Preface

In recent years, the engagement of patients in health management has become an increasingly crucial challenge for healthcare organizations. At a time when demands to improve quality compete with savage demands for cuts in healthcare spending, the ‘patient resource’ promises to play a key role in resolving a seemingly insoluble dilemma.

Indeed, the importance of the topic has stimulated growing scientific interest, both theoretical and applied. Another recently published book by G. Graffigna, *Promoting Patient Engagement and Participation*, has taken stock of theoretical developments of the paradigm; this book instead explores practical and applicative ones.

How can the patient’s effective engagement in health management be developed? How can healthcare practitioners (doctors, nurses, etc.) work to promote patient engagement? How can the peers and social context (caregivers, networks, communities, etc.) support the patient’s active and participative role in health management? What role can be played by the new technologies (virtual worlds, positive technology, e-health, etc.)? These are the main questions addressed by the book.

Exploration of the various studies collected in the book yields a composite – though provisional – picture of the ‘state of the art’. Whilst leaving to the reader the task of constructing a personal view on the subject, I think it useful to direct his or her attention to some key suggestions made by the book on how best to steer developments in patient engagement.

• **Processual Approach:** Developing effective patient engagement requires abandoning a ‘state-based approach’ and adopting a ‘process-based one’. Engagement of the patient, in fact, is not an ‘on-off’ status, but rather a dynamic process; a process diversified in its quantitative aspects (e.g. levels of engagement) and qualitative ones (e.g. crucial contents of engagement), and in any case characterized by non-linear developments (i.e. both progressive and regressive). Taking a “process-based vision” is essential for non-trivial and non-trivializing applications of the paradigm.
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• **Systemic Approach:** The book focuses on patient engagement. But this does not mean adopting an individualistic view on the subject. Patient engagement is the outcome of systemic action in which the patient interacts with other expert actors (doctors, nurses, etc.), with social networks (caregivers, networks, communities, etc.), and within differently organized contexts (hospital, local services, etc.). These various components combine to configure an action system which may foster or impede patient engagement. The patient, therefore, is the final outcome of complex action which ranges far beyond the individual.

• **Communicative and Relational Dimension:** Interventions to promote patient engagement refer to a communicative-relational dimension as their specific area of action. Simple mechanical behavioural replication does not seem sufficient to generate the activation-participation that engagement requires. It is therefore necessary to specify the functionings activated in an engagement development process, and the skills required for the formative action to be performed appropriately. Put otherwise, engagement seems to require a conception of the patient as co-author of the process, not as the mere final executor of a process guided by others.

• **Good Practices:** Development of the paradigm requires the devising and applying of good practices: without good practices, there is a risk that the patient engagement operative evolution will be rather superficial. Two conditions seem necessary: a) intervention on patient engagement should be allocated adequate space, at least equal to that given to construction of the theory; b) the intervention should be provided with methodological foundations of a level similar to those given to development of basic research on the paradigm.

Overall, the methodological foundation of action in favour of patient engagement is a new frontier, to the exploration of which this book makes a significant and involving contribution.

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