

# Factors affecting Patient Enablement in an Asian Setting

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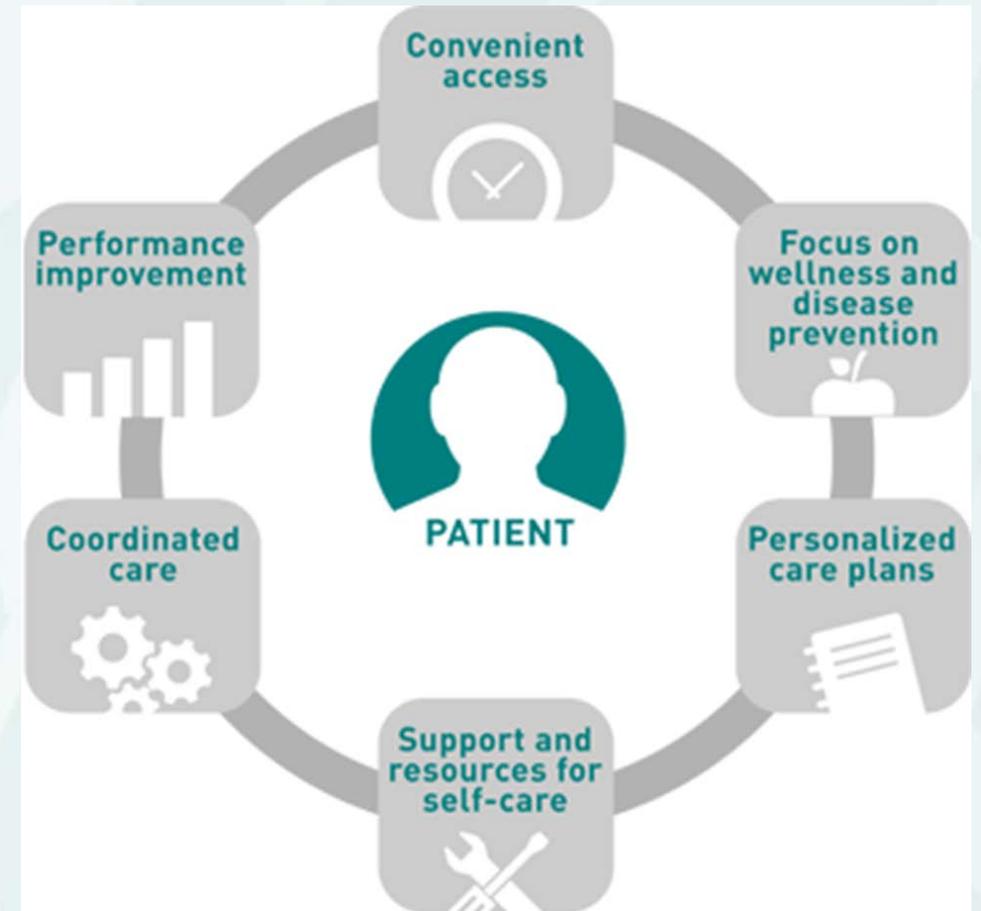


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# Introduction

- What are our goals in quality care?
  - Patient Centred Medical Care
- Current Reality
  - Poor Information exchange (Stamler et al, 2001)
  - Perceived lack of interest (Anden et al, 2005)
  - Increased workload
  - Increased patient demands (Shendurnikar & Thakkar, 2013)



# What is Patient Enablement?

- Assisting the patient to acquire or expand the means, abilities and opportunities to fulfil a role or complete a task, to a patient's perceived satisfaction. (Stamler, Cole, & Patrick, 2001)
- Patient enablement has been described as an intervention by which the health care provider recognizes, promotes and enhances patients' ability to control their health and life (Hudon et al., 2011).

**勉勵病人自強評估量表**  
 (Evaluation Table on Promoting Patients' Self-strengthening Practice)

看過這次醫生後，你感到.....  
 (After this medical consultation, you feel:-)

(請於每行的其中一個空格內劃"✓"號):-  
 (Please check your answer for each statement)

	大為改善 (greatly improved)	有所改善 (slightly improved)	一樣或少了 (the same or less)	不適用 (not applicable)
a. 能夠面對生活 (able to face your life)	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	<input type="checkbox"/>
b. 能夠了解自己的疾病 (able to understand your illness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 能夠面對自己的疾病 (able to live with your illness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 能夠保持自己身體健康 (able to maintain good health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	大為增強 (greatly increased)	有所增強 (slightly increased)	一樣或少了 (the same or less)	不適用 (not applicable)
a. 對自己的健康有信心 (confident about your health)	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	<input type="checkbox"/>
b. 擁有自助的能力 (able to self help)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Impact on Clinical practice

- Positive changes in health
  - Eg at 1 and 3 months such as asthma control (Haughney, Cotton, Rosen, Morrison, & Price, 2007).
  - patients who were still enabled at 3 months showed positive benefits even at 1 year after consultation (Bikker, Mercer, & Reilly, 2005).
  - enabled patients across more than 70 centres also had improvements of their quality of life (Haughney et al., 2007).
- Improve Dr-Patient communication
  - important attitudes and events for patients in their ability to understand their conditions as well as their confidence to carry out medical treatment (Brusse & Yen, 2013).
- Reduce non compliance
- Adds to body of knowledge for education of new medical staff

# Gaps

- Many patients rate enablement poorly in primary care.
  - Howie found a mean PEI score of 3.1 (Howie, 1999 (95% CI: 3.1-3.1))
  - Scotland: mean PEI score of 3 while the median was even lower at 2. (Mercer et al., 2012)
  - Polish studies found PEI scores of 3.65 to 4
- In the Asian context, experience regarding patient enablement is limited.
  - Hong Kong found a mean PEI score of 4.65 (Lam et al., 2010).
- Purpose
- 1. What is the rating of patient enablement by patients with chronic diseases in primary care using the PEI?
- 2. What are the factors that are associated with patient enablement?

# Methods

- Mixed methods
  - Quanti-> Qualitative

Med sized poly, > 1 chronic, able to give consent

Convenience sampling  
Sample size: 150, response 67%

- Standardized protocol
- Informed consent
- Standardized questionnaire

- Focused Group Discussions (FGD) 3
  - semi-structured topic guide, average 55 minutes.
- Individual Interview (IDI) 6
  - average about 20 minutes

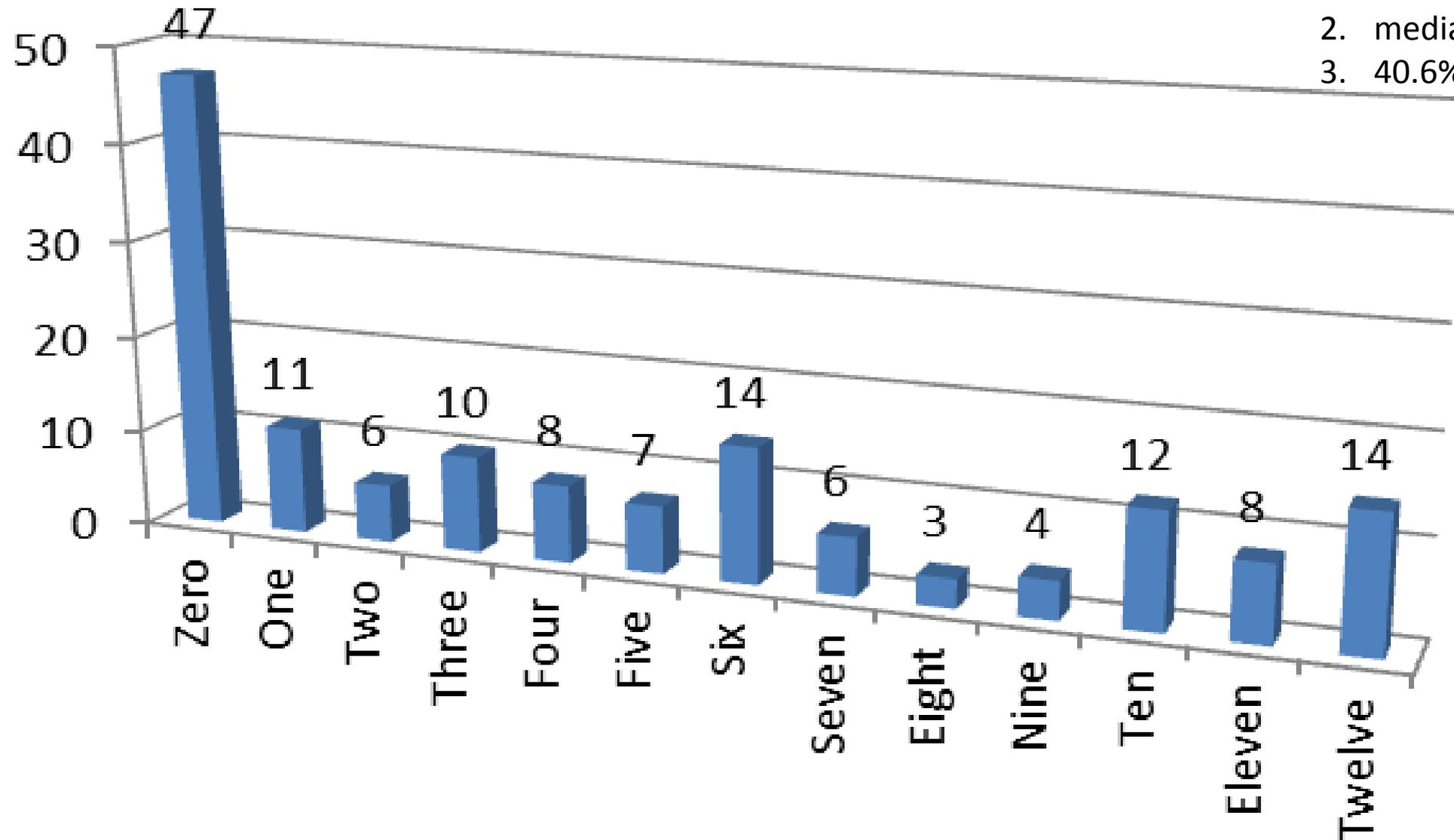
- Audio transcribed
- Codes addressing similar ideas from multiple perspectives of participants were grouped together to form themes
  - iterative process which continued until data saturation was reached.
    - Data triangulation, Member checking

# Results

- 189 patients were approached according to the research protocol.
- Mean age is 63.5 years with a median of 62 years, standard deviation of 10.02, and a range of 31-88 years old. Most respondents were Chinese (78%).
  - Age, ethnicity and sex were comparable to population
  - Most participants had either hypertension or hyperlipidaemia
  - 20% only 1 main chronic medical condition, 24.7% had 2, 35.3% had 3

# PEI Score

1. mean of 4.5 (SD 4.4) and a range of 0-12.
2. median value was 4
3. 40.6% PEI >6



# Significant relationships: Education

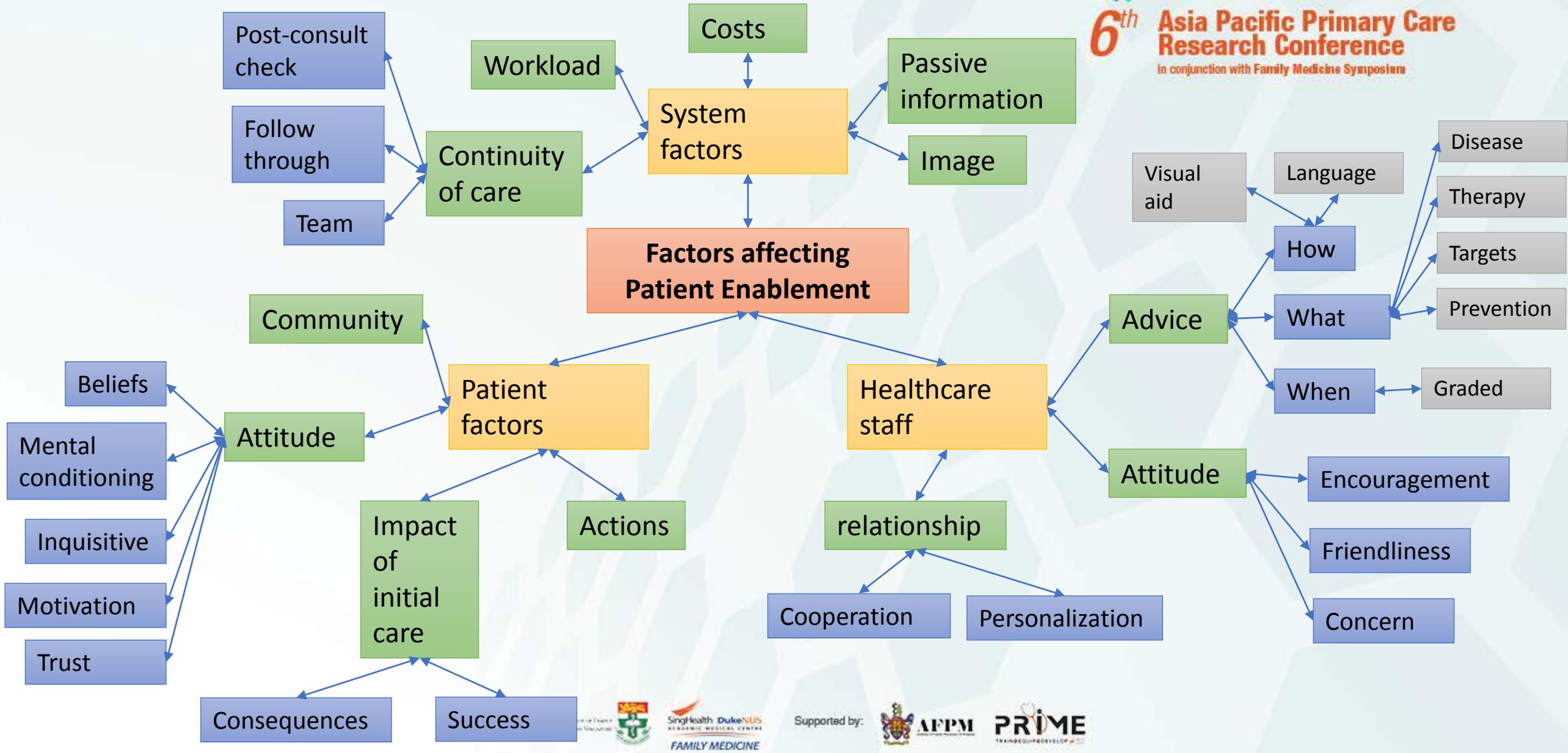
Education	N(%)	PEI(SD)	0.04*
No formal Education	10 (6.7)	2.7 (2.6)	
Primary	39 (26)	3.5 (3.6)	
Lower secondary/Secondary	61 (40.7)	5.5 (4.8)	
Post-secondary/A-level/ITE/Diploma	23 (15.3)	3.7 (4)	
University/post-tertiary	17 (11.3)	6 (4.6)	

Education had a significant correlation with PEI scores- the higher the education level, the more they tended to give higher PEI scores (with the exception of the post-secondary group)

# Significant relationship: Clinic type

Clinic Seen	N(%)	PEI (SD)	0.04*
General Clinic	127 (84.7)	4.3 (4.2)	
FPC	19 (12.7)	6.6 (4.9)	
Others	4 (2.7)	1.5 (2.4)	

Patients who were seen at the FPC were significantly more likely to give a higher score for the PEI than patients seen in the general clinic or other clinics





6<sup>th</sup>

**Asia Pacific Primary Care  
Research Conference**

In conjunction with Family Medicine Symposium

# Discussion- similarities with other studies

- Similar PEI score of 4.5 to HK study
- Dr factors: Empathy, good communications
- Patient factors: Asian Elderly tended to give lower scores

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## Discussion- differences from other studies

- Patients who were more educated rated enablement higher.
  - More details could have been conveyed.
- Patients who were seen at the FPC rated the PEI significantly higher.
  - Could be because patients decanted to the nurse-run services are usually already well controlled and thus enabled
- Patients with more medical conditions tended to have a lower PEI score (not significant (P=0.187))

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## Translation of outcomes

- Education
  - Attitudes and advice training for medical staff
- Communication
  - Attitudes, consequences, community support
  - Elderly
  - More complicated conditions
- Systems
  - Better follow up of patients especially those in high risk groups
  - Channelling patients with more complications to dedicated clinics



# Recommendations

- Larger sample size
  - Reduce the sampling bias
- Explore system factors e.g. financial aspects

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# Summary

- The PEI was found to be 4.5 (Standard Deviation 4.4), with significantly higher scores given by more educated patients and those in specialized primary care clinics.
- Important physician factors are their advice, attitude and relationship with the patient.
- Critical system factors involve good continuity of care, workload and financial support.
- Important patient factors involve a patient's attitudes, impact of initial care, actions, with considerable impact from the influence of the community.

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