred” but “resident-centred” in the last paragraph. Perhaps using person-centred throughout might make it more consistent.

I have recently had a paper reviewed where the word “stakeholder” was challenged as being a colonial term! We had never heard this before and were very concerned about not using it, but in the end, gave way and used “interest holder” instead as per this reference. But we did so reluctantly. https://onlinelibrary.wiley.com/doi/full/10.1002/cesm.70007

Once again, thank you for the opportunity to review this - I enjoyed reading it.

Declarations

Potential competing interests: No potential competing interests to declare.