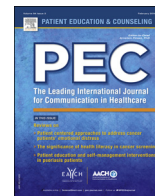




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Research Information

Factors affecting patients' online health information-seeking behaviours: The role of the Patient Health Engagement (PHE) Model

Guendalina Graffigna^a, Serena Barello^{a,*}, Andrea Bonanomi^b, Giuseppe Riva^a

^a Department of Psychology, Università Cattolica del Sacro Cuore, Milano, Italy

^b Department of Statistical Sciences, Università Cattolica del Sacro Cuore, Milano, Italy

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ABSTRACT

Objective: To identify the variables affecting patients' online health information-seeking behaviours by examining the relationships between patient participation in their healthcare and online health information-seeking behaviours.

Methods: A cross-sectional survey of Italian chronic patients ($N = 352$) was conducted on patient's online health information-seeking behaviours and patient participation-related variables. Structural equation modeling analysis was conducted to test the hypothesis.

Results: This study showed how the healthcare professionals' ability to support chronic patients' autonomy affect patients' participation in their healthcare and patient's online health information-seeking behaviours. However, results do not confirm that the frequency of patients' online health information seeking behavior has an impact on their adherence to medical prescriptions.

Conclusion: Assuming a psychosocial perspective, we have discussed how patients' engagement – conceived as the level of their emotional elaboration of the health condition – affects the patients' ability to search for and manage online health information.

Practice implication: To improve the effectiveness of patients' online health information-seeking behaviours and to enhance the effectiveness of technological interventions in this field, healthcare providers should target assessing and improving patient engagement and patient empowerment in their healthcare. It is important that health professionals acknowledge patients' online health information-seeking behaviours that they discuss the information offered by patients and guide them to reliable and accurate web sources.

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1. Introduction

Current models of the patient-doctor relationship emphasize the incorporation of patients' values into treatment decision-making processes and the participation of informed patients in clinical interactions [1]. Oriented by such frameworks are specific practices including shared decision-making [2] and involvement in health-related decisions [3]. Enhancing individuals' health information and their capacity to use it effectively is increasingly

recognized as a public health goal and as a determinant of positive health outcomes [4–6]. Studies have shown that the level of patients' health information may be considered a predictor of patients' health behavior and of their use of health services. Furthermore, the patients' level of health information has been demonstrated to be associated with patients' health outcomes and with the general healthcare costs in a community [7–9]. Some studies have proposed that patients who more frequently enact information-seeking behaviours have higher health information levels tend to participate more in their care management [10–13]. Patient participation is today considered an aspect crucial for the success (in terms of effectiveness and sustainability) of Western healthcare systems [14–16]. A patient who is more involved in his/her healthcare management has been defined as a patient who is more informed, more aware of his/her health condition, and more confident and self-effective in following medical prescriptions [17–19]. To improve patients' responsibility towards their care and their participation in the healthcare services utilizations has been shown to be an important predictor of better clinical outcomes

Abbreviations: PHE-S, Patient Health Engagement Scale; PAM-13, Patient Activation Measure - short form; MMAS-4, Morisky Medication Adherence Scale; HCCQ, Health Care Climate Questionnaire; OHISB, Online Health Information Seeking Behavior; AGFI, Adjusted Goodness-Of-Fit; RMSEA, Root Mean Square Error of Approximation; CFI, Comparative Fit Index; SRMR, Standardised Root Mean Square Residual; AGFI, Adjusted Goodness-of-fit.

* Corresponding author at: Università Cattolica del Sacro Cuore L.Go Gemelli 1, 20123 Milano, Italy.

E-mail address: serena.barello@unicatt.it (S. Barello).

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[20] increased patient satisfaction with healthcare services [21] and reduction of organizational costs [22,23]. Particularly, patients' health information seeking is considered a notable marker of patient participation in their healthcare as well as it is viewed as a purposeful and goal-oriented activity, rather than the result of passive exposure to information. That's why this is a particularly interesting focus for research in this area.

In particular, the Internet is a crucial informational source on which people construct their health experiences and gain understanding about symptoms and treatments [24]. The Internet is part of this technological landscape, and it is recognized as a primary source of health information. The Internet is a major tool for seeking information for both professional and private reasons and is becoming a challenging tool for health purposes [25]. A growing number of people, worldwide, use it to search for all kinds of information, to interact with others, to work or to fill their leisure time. In Europe, the rate of penetration of Internet usage in the general population is about 58%, and recent data show an increase in this rate in Italy up to 52%, thus actually in the mean of European rates [26–28]. Moreover, there is evidence that, on average, people accessing the Web for seeking health information are older than the other Web users: this could be linked to the fact that mainly chronic patients result active in seeking online health information and that this population is in average composed by elderly people [29]. Furthermore, online health information-seeking behaviours among those over age 65 are increasing faster than any other group [30,31]. This evidence is particularly relevant for countries – such as Italy – where the chronic aging population is growing faster and faster due to the advancement of medicine and technologies [32].

Much of the emphasis of the Internet and health studies conducted to date has been on the role of the Internet in people's experiences of illness, and they have suggested that its users are also active information seekers and more participative patients [33–36]. Studies demonstrate that individuals accessing online health information express a greater willingness to know more about health-related treatments [37] and often adopt new healthy habits. These individuals tend to use social media to alleviate health concerns, raise health awareness [38] and share health information [39]. They provide ample evidence about the positive effect of online health information-seeking behaviours on health literacy and medication adherence [40,41].

Online health information-seeking behaviours may change the relational dynamics between patients and healthcare providers because of increased democratization of the exchange (i.e. the concept of expert patients more aware of their rights and obligations in the medical care) [42–44]. The frequency of patients' online health information-seeking behavior has been related to the probability that they will participate in shared decision-making during the clinical encounter [38]. It is therefore an indicator of the ability of patients to assume a more proactive and self-determining role in the clinical relationship [39,40]. Furthermore, health information which is autonomously retrieved by patients on the Internet often constitutes a prompt for doctor-patient consultation, which becomes a crucial context for orienting and supporting patients in processing and decoding such information [45–47].

However, although the importance of using the Internet for health information-seeking is increasingly recognized, the debate on its predictors and determinants is still open, and further studies are needed in order to determine other factors that may contribute to enhancing the effectiveness of patients' online health information-seeking behaviours [48–50]. Mancuso [51] maintains that an individual must have certain skills and abilities to obtain competence in searching for and mustering health information. She identifies six dimensions considered to necessary antecedents

of health information-seeking behaviours: operational, interactive, autonomous, informational, contextual, and cultural competence.

Some studies have pointed to the role of socio-demographic variables as predictors of online information-seeking behaviours [52]. Another crucial predictor seems to be the seriousness of the patient's health condition [41,53] that might constitute a limitation for patients on performing online health-seeking behavior, but also as a trigger and motivator for the search [9]. Further studies have also highlighted that the level of perceived reliability of the health information available online is a crucial lever or detractor for patients' online information-seeking behavior [54].

In order to gain better understanding of the factors influencing effective online information-seeking behaviours, we conducted a study to explore the influence of patient participation in their healthcare on patients' online health information-seeking behaviours.

As mentioned above, studies to date have started from the assumption that online health information-seeking behavior is a precursor of patient participation in their healthcare. *Is this always the case? And why are some patients naturally motivated to actively search for online health information while others are so resistant to perform such behaviours?*

Particularly, to define the participative role of patients in their care process, the scientific debate has introduced the concepts of *Patient Engagement* and *Patient Empowerment*. Within the medical arena, the two concepts often overlap [55]. However, systematic reviews demonstrated that the two concepts are diverse and linked to different phenomena [56]. *Patient Empowerment* is linked to the ability of patients' to take control over their health and enact effective self-management behaviours [57]. Particularly, the Patient Activation Theory [13] is renowned within the literature and scientific debate on Patient Empowerment. This theory describes the ability of the patient to be active and take control of his/her health and disease condition on the basis of an incremental level of skills, knowledge and confidence about it. This theory features four levels of activation, from a minimum where the patient is disorganized and dysfunctional in his/her ability to self manage, to a maximum where the patient has the skills, confidence and knowledge to play an active and partnership role in his/her disease condition. Developed on the basis of this theoretical framework, the *Patient Activation Measure* (PAM-13) is today acknowledged as one of the most reliable tools with which to assess the level of *Patient Empowerment* (see the Methods section for details), and it is widely used across countries.

On the other side, *Patient Engagement* refers to patients' motivation and self-determination to become an active player in the healthcare journey. Previous studies have demonstrated that *Patient Engagement* is a process that features four experiential positions: blackout, arousal, adhesion, and eudemonic project [64,66,68]. According to the *Patient Health Engagement Model* (Fig. 1), each of these positions describes a different mindset that the patient may have towards his/her health management and implies different roles that he/she is ready to assume in the relationship with the healthcare system. In the "blackout" position, the patient has not yet acquired effective coping strategies with which to manage the life chances implied by the new health conditions. Patients in this position feel overwhelmed by their illness experience; they feel blocked and tend to delegate the care responsibilities to the healthcare system. In the position of "arousal," patients are hyper-attentive to every clinical signal emitted by their bodies. Symptoms are perceived as "alarms" that worry the patient and may cause persistent anxiety and negative feelings. Patients in the "adhesion" position have matured a better psychological acceptance of their healthcare and of their being "a patient". However, they still feel precarious in their health condition and their ability to manage it: they feel as if they are

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