

# Patient/Client Empowerment: Walking the Walk....

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SYLVIA LANGLOIS M.SC.OT REG (ON)  
UNIVERSITY OF TORONTO, CENTRE FOR IPE  
ELIZABETH HANNA, MHSC, REG, CASLPO  
BRIDGEPOINT HEALTH, UNIVERSITY OF TORONTO  
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**(WITHOUT TRIPPING)**



# Objectives

- Explore what patient/client empowerment, patient/client engagement and patient/client-centred care mean
- Analyze own work settings/practice stand on continuum of patient/client empowerment
- Recognize implications of increased patient/client empowerment on IPE and C
- Summarize barriers to increased patient/client empowerment
- Specify areas that may be amenable to increased patient/client empowerment in own setting

# Why is this discussion important?



When you think of an empowered patient/client, what words come to mind?

# Concepts?

- Consider:
  - Patient/client Empowerment
  - Patient/client-Centred Care
  - Patient/client Engagement
- What is common?
- How do they differ?

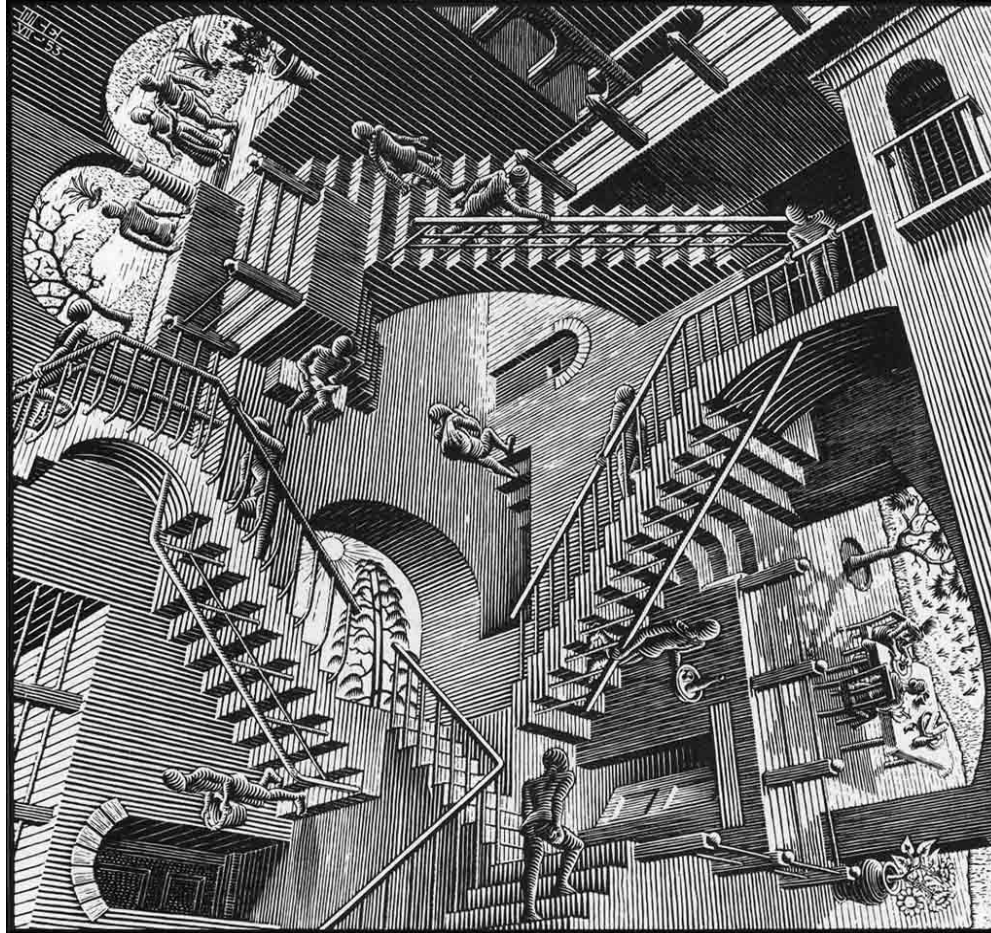


# Empowerment: Definitions

“Process of increasing personal, interpersonal, or political power so that individuals can take action to improve their situations” (Gutierrez, 1994)

Increasing one’s authority and control over the resources and decisions that affect one’s life.” (Narayan, 2007)

# Perspectives





# Process of Patient Empowerment can be Inter-personal and Intra-personal (Aujoulat, D'Horre & Deccache, 2006)

- Inter-personal dimension
  - When seen from the point of view of the **provider–patient interaction**, empowerment is considered as a process of communication and education in which knowledge, values and power are shared.
- Intra-personal dimension
  - When seen from the point of view of the **patient**, empowerment is considered as a process of personal transformation

# Four Elements of Empowerment

1. **Access to information** – “Knowledge is Power” (e.g. programs, discussion, radio, television, internet, awareness of laws)
2. **Inclusion and Participation** (i.e. who is included and how are they engaged)
3. **Accountability**: service providers accountable to answer for actions
4. **Local organizational capacity** (e.g. work ethics, dynamics, resources to solve problems of common interest)

(Nayaran, 2007)

# Health Care Empowerment

- Described as the process and state of participation in health care that is characterized as patient/client who is:
  - Engaged
  - Informed
  - Committed
  - Tolerant of uncertainty
  - Collaborative

(Johnson, 2011)

# ENGAGED

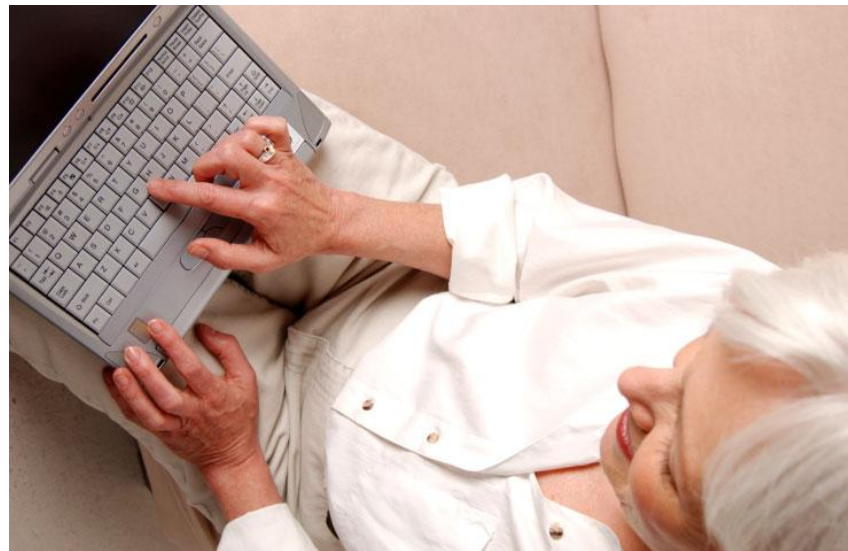
- Active participation in health care
- Accessing appropriate care
- Attending and preparing for appointments
- Using additional available resources (e.g. email, phone consultation, online portals) to maintain high level of involvement in care

# INFORMED

- Information is necessary but alone insufficient
- Understanding his/her illness
- Awareness of treatment options and relative risks and benefits
- Good understanding of the health care system including benefits, available resources, and health care consumer rights

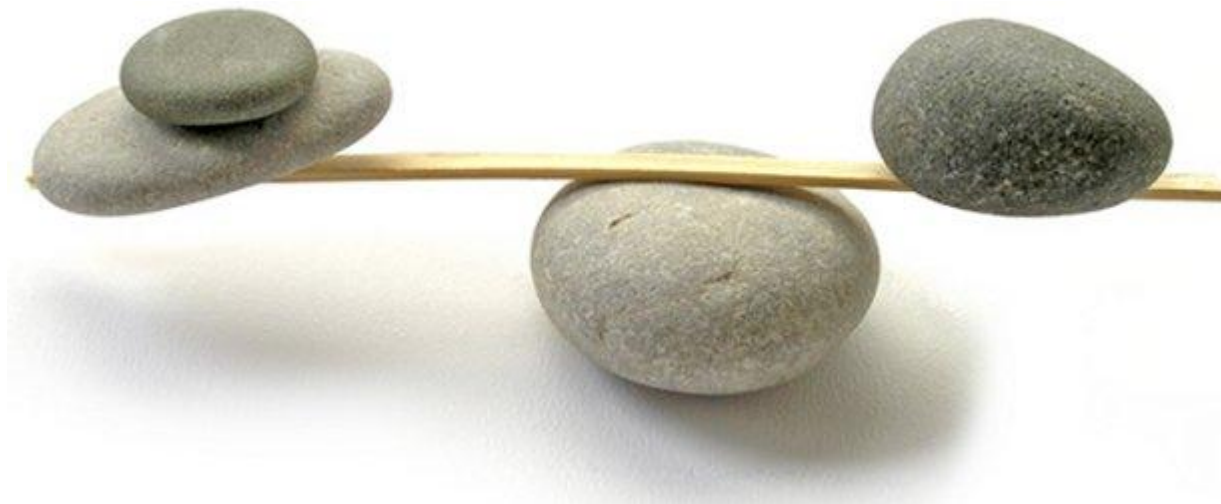
# COMMITTED

- Commitment to one's health and treatment is essential
- Enables engagement and collaboration with providers,
- Helps buffer against lapses in motivation following treatment setbacks or unforeseen disease progression



# TOLERANT OF UNCERTAINTY

- Unpredictable nature of condition and uncertainty of treatment outcomes
- Need to manage uncertainty
- Must balance emotional needs and rational approach to decision making based on probabilities and relative risks
- Empowered patient achieves balance by proceeding with engaged, informed and committed treatment plan



# COLLABORATIVE

- Shared decision making valued by majority of patients engaged in medical care
- Patients must practice assertive communication, active listening and have a level of trust in their health care providers
- Study of 1027 HIV positive patients (Beach et al 2007)
  - 13% of patients preferred to make all decisions themselves
  - 63% preferred sharing decision-making with the health care provider
  - 23% preferred that the provider makes all decisions



# IPE/IPC and EMPOWERMENT

- Patient/family collaborative members of the team
- Patients/clients seen as “teammate”, physician is not a “captain”
- Education required to assist HCPs to more fully empower patients/family members
- Education and support required for both HCPs and patients/clients



# Why is this discussion important?

- Encourages **independent health promoting behaviours**
  - Ellis-Stoll & Popkess-Vawter, 1998



- Patients receiving patient/client-centered care more likely to **trust their clinicians**
  - Keating et al., 2002
- More likely to **adhere to treatment recommendations**
  - Haynes et al., 2008
- **Less likely to die following a major event** such as acute myocardial infarction
  - Meterko et al., 2010
- Encourages **independent health promoting behaviours**
  - Ellis-Stoll & Popkess-Vawter, 1998

# What Empowerment Does to the Patient/Client Healthcare Relationship

- Situates responsibility with the patient
- Redefines patients' perceptions and expectations of their physicians and health care providers
- Promotes a partnership approach to health care

IT CAN'T BE DONE

# Empowerment: Challenges

- Medical profession and health care generally deeply rooted in tradition of paternalism and therefore, empowerment requires a shift in thinking, such that control is surrendered
  - Hage and Lorensen, 2005
- Perceptions that changes will add to workload
- Pinto, 2014
- Perceptions that patients do not wish or are not able to cope with empowerment
  - Pinto, 2014

# Large Scale: Kingston General Hospital

- KGH wins patient-centred care award from NRC Picker, 2012
- 12 former patients or family members of patients who have received care at KGH, plus five KGH staff KGH part of Patient and Family Advisory Council
- **Patient Experience Advisors** are part of Interprofessional Collaborative Practice Model Steering Committee, Patient Flow Taskforce and the newly formed Patient Quality and Safety Steering Committee among others
- Over 400 opportunities across the organization where Patient Experience Advisors are partnering with staff to improve the patient experience.
- [Institute for Patient and Family Centered Care](#) - provides leadership to advance the understanding and practice of patient- and family-centered care in hospitals and other health care settings.

## Mid Scale: Family Centred Rounds

“Recommended as standard practice” in pediatric settings

- Kelly, 2013
- Not always more time consuming
  - Rappaport, 2012
- “No additional burden to health service use”
  - Kuo, 2012
- Variability in how engaged families are, education in communication/other support required for staff
  - Subramony, A. 2014

## Access to Patient Care Record



([www.myopennotes.org](http://www.myopennotes.org)).

- **Pandora's Box is opening**
  - Use of patient portals is exploding, but value and support is variable
  - *"Putting more thought into a note doesn't take more time, find it doesn't take one second longer. It's just a different way of doing business."*
    - an MD
  - *"I find the notes help me to understand what is going on and answer a lot of questions I may not think of asking when I go for a follow up appointment."*
    - A Patient, (Goldzweig 2013)



# KNOWLEDGE CAFÉ:

One Volunteer to stay at the table, record and summarize

## **Round one:**

- Generate opportunities at the organization OR the practice level
- Where would you start

## **Round two:**

- ODDS go together to an EVEN table and vice versa
- Recorder reviews briefly
- How can you collaborate to improve results?
- What might the result be?

# Knowledge Café

## ODDS: Organizational Level

1. Where can you consider enhancing patient/client empowerment within your organizations?
2. Where would you start?
3. How can you collaborate to improve results?
4. What might the result be?

# Knowledge Cafe

## EVENTS: Practice Level

1. In your practice setting, where are the opportunities to enhance patient/client empowerment?
2. Where would you start?
3. How can you collaborate to improve results?
4. What might the result be?

## How YOU can Empower Patients:

- **Focus on the patient's/client's strength**
  - Identify when strength statements are made by client and repeat back and amplify
- **Share power**
  - Foster a collaborative atmosphere
- **Assume many roles**
  - Educator, supporter, activist, option clarifier, facilitator of concrete experiences of power and model of lived empowerment
- **Ensure a safe and supporting environment**

# References

- Anderson, R. & Funnell, M. (2005) Patient empowerment: reflections on the challenge of fostering the adoption of a new paradigm. *Patient Education and Counseling* 57:153–157.
- Aujoulat, I., D'Hoore, W & Deccache, A. (2007). Patient empowerment in theory and practice: Polysemy or cacophony? *Patient Education and Counseling*, 66:1, 13-20.
- Beech, I. (2007). Empowerment and Participation: Power, Influence and Control in Contemporary Health Care Volume 1. *Journal of Psychiatric and Mental Health Nursing*, 14(2): 218-21.
- Ellis-Stoll, C. & Popkess-Vawter, S. (1998). A concept analysis on the process of empowerment. *Advances in Nursing Science*, 21:62-68.
- Gutierrez, L. (1999). *Empowering Women of Color*. New York: Columbia University Press.
- Hage, AM & Lorensen, M. (2005). A philosophical analysis of the concept empowerment; the fundament of an education-programme to the frail elderly. *Nursing Philosophy*, 6(4): 235-246.
- Haynes, R. B., Ackloo, E., Sahota, N., McDonald, H. P., & Yao, X. (2008). Interventions for enhancing medication adherence. *Cochrane Database of Systematic Reviews*, (2): CD000011.
- Johnson, A., Sandford, J., & Tyndall, J. (2003). Written and verbal information versus verbal information only for patients being discharged from acute hospital settings to home. *Cochrane Database of Systematic Reviews* (4), CD003716. doi:10.1002/14651858.CD003716
- Keating, N. L., Green, D. C., Kao, A. C., Gazmararian, J. A., Wu, V. Y., & Cleary, P. D. (2002). How are patients' specific ambulatory care experiences related to trust, satisfaction, and considering changing physicians? *Journal of General Internal Medicine*, 17(1): 29-39.

# References

- Kelly, M., Xie, A., Carayon, P., DuBenske, L., Ehlenbach, M., Cox, E., (2013). Strategies for improving family engagement during family-centered rounds, *Journal Of Hospital Medicine*, 8(4):201-207
- Kuo, D., Sisterhen, L. Sigrest, T., Biazo, J., Aitken, M., Smith, C. (2012). Family experiences and pediatric health services use associated with family-centered rounds, *Pediatrics*, 130(2):299-305.
- 
- Meterko, M., Wright, S., Lin, H., Lowy, E., & Cleary, P. D. (2010). Mortality among patients with acute myocardial infarction: The influences of patient-centered care and evidence-based medicine. *Health Services Research*, 45(5, Pt. 1):1188-1204.
- 
- Narayan, D. (2007). Empowerment. *Journal of Ambulatory Care Management*, 30(2):120-125.
- 
- Rappaport, D., Ketterer, T., Nilforoshan, V, Sharif, I. (2012). Family-Centered Rounds: Views of Families, Nurses, Trainees, and Attending Physicians. *Pediatrics*. 51(3):260-266.
- 
- Subramony, A., Hametz, P., Balmer, D. (2014) Family-Centered Rounds in Theory and Practice: An Ethnographic Case Study, *Academic Pediatrics*,(2)200-206.
- 
- Swift, C. & Levin, G. (1987). Empowerment: An emerging mentalhealth technology. *Journal of Primary Prevention*, 8, 71-94.
- 
- Towle, A. (2006). Where's the patient's voice in health professional education?, *Nurse Education in Practice* 6(5): 300-2.



