Opinion

Engaging patients and families in patient care has been called a necessary condition for the redesign of the health care system and may be perceived as mandatory for the 19th century delivery of health care. For example, progresses in surgical care made possible for more patients to survive severe clinical conditions, but most of these patients are been discharged sooner and sicker from hospitals [1-3] transferring the responsibility for patient care to patient's families. Further the development of life support technology increased the possibility for patients to remain at home despite been in a fragile health condition or requiring constant care. To respond to these demands of care patients and their families must be empowered and work in straight collaboration with the healthcare providers. Patient engagement has been defined by WHO [4] as the process of building the capacity of patients, families, careers, as well as health care providers, to facilitate and support the active involvement of patients in their own care, in order to enhance safety, quality and people centeredness of health care service delivery [2]. Engagement involves partnership which demands mutual trust, honesty, respect and loyalty as well as a strong attitude towards sharing information, decisions and responsibilities [3] and is focused and organized around the health needs and expectations of people and communities rather than on diseases [4]. Therefore, levels of patient engagement must be adequate to each patient and to each situation. Carman [5] proposed a model for patient engagement that was developed in conjunction with patient and family representatives. In this model engagement is perceived in a continuum that is defined by how much the information flows between patient and health providers, how involved patient are in shared power and responsibilities, in decisions making in health organization and in policy making. Factors influencing the adequate level of engagement include individual factors i.e. patient’s vulnerability (e.g. cognitive impairments; health status), level of education and health literacy, wishes and motivation to be involved [6]. Nevertheless, those are not reasons to deny patients and families the opportunity to be part of patient care. There is a growing evidence that engagement is associated with improvement in an extensive range of health related outcomes [7,8] reduce of health costs, quality of life and patient safety [9]. Despite the recognition of patient engagement as a value for the quality of care, there’s still a long and challenging way to run to allow that most patients become actively engaged in managing their own health (for example, more than half of Americans are not active involved in their health care [10,11]. In fact, many health providers underused strategies to promote patient engagement [11]. The most common health-provider barriers include:

a) Concerns around hierarchies, power imbalances and control [12,13].

b) Conflict of attitudes, toward the model of care, among the health team members [14].

c) Conflict of attitudes and values, toward the model of care, between health care providers and the organizational policy [13].

d) Insufficient training in patient engagement [13,15].

e) Fear of change [13].

Actually, patient’s engagement is a challenge that comprises many efforts for health providers. Some of these efforts demand attitudes and behaviors changes, that are not easy to modify and that involve motivation, education, and time. Patient engagement requires health professionals, organizations and policies.

a) Create a clear opportunity for engagement.

b) Make it clear that they welcome engagement.

c) Provide the support that people need to engage [5].

In addition, health providers need to belief that most patients want and can participated in all decisions about their health care. Second health professionals should recognize patient-centered approach as an essential feature that allow an ongoing partnership and embrace their expertise and patients and families’ strengths [11]. To ensure that the benefits of engagement patients are entirely harnessed, proactive strategies...
should be used. However before adopting these strategies health providers must acknowledge patients’ health and emotional condition, resources and motivation. The strategies that have been shown to be more effective are [16-18].

a) Encourage patients to tell their story. Use open-ended questions to encourage patients to talk about illness, their experience, concerns, feelings, needs, values, preferences.

b) Show interest in patients experience and availability. Incorporating patient’s opinions, values and needs in treatment plans.

c) Use non-judgmental listening.

d) Summarizes patient narrative to verify understanding.

e) Share health information using 7Cs: clear, concrete, concise, correct, coherent, complete and courteous language. Complete medical information with examples, images or case stories.

f) Discuss medical records with patient and family.

g) Encourage patients to ask questions about their diagnosis and treatment options.

h) Check understanding by asking patients feedback or teach back.

i) Use negotiation; showing respect about patient’s needs, expectations and objectives (avoid direct advice and impositions).

j) Ask about potential difficulties to following the program.

k) Reinforce patients for reaching small successes.

l) Communicate with patients by email or phone to follow treatment plan or check what progress has been made on health/disease.

m) Disclosure when errors occurs (sentinel events or other incidents like unexpected treatment outcome). Apologize and provide information.

Considerable work is required to ensure that health providers can and want to use these strategies. By adopting them health providers can support patient-centered care and meet patient and family’s requirements to allowed patient engagement. As Parent et al. [19] defends empowerment of the patient cannot be mandatory but should be promoted and developed. To do so, a focus should be put on health provider’s attitudes and values concerning the model of care as well as enhanced communication skills training that support patient engagement [20].

References


17. Patient-Centered Communication in Cancer care: Promoting Healing and Reducing Suffering, National Cancer Institute, NIH Publication.


