



Original article

Improving Self-Management Skills Through Patient-Centered Communication



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Article history: Received April 8, 2015; Accepted August 29, 2015

Keywords: Transition; Patient-centered communication; Autonomy; Connectedness; Self-management; Mobility limitation

A B S T R A C T

Purpose: We tested relationships between patient-centered communication (PCC), relatedness to health care providers, and autonomy around health care management among youth with and without mobility limitations (MLs) and examined whether the relationship between PCC and autonomy was mediated by how connected youth feel to their health care providers.

Methods: Stratified multiple regression models were used to examine predicted associations for youth with and without MLs.

Results: PCC was significantly associated with relatedness to health care providers and autonomy for managing health care among youth with and without MLs. After controlling for covariates, evidence of mediation was observed among youth without MLs but not for youth with MLs.

Conclusions: For youth without MLs, mediation suggests that youth's connection to their health care provider contributes to higher levels of health-related autonomy. For youth with MLs, independent of feeling connected to health care providers, more frequent PCC resulted in higher levels of health-related autonomy.

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IMPLICATIONS AND CONTRIBUTION

All health care providers may take these findings as an opportunity to review their own approach to engaging youth in discussions about health care self-management. Adolescent and young adult patients may benefit most when their health care providers express caring while also engaging youth in the more technically specific elements of youth-centered communications.

The hallmark of a successful transition from pediatric-centered health care to adult health care is self-management [1]. Central to self-management is a sense of autonomy in managing health because effective self-management requires autonomous action and active participation in health-related decision-making and behaviors. Thus, youth must develop autonomy to achieve health self-management. For youth with special health care needs in the United States, health care transition is complex, as youth needs

become superimposed on adult health care systems often characterized by fragmented services rarely involving multidisciplinary coordination [2–5]. Poor communication between providers and youth further complicates transition of care. To improve youth health self-management, we must understand factors that influence youths' sense of autonomy.

Chronic illness management during adolescence is multifaceted and involves ongoing interactions between patients, families, and providers [6]. For youth with physical disabilities and mobility limitations (MLs), the transition period is complex because of the need for multiple medications, specialized equipment, and specialist care. Although successful transition requires the development of autonomy, the manner through which patient-centered communication (PCC) facilitates autonomy is not well understood. This study can enhance clinical

Disclaimer: This work reflects the opinions of the authors and does not represent the opinions or influences of any of the funding agencies.

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practice by advancing understanding of the autonomy development in health care self-management. This study explores the role of self-reported PCC in the development of autonomy among adolescents and emerging adults with and without ML by applying the psychological framework of self-determination theory (SDT) to the transition from pediatric to adult health care [7].

Self-Determination Theory and Adolescent Health Care

SDT focuses on motivation, the combination of attitudes and abilities that lead individuals to both set goals and take initiative necessary to reach these goals [7,8]. In the health care context, self-determination means making autonomous decisions about, learning how to effectively solve problems related to, and taking responsibility for one's health [9]. As youth age, autonomy becomes an increasingly critical component of the health care transition process. Because youth are expected to take an active role in managing their health care in adult health care systems, youth who lack autonomy are ill prepared for the transition to adulthood. Lack of autonomy may result in negative health outcomes [10]. For example, studies on youth with asthma suggest that their adult health outcomes depend on learning to self-manage their condition [11,12].

SDT also considers the extent to which significant others in a young person's social context are supportive of efforts to develop motivation [13,14]. Autonomy in the context of health care is influenced, in part, by whether young patients perceive their health care providers to be supportive of their efforts to be autonomous. Such support could include understanding patient perspectives, allowing youth to make choices, providing information, and accepting patients' decisions [9]. PCC, a style of communication between health care providers and patients, is one autonomy-supportive practice that health care providers may use [14]. This type of communication allows patients to provide input and actively participate in decisions regarding their health and health care. Patients and providers develop a collaborative relationship through an explicit focus on patient beliefs, goals, and encouragement of the patient to increase control of health self-management [15]. When providers use PCC, they bolster patients' autonomy for health self-management. PCC is particularly important for youth with special health care needs as they transition to adulthood because PCC allows youth to actively participate in decisions regarding their health and health care [13,14].

Autonomy-supportive practices may influence young patients' development of autonomy through the mechanism of relatedness—feeling connected to and affiliated to others [13]. In educational research, relatedness is viewed as a mechanism through which adults demonstrate and reinforce their support of students' autonomy with regard to school engagement and performance [11–14]. Positive relationships and connections to school staff and teachers result in higher levels of student autonomy [16–20]. Similarly, the health care setting may be seen as a critical context for the development of autonomy within youth, where health care providers have opportunities to nurture feelings of connection and belonging.

Previous cross-sectional analyses suggest that engaging adolescents through PCC, an autonomy-supportive practice, is positively associated with perceptions of relatedness and autonomy [8,14–18]. The present study examined the longitudinal association between youth's receipt of PCC from health providers and their

autonomy in health care self-management. We were interested in whether perceptions of relatedness between young patients and their providers served as a mechanism, or mediator, through which PCC may influence autonomy and examine whether these relations are similar or different based on whether youth have an ML. Specifically, in separate models for youth with and without MLs, we tested (1) whether youths' perceptions of PCC were associated with reports of relatedness and autonomy and (2) whether the relationship between PCC and autonomy was mediated by relatedness.

In this analysis, we focused narrowly on autonomy because we believe that it is at the intersection of youth-centered care, medicine, and transition. In chronic condition management, autonomy is important for three reasons. First, autonomy is a cornerstone value of American health policy and clinical practice improvement initiatives. The 2010 American Patient Protection and Affordable Care Act focuses on the promotion of autonomy and self-management through clinical- and community-based wellness, prevention, and chronic disease initiatives and funding for research on patient-centered outcomes. The Medical Home and Chronic Care Model recognize the importance of engaged patients. These care models promote autonomy by structuring clinical encounters and linking patients to self-directed home and community activities.

Second, the ethical principle of respect for autonomy obligates health care providers to respect personal choice and support autonomy. Health care recognizes the important role of parents as decision makers for children, yet it has been slow to engage adolescents and young adults in health care decision-making [21]. Growing up with only limited opportunity to express autonomy and develop the related skills, too many adolescents reach the adult health care system unprepared for health care self-management [5].

Third, autonomy is one of the fundamental developmental tasks of adolescence [22]. Youth with chronic conditions typically grow up with intensive involvement of adult decision makers. As a result, many never have the opportunity to develop autonomy. Promoting autonomy is an essential element of health care transition services for youth with special health care needs [10]. By focusing on autonomy in this analysis, we are cognizant of its place as an essential element of patient education and empowerment and developmental theory.

Methods

Data were drawn from the baseline and 12-month surveys for the myPath study, a prospective, longitudinal study of the health care and health-related experiences of youth and young adults with and without ML in the upper Midwest. The myPath survey covered a range of topics related to the participant's health and health care experiences and were primarily delivered online. Participation barriers resulting from an Internet-based survey were minimized by (1) mailing a paper copy of the survey to the participant or (2) administering the survey over the phone, as requested. After completion of an online survey, participants were mailed a \$25 gift card. Detailed recruitment and follow-up procedures are described elsewhere [19]. The Institutional Review Board of the University of Minnesota approved all study protocols.

The baseline sample consisted of 786 participants. All participants were between the ages of 16 and 24 years at the time of enrollment; those who did not speak English or have the cognitive ability to complete the survey were excluded. Using

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