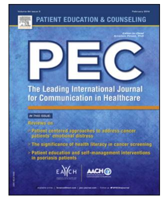
Patient Education and Counseling 99 (2016) 339–347

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou



Review article

Healthcare professional-patient relationships: Systematic review of theoretical models from a community pharmacy perspective

Marta Sabater-Galindo[a,b,*], Fernando Fernandez-Llimos[c], Daniel Sabater-Hernández[a,d], Fernando Martínez-Martínez[b,d], Shalom Isaac Benrimoj[a]

[a] Graduate School of Health, Pharmacy, University of Technology, Building 7, Level 4, 64 Jones St., PO Box 123, Ultimo, Sydney, NSW 2007, Australia
[b] Faculty of Pharmacy, University of Granada, Campus de Cartuja, s.n., 18071 Granada, Spain
[c] Research Institute for Medicines (iMed.ULisboa), Department of Social Pharmacy, Faculty of Pharmacy, University of Lisbon, Lisbon, Portugal
[d] Academic Centre in Pharmaceutical Care, University of Granada, Campus de Cartuja, s.n., 18071 Granada, Spain

ARTICLE INFO

Article history:
Received 1 July 2015
Received in revised form 18 September 2015
Accepted 28 September 2015

Keywords:
Professional patient relationship
Theoretical model
Pharmacist
Community pharmacy service
Influential factor
Systematic review

ABSTRACT

Objective: To identify health care professional-patient relationship theoretical models and individual factors that may have an influence on this relationship and be relevant to community pharmacy practice.
Methods: Using the recommended methodology by Prisma Statement, a search was undertaken in PubMed for health care professional-patient relationship theoretical models that included individual factors.
Results: Eight theoretical models met the inclusion criteria. These models were classified based on their aim, their focus on the interaction process, external factors influencing the process, and their practical applications. The most common influential modifiable factors were knowledge, needs, values, expectations, beliefs and perceptions.
Conclusion: 'The Theory of Goal Attainment' (TGA) appears to be the most useful model for community pharmacy practice. The perceptions and expectations of both patients and pharmacists could be the two most interesting modifiable factors to apply in pharmacy practice. These modifiable influential factors could be altered by specific training such as behavioral aspects.
Practice Implications: No theoretical model has been specifically developed for analyzing the community pharmacist–patient relationship. TGA may be appropriate for community pharmacy practice, since it takes into consideration both, attaining patients health outcomes, as well as improving patient–pharmacist relationship.

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* Corresponding author at: Avda. Reyes Catolicos 35, Torres de Cotillas, 30565 Murcia, Spain.
E-mail address: msabatergalindo@gmail.com (M. Sabater-Galindo).

http://dx.doi.org/10.1016/j.pec.2015.09.010
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1. Introduction

The relationship between a healthcare professional and a patient has been demonstrated to directly influence health outcomes [1–3]. Similarly, a patient-centered approach has been proven to significantly improve patient experience of the health system [4–6]. The behaviour of a professional has significant impact on the patients' well-being as well as on health care quality and outcomes [7].

The emerging trend for delivering patient-centered services in community pharmacy has led to an increased interest in the relationship between the community pharmacist and the patient [8,9]. Research on the pharmacist–patient relationship has been approached from different perspectives, including how the interaction impacts the quality of the relationship, patient satisfaction, health outcomes, or how health behaviour is modified [10–20]. However, no theoretical model for the community pharmacist–patient relationship appears to have been developed. Theoretical models other healthcare professional-patient relationships may be a reasonable starting point for constructing such a theory, with these models being used to also identify potential influential factors of the relationship that could be tested in pharmacy practice [8]. These influential factors could be hypothesized to exist at an individual level (e.g. healthcare professional, patient) or at a higher level of organization such as the health system and community [21–23]. Individual factors such as knowledge, needs, objectives, expectations, perceptions or prior experiences might determine the relationships established between the professional and the patient [22,24]. Those modifiable influential factors are of special interest as they could be adjusted to achieve a higher quality relationship, and consequently, have positive impacts on patients' health outcomes. Thus, the objective of this systematic review was to identify health care professional-patient relationship theoretical models and secondly to identify individual factors that may influence this relationship and be relevant in the community pharmacy practice setting.

2. Methods

A systematic review of the literature on theoretical models that included individual factors affecting the quality of the health care professional-patient relationship was undertaken using the recommendations made by Prisma Statement [25]. For the purpose of the review, a theoretical model was considered as a "tool to structure thinking and action about how the connections, linkages, perceptions or behaviours are modified within the relationship" [26].

2.1. Search strategy

A literature search was conducted in December 2013 in PubMed, without any language or time restrictions. The following broad search strategy was used: ("Models, Psychological"[MH] AND "Professional-Patient Relations"[MH] AND "Attitude to Health"[MH]).

Articles were included if they presented a theoretical model which included factors affecting the quality of the health care professional-patient relationship. First, titles and abstracts of the studies were screened, excluding records if they did not have an abstract, or if they were clearly outside the scope of the review (i.e. they did not present a theoretical model aimed at addressing the relationship between a health care professional and a patient). Secondly, the full-text of potentially relevant articles from step 1 were analysed in depth, using the following exclusion criteria: (1) a theoretical model was not presented; (2) the model presented did not address the relationship between a healthcare professional and a patient; (3) the model was specifically aimed at achieving health behaviour change or treatment decision making; and (4) the article was in another language than English, Spanish, Portuguese, French, Italian or German. References from the included articles and reviews that were within scope were checked to identify other models not found using the previous search strategy.

2.2. Data extraction

Using an ad-hoc data extraction table, the following information was obtained for each model: name, reference and theoretical basis of the model; type of professional involved in the relationship; aim of the model as described by the authors; focus of the model with a brief description of the aspects of the relationships; use and practical applicability of the model; and factors affecting the relationship. Factors were defined as "those individual characteristics that could have an influence on the quality of the relationship" and were labelled as "Influential factors". Influential factors were subsequently classified by involvement of healthcare professional, patient or both, and if they were modifiable (capable of being modified by an intervention) or non-modifiable (incapable of being modified by an intervention). Data were collegially extracted by two members of the research team, and the extraction tables were thoroughly discussed among all the research team.

2.3. Data analysis and synthesis

After extraction, data was synthesized following a thematic analysis. Studies were systematically appraised while extraction tables were adapted to the new themes emerging.

Data in the extraction tables was then synthesized and themes were grouped by theoretical basis, aim of the model, focus of the model, and applicability. Influential factors, both modifiable and non-modifiable, were in turn grouped as professional-related and patient-related.

3. Results

The database search identified 613 potential articles, and an additional article found after appraising bibliographic references in the potential articles. In the screening process 399 articles were considered not relevant and were excluded, resulting in 215 full articles remaining for a full text analysis. A total of 206 were excluded in the eligibility process due to the following criteria: (1)

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