



Kidd, L. (2020) Better patient activation is a precursor to engagement in shared decision making. Evidence-Based Nursing, (doi: 10.1136/ebnurs-2019-103241).

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Deposited on: 13 February 2020

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Category:

Study type:

Author's declarative title: Better patient activation is a precursor to engagement in shared decision making

Commentary on: Poon BY, Shortell SM and Rodriguez HP (2019) Patient activation as a pathway to shared decision-making in adults with diabetes or cardiovascular disease *Journal of General Internal Medicine* [e-pub ahead of print]
doi:10.1007/s11606-019-05351-6

Commentary

Implications for practice and research

- Practitioners and healthcare providers can encourage engagement in SDM in patients who are relatively activated through patient activation initiatives
- Further research would be useful to determine how people low in activation can be supported to engage in SDM and 'what works, for whom and in what circumstances'

Context

Patient activation, or a patients' assessment of their understanding, confidence and readiness to manage their own health (1) has been linked with positive health outcomes such as reduced blood pressure, reduced blood glucose levels (2) and, may be an important precursor to shared decision making. The relationship between patient activation and shared decision making (SDM), however, is unclear (3).

Methods

The aim of Poon et al's (2019) study (3) was to examine the association between patient activation and patients' experiences of SDM and the dominant directionality of the relationship. Patients (n=1222) with diabetes or cardiovascular disease from 16 primary care practices in the USA were surveyed at two time points; baseline and then 1 year later. Patient activation was measured using the Patient Activation Measure (1), a 13-item scale that assesses patients' skill, knowledge and confidence to self-manage. Experiences of SDM were measured using the CollaboRATE measure (4). Changes over time in activation and SDM were analysed using chi-square tests. The relationship between activation and SDM was analysed as a cross-lagged panel model consisting of simultaneous multivariate linear regressions, allowing for a simultaneous estimation of the association of activation at baseline and SDM at follow up, and SHM at baseline and activation at follow up.

Findings

Baseline patient activation levels and SDM were found to be high at both baseline and follow up across the participants. The study found evidence that i) better experiences of SDM at baseline were associated with higher patient activation at

follow up, ii) higher patient activation at baseline was associated with better experiences of SDM at follow up, and iii) that the relationship between patient activation and SDM is bidirectional but dominated by baseline patient activation. This means that the association between patient activation at baseline and SDM at follow up is stronger than the association between SDM at baseline and patient activation at follow up.

Commentary

The study findings confirmed the findings from previous research (5) that patient activation and SDM were associated but found that this relationship was dominated by patients' levels of patient activation at baseline. Thus, the findings show patient activation is a precursor to SDM, although it should be cautioned that the type of analysis used means that causality cannot be claimed in this relationship. Nonetheless, this study makes an important contribution to the existing evidence base which has largely focussed on the impact of SDM on patients' activation levels (3).

Encouraging SDM is often seen as characteristic of good person-centred care, however, SDM has frequently been challenging to systematically embed in practice (3). The findings from this study suggest that healthcare providers and practitioners could prioritise patient activation initiatives, targeting SDM interventions towards 'activated' patients. Further research may be warranted, however, to inform how best to support and encourage SDM in patients who are less activated since the participants in this study were 'high' in both patient activation and SDM at baseline. The findings do however emphasise the importance of tailoring care to patient's needs and priorities, and that people at different stages of 'readiness' or activation may require different kinds of support to help them engage in SDM. The characteristics of the study sample in terms of length of time they had been living with their condition wasn't stated and this may also be an important factor in how ready people feel to engage in SDM. Future research, taking a realist approach to identify how patient activation and SDM works, for whom and in what circumstances would be particularly insightful for informing future practice and service delivery.

References

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Competing interests

Dr Lisa Kidd is also Associate Editor for Evidence Based Nursing