



Unraveling the meaning of patient engagement: A concept analysis



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ABSTRACT

Objective: Patient engagement has been credited with contributing to improved outcomes and experiences of care. Patient engagement has become a widely used term, but remains a poorly understood concept in healthcare. Citations for the term have increased throughout the healthcare-related disciplines without a common definition. This study seeks to define the concept by identifying its attributes in the context of its use.

Methods: A concept analysis of the scientific literature in the health disciplines was performed using the Rogers method.

Results: The analysis revealed four defining attributes of patient engagement: personalization, access, commitment and therapeutic alliance. Patient engagement is defined as the desire and capability to actively choose to participate in care in a way uniquely appropriate to the individual, in cooperation with a healthcare provider or institution, for the purposes of maximizing outcomes or improving experiences of care.

Conclusion: Patient engagement is both process and behavior and is shaped by the relationship between the patient and provider and the environment in which healthcare delivery takes place.

Practice implications: The definition and the identified attributes serve as a heuristic in designing patient engagement strategies and as a basis for future development of the patient engagement concept in healthcare.

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1. Introduction

As contemporary healthcare evolves from a disease-centered to a patient-centered model [1], the concept of patient engagement assumes a pivotal role. The use of the term patient engagement has rapidly expanded in the health sciences. The concept has been referenced in literature published on patient-centered medical homes [2], comparative effectiveness research [3], use of technology for inpatient settings [4], ambulatory chronic care management [5], patient safety for prevention of adverse events [6] and controlling healthcare costs [7]. Definitions of patient engagement have varied over time and across contexts, however, rendering the essential nature of the concept elusive. Nevertheless, the US National Coordinator (ONC) of Health Information Technology has described patient engagement as one of the most underutilized resources in healthcare and a potential “blockbuster drug” [8], but has not referenced a definition of the concept.

The frequency of citations of the term “patient engagement” in the scientific literature has increased markedly since the introduction of the term in the 1990s, tripling between 2010 and 2013 in Web of Science. One reason for this increase is that the federal government now offers reimbursement for the use of health information technology to enhance patient engagement [9]. Conversations in social media and coverage by industry analysts reveal concerns about what patient engagement is and how to achieve it [10]. These concerns have arisen in part due to recent policy guidelines by the Centers for Medicare and Medicaid Services (CMS) that tie provider reimbursement to levels of patient engagement [11].

Accompanying this emphasis on patient engagement is emerging evidence of an association between patient engagement and quality in healthcare [12]. The meaning of the concept of patient engagement deserves close scrutiny to inform future practice, policy and research for improving quality of care. Outcomes research requires specific constructs and variables to measure the impact of patient engagement strategies, while efforts to improve the experiences of care may benefit from new insight into the definition of the concept of patient engagement. The varied and numerous references to patient engagement in the

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literature, combined with the emerging evidence of its potential to influence quality of care, constitute a relevant case for an in-depth analysis to construct a definition by determining the core attributes of the concept. Hence, the aim of this paper is to present a concept analysis of patient engagement to assemble that definition.

2. Methods

Roger's Evolutionary Method [13] was used as the basis for this concept analysis. The method is comprised of six components described below where appropriate.

2.1. Identify the concept of interest and its associated expressions

2.1.1. Identify and select an appropriate realm (setting and sample) for data collection

The first author conducted a literature review using SCOPUS, CINAHL, Web of Science and Psycinfo using the term "patient engagement" in the title, keyword, or abstract. The review was limited to articles published between January 1, 1990 and June 1, 2014 in English. Final inclusion criteria were articles that used patient engagement as a measure within a study, defined the term within the article, or featured patient engagement as a topic in the article. The context for the use of the concept was noted in terms of the associated policy, clinical discipline or research activities. Individual attributes became evident in each article by consideration of explicit use, placement in the context of the article or the intent of the phrase being used [13].

2.1.2. Collect data relevant to identify

a) the attributes of the concept and b) the contextual basis of the concept including disciplinary, sociocultural and temporal (antecedent and consequential occurrences) variations: Words or phrases that represent attributes of patient engagement as they presented in each article as well as the antecedents and consequences were recorded on a spreadsheet. To ensure an unbiased interpretation of the data, a sample of ten articles was coded by two additional graduate students in the health sciences to compare the process of selection of attributes, antecedents and consequences. Any discrepancies were resolved by consensus. Frequency of use of the term patient engagement over time and within each discipline was calculated. The development of the concept over time was considered through a thematic assessment of the evolution of the concept in the literature. The complete list of attributes was reduced by combining synonyms and like phrases.

2.1.3. Analyze the data regarding the above characteristics of the concept

Using content analysis, the reduced list of attributes was reviewed, organized, clustered, and reorganized thematically. Through the hermeneutic process of thematic reflection at the micro level (by organizing the attributes) and the macro level (by rereading of the articles), a coherent, comprehensive yet parsimonious set of descriptors that served as the defining attributes of the concept was generated. The graduate students again reviewed the coding sheets, the researcher's journal, and 10% of the literature included in the analysis to verify the validity of the thematic coding and the presence of the attributes within the articles, and added insights into attributes of the concept. Further credibility for the analysis was maintained through an audit trail of the work processes, decisions, and interpretations in the researcher's journal as well as maintenance of the database in which the notes on each article was recorded. The reduction of attributes to those defining elements combined with consideration of the antecedents

and consequences formed the creation of the definition of the concept of patient engagement.

2.1.4. Identify an exemplar of the concept

Potential exemplars (model cases) were noted during the article review and one was selected that illustrated the four defining attributes in a clinical setting.

2.1.5. Identify implications, hypotheses, and implications for further development of the concept

Once the inductive analysis was complete, a conceptual definition of patient engagement was created and the appearance of the attributes in various contexts was established.

3. Results

3.1. Identification of the concept of interest and associated expressions

The concept of patient engagement was identified due to its frequent, wide ranging references in recent literature.

No appropriate surrogate terms for patient engagement were identified as no other term proposes the same breadth of concept. We searched for definitions of related expressions such as patient-centered care, patient involvement, participation, activation and empowerment. Patient-centered care is defined by the Institute of Medicine as "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions [14]. Patient involvement, participation, activation and empowerment are often focused on the patient exclusively, rather than the relationship and interaction between provider and patient and are recursive with patient engagement [15] in that they may be both antecedents and consequences of the process of patient engagement. In other words, patient engagement may lead to increased activation, empowerment, participation, or involvement, as well the anticipated health outcomes. But the processes associated with activation, empowerment, increased participation and involvement may also contribute to a state of patient engagement. All of the related terms represent concepts of a more narrow range than that of engagement. Activation is patient-focused and indicates the patient's confidence and skills to engage in their care [16]. The ability to measure patient activation using the Patient Engagement Measure (PAM) supports the personalization attribute by tailoring care based on the patient's score [17]. Empowerment represents the patient's increased desire and ability to participate in care as a function of their confidence of their status within the healthcare system [15] and relates to the commitment attribute of engagement. Participation and involvement are similar but they are strictly behaviors rather than states, and there is some indication that participation involves a greater degree of self-management in care compared to involvement [15].

3.2. Selection of literature sources

The initial search yielded 722 articles that used patient engagement in the title, abstract or as a keyword. The majority of the literature on patient engagement was published in the field of medicine (83%). Articles published by authors from the nursing discipline comprised 13% of the overall total; but more than each of the other disciplines: psychology (6%) and social science (8%). Another 8% was published in the public health and policy fields. (Totals do not add up to 100% because articles may apply to more than one discipline.) Use of the term 'patient engagement' was not restricted to the US literature. Slightly more than half of the articles were published in the US while the UK was the second most prolific publisher on patient engagement (14%), followed by Australia (7%)

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