patients in making an informed choice (Manley and Hills et al. 2011, pp. 35-36). This could be implemented in practice by using a range of techniques to inform patients about conditions and treatments, such as books, discussions, diagrams or self-directed research. The NHS Choices website is a good example of how the NHS has made health information accessible to the general public to allow them to research conditions and treatments in simple terms. Furthermore, when discussing treatment options, patients should be made aware of the evidence-based approach used in order to make decisions about their healthcare. This helps to create a trusting, therapeutic relationship between the patient and healthcare professional. It may also be appropriate to involve relatives in treatment decisions, especially in situations where a patient has a chronic or terminal condition. A more recent study on patient participation in healthcare concluded that ‘patients need more than just having the opportunity to take part in decision making’ (Eldh and Ekman et al. 2006, pp. 503--514). This research goes on to state that information should be provided to maintain respect and trust, rather than purely for decision-making. It is the responsibility of the healthcare practitioners to ensure that this information is conveyed in a manner which the patient can easily understand and utilise. Furthermore, the patient should be presented with the opportunity to take part in decision-making and can be supported and encouraged in this by nursing staff, to enable the patient to take control of their care.

There are many barriers to delivering person-centred care, two of which are lack of time and understaffing. Staff may, therefore, have little time to deliver person-centred care, or even to fully discuss patient needs. However, Heasiip (2012) argues that time constraints are not a valid reason for a lack of communication with patients, using the example that it does not take longer to assist with personal care whilst talking to a patient. She encourages the reader to see patients as ‘real human beings’, rather than an illness, and therefore to take the time to speak to patients and get to know them. A further limitation to person-centred care is resistance to change from management. In order for person-centred care to be delivered successfully, policies and protocols must be altered to allow flexibility of nursing care. It has also been suggested that healthcare employees should be ‘treated with the same level of dignity and respect’ as the employee is expected to provide to patients (Shaller 2007). This relies on a management system which is wholeheartedly committed to providing person-centred care and is willing to support nurses in achieving this.