Patient Involvement in Health Care. Different Terms Same Concept?

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ABSTRACT

Patient participation in health care is widely considered as crucial for the development of improved health systems and the refined management of chronic conditions. Against this background, however, there are divergent views and contradictions regarding its definition and actual content and scope. Moreover, there is no consensus as to the appropriate interventions, hence assessing their impact remains a challenge. The authors herein comment on the terms that are most commonly used for defining patient involvement in health care and underline the barriers identified in everyday clinical practice that may be responsible for failing to fully materialize its potential impact and/or endorsing it in real life.

KEYWORDS

Empowerment, Health-Care, Patient Empowerment, Patient Engagement, Patients

INTRODUCTION

The advent of novel technologies and treatment schemes has led to a marked improvement in the outcome of several diseases, ranging from AIDS (Nakagawa et al., 2013) to non-communicable diseases, including cancer (Howlader et al., 2016). This was translated into a virtual transformation of previously fatal diseases into chronic conditions, albeit often requiring prolonged (occasionally lifelong) treatment, administration, and regular contact with healthcare providers. By extension, this also translates to the emergence of an aging population, with accumulated health issues, the latter having a major impact on both the individual and the society at large, given the cost of medication and/or hospitalization but also the effect on everyday activities ranging from job performance to personal life and psychological status of both patients and caregivers (McPhail, 2016). Considering the above, it is clear that more sophisticated and thorough approaches are urgently needed for the refined management of chronic conditions in order to leverage patient care and quality of life (QoL) (Wolfe, 2001), while lessening the socioeconomic burden on the health system and the society at large (Crawford et al., 2002).

The concept of patient implication in the health care process represents a major step forward, towards improving health care systems. That said, despite its general acceptance by patients, healthcare professionals and the authorities, as well as ample evidence of its association with improved outcomes and improved patient satisfaction (Batalden et al., 2016), patient implication in care remains a rather loosely defined concept. Particularly confusing is the extent of patient involvement and the context
within which it will take place. This uncertainty is highlighted by the various terms used to describe patient implication in health care and the ensuing difficulty regarding their interpretation.

The paper summarizes the terms most commonly used to describe patient involvement in health care, namely patient-centered care, patient-engagement and patient empowerment, and aims to identify the barriers frequently encountered in an everyday clinical setting while also suggesting possible solutions in order to overcome these issues.

**PATIENT-CENTERED CARE**

In 1967, Balint (Balint, 1969) proposed a shift from a disease-orientated model to a patient-centered model of medicine. Concerning physicians, this entails a broader knowledge of a given patient’s status that not only includes biological data and test results but also information regarding the patient’s psychology and overall well-being. In other words, Balint has set the grounds for substituting the term ‘illness’ for the term ‘disease’ and also promoted the notion that patient care can be guided (even indirectly) by the patient and his/ her needs (Balint, 1969; Wolfe, 2001).

Evidently, this approach can be considered as the first step towards individualized management (Kitson et al., 2013) given that each patient is considered as unique, and the final decision regarding his/ her management is based on information concerning not only his/ her biological profile but also his/ her psychosocial needs (holistic approach).

In order to achieve all the above, patient-centered medicine must be based on mutual trust, understanding and smooth communication between patients, caregivers and healthcare professionals (Ridd et al., 2009), thus leading to a valuable exchange of information. Concerning patients, patient-centered medicine does not axiomatically translate to patients who are active and willing to participate in their management. Patients may ask for a holistic approach but may not want to take responsibility and/ or participate in decisions regarding their treatment. Therefore, the final call regarding their management will be a choice made by their physician.

Moreover, it should be noted that some patients disagree and feel uncomfortable with discussing, with their physician, aspects of their life that seem irrelevant to the symptoms and signs that correlate with their disease such as psychosocial issues (Bensing, 2000).

Within this context, perhaps the most relevant question is where patient-centered medicine stands in the real world. As implied by the term, patient-centered medicine may be viewed as diametrically different from evidence-based medicine. The former focuses on patients’ needs whereas the latter is heavily relying on a physician-based approach, highly dependent on the interpretation of facts and statistics by the physicians themselves (Sweeney et al., 1998; Bensing, 2000).

While evidence-based medicine is an extremely useful tool for physicians leading to widely accepted protocols that safely guide their medical decisions, however, it should not be overlooked that it is based on conclusions drawn from subgroups of patients with distinct characteristics rather than individuals (Bensing, 2000). Conceivably, the different disease subgroups encompass the entire spectrum of possible presentations and outcomes, thus such approach holds the potential of offering robust information for guiding clinical decision-making. That notwithstanding, patient centeredness offers information that evidence-based medicine cannot approach and this may prove important in terms of not only disease management but also adherence to therapy. Put differently, no matter how different these two approaches may seem, their integration seems highly relevant towards the development of tailored management approaches for patients suffering from a chronic ailment.

**PATIENT ENGAGEMENT**

Patient engagement is considered to be the cornerstone for the improvement of healthcare systems as we know them today; however, the term still remains inconclusively defined (Barello et al., 2014).

Many tend to misinterpret patient-centered care (analyzed in the previous section) for patient engagement when in fact these terms are complementary rather than synonymous. More specifically,
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