



Original Research Papers

Patient perceptions of patient-centred care, empathy and empowerment in complementary medicine clinical practice: A cross-sectional study

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ABSTRACT

Objective: Patient-centred care (PCC) is increasingly recognised as a valuable paradigm of clinical care, particularly in the field of chronic disease. As the use of complementary medicine (CM) grows, so does the need to explore the clinical experience of CM patients. This study aims to provide an examination of patient perceptions of the degree to which CM practitioners employ a patient-centred approach during consultation.

Design: Cross-sectional survey preliminary study.

Methods: A patient-reported survey was administered to assess perceptions of practitioner empathy and support, patient empowerment, and PCC in a multi-profession CM student clinic offering acupuncture, homeopathy, naturopathy, nutrition and myotherapy. The survey was comprised of four existing measures: the Consultation and Relational Empathy (CARE) measure, Patient-Centred Care scale, Perceived Provider Support scale and Empowerment scale.

Results: Amongst 252 respondents, positive perceptions towards all five professions were consistently reported by participants for all four measures. A higher proportion of positive experiences of practitioner empathy and PCC were reported by participants consulting with a naturopath, nutritionist or homeopath compared to those consulting with a myotherapist or acupuncturist. Participants who visited the clinic for assistance with a chronic health condition reported more positive perceptions for items regarding communication from the Patient-Centred Care scale ($p = 0.02$) and self-efficacy from the CARE measure ($p = 0.04$).

Conclusion: CM clinical care appears to be characterised by a patient-centred, empathic and empowering approach. CM may present a valuable resource of PCC, particularly within the field of chronic disease management. Further research is required in order to explore this approach in the wider CM community.

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What is already known about the topic

- Patient-centred approaches to clinical care involving elements such as practitioner empathy and patient empowerment may enhance health outcomes by addressing patients' psychosocial health needs.
- In qualitative studies, patients of complementary medicine practitioners have described experiences suggesting a patient-centred approach to clinical care and have reported seeking

complementary medicine practitioners specifically for the nature of clinical care provided.

- Patient-centred care is considered to be a particularly effective approach to chronic disease management, which is of interest to the field of complementary medicine due to the high representation of individuals with chronic health conditions who consult with complementary medicine practitioners.

What this paper adds

- The clinical care provided by complementary medicine practitioners appears to be characterised by a patient-centred approach involving practitioner empathy and patient empowerment.
- Patient experiences of clinical care vary in some respects between different complementary medicine professions.

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- Complementary medicine practitioners may offer a valuable, existing resource of patient-centred care for addressing unmet psychosocial health needs, particularly for patients with chronic health conditions.

1. Introduction

Psychosocial elements of clinical care play an important role in patient experiences and can impact on health outcomes [1]. Factors such as practitioner empathy [2]; patient-practitioner communication and partnership [3]; individualised, holistic approaches to consultation [4]; and patient experiences of empowerment [5] may promote more favourable clinical outcomes. An increasing understanding of the importance of these psychosocial factors has led to a contemporary movement within the health and medical community toward more person-focussed models of clinical care, such as patient-centred care (PCC) [6–8].

Paradigms of care found within complementary medicine (CM) philosophies, such as holism [9,10], promote a whole-person approach analogous with the person-focussed ideals espoused by PCC [11]. Both holism and PCC seek to comprehensively address the patient's health and well-being beyond immediate physical concerns by exploring and acknowledging each patient's individual needs and facilitating sustainable health promotion that accounts for social and environmental factors [11,12]. CM approaches to treatment can vary in the level of participation required by the patient; treatment can be either patient-enacted (remedies prescribed for self-administration, dietary/lifestyle advice) [13] or practitioner-enacted (acupuncture, manual therapies) [14]. However, in regards to the nature of clinical care provided, patients who seek to consult with CM practitioners do so because they expect to participate in a patient-centred, holistic process [15–17]. In light of the global prevalence and increasing use of CM [18–20], it is of interest to note that perceptions of clinical care contribute to reasons for CM use.

Clinical care expectations as drivers of use are particularly applicable to patients seeking care from CM practitioners for chronic health conditions [21–23]. This is interesting to note due to the high representation of individuals with chronic health conditions amongst CM users [20,24], the increasing contribution of chronic health conditions to the global burden of disease [25], and emerging assertions that PCC is a particularly effective approach to managing chronic health conditions [26–28]. If CM practitioners are indeed providing a consultation characterised by PCC, it follows that CM may proffer an overlooked resource of PCC with value to contribute by way of addressing patients' psychosocial needs, particularly those of patients with chronic health conditions.

While there is a substantial body of qualitative literature supporting the predication that the practice of CM clinical care is indeed aligned with the principles of PCC, there has been little attempt to verify this correlation through quantitative methods [29]. The present study aims to provide a preliminary examination of patient perceptions of the degree to which CM practitioners from a variety of professions employ a patient-centred approach during clinical consultation.

2. Materials and methods

2.1. Study design

A cross-sectional survey design was used in order to capture data on prevailing patient experiences. As this study was the first to use quantitative measures to assess PCC and its components across a variety of CM professions in Australia, a preliminary study approach was employed.

2.2. Setting

In order to readily access a cross-section of the general population of CM users, the study recruited participants from the setting of the Endeavour College of Natural Health's Wellnation student clinics in Brisbane, Australia. The Wellnation clinics are open to members of the general public, offering consultations with third- and fourth-year Bachelor-degree student practitioners across five professions: naturopathy, nutrition, homeopathy, acupuncture and myotherapy. In this setting, student practitioners are supervised and guided by fully-qualified practitioners of the corresponding profession before prescribing or administering treatments (i.e. naturopathic student practitioners are supervised by qualified naturopaths). Consultations range from 60 to 90 min in duration.

2.3. Participants

Participants were recruited from clinic reception rooms using non-probability convenience sampling. Inclusion criteria encompassed all adult Wellnation patients who had completed a consultation with a student practitioner of any of the five professions, who were willing and able to consent to participate, and who were proficient in English or had someone available to translate on their behalf.

2.4. Measures

The survey was comprised of four existing patient-reported outcome measures, each of which have previously been validated in preliminary studies in CM settings but had yet to be utilised across a variety of CM professions. The combination of these four measures intended to provide a comprehensive overview of the various elements of patient-centred clinical care.

2.4.1. The CARE measure

The Consultation and Relational Empathy (CARE) measure was used to assess patient perceptions of practitioner empathy. Using five-point Likert scales, this measure allows respondents to rate perceived practitioner empathy from "poor" to "excellent" across ten items beginning with the question "How was your doctor at...". Responses are given a numerical value (poor = 1, excellent = 5), allowing a cumulative score to be calculated with a minimum of 10 and a maximum of 50. The measure was employed with one alteration, replacing "doctor" with "practitioner" in accordance with the CM setting. While the CARE measure was developed primarily for use in conventional general practice [30], it has been implemented in research across a broad scope of health-care settings [31–33], including CM settings involving homeopathy [34] and acupuncture [35–37]. Psychometric properties of the CARE measure such as factor loading, construct validity, reliability and utility can be viewed in Mercer et al., [30].

2.4.2. The patient-centred care scale

Developed specifically for application in CM settings, The Patient-Centred Care scale, Perceived Provider Support scale and Empowerment scale are three instruments designed and intended to supplement each other [38]. The inclusion of these scales allows for a more detailed and specific examination of CM clinical care beyond the CARE measure's scope of relational empathy. The Patient-Centred Care scale allows respondents to rate various aspects of PCC, as experienced during consultation, by using a five-point Likert scale ranging from "strongly disagree" to "strongly agree" across ten items.

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