

# "Patient participation" and related concepts: A scoping review on their dimensional composition.

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## INTRODUCTION

Since the change from the biomedical perspective to the biopsychosocial perspective<sup>1</sup>, **patients have been expected to be more and more involved** in the whole healthcare system<sup>2</sup>. Several concepts on the collaboration between patients and healthcare systems have emerged in the literature (patient-centred care<sup>3</sup>, patient empowerment<sup>4</sup>, patient participation<sup>5</sup> and patient partnership<sup>6</sup>), with little consensus on their meanings. **The main objective is** to produce a comprehensive overview of the dimensions which compose the generic concept of "patient participation". Indeed, the dimensions characterizing a concept and on which actions can be undertaken matter more than the name given to it, in order to favour its implementation.

## METHODS

**Design :** A scoping review of the literature

**Search process :** Greenhalgh and Peacock<sup>7</sup>: (1) electronic protocol driven search, (2) snowball sampling, (3) articles recommended by experts (Figure 1).

**Eligibility criteria :** Detailed in Table 1.

**Data Collection and content analysis:** Summing up the emergent dimensions from the studied conceptual models and classifying them in 3 systemic levels<sup>8</sup>.

- **Micro level:** day-to-day management of care.
- **Meso level:** health institution governance
- **Macro level:** government decisions

Paillé and Mucchielli<sup>9</sup> thematic analysis was used to categorize the data into: (1) rubrics (largest thematization); (2) themes; and (3) sub-themes (thematic tree).

Two researchers built this thematic tree and a third researcher settled any disagreements that were encountered.

Table 1. Criteria used for the inclusion and exclusion of papers

Inclusion criteria	- Describe a <b>conceptual model</b> on at least one of the searched concepts. - Written in English or French.
Exclusion criteria	- Short commentaries, conference abstract, book reviews and letters to editors. - Conceptual models related to mental health. - Articles that focused on the concept implementation or measurement

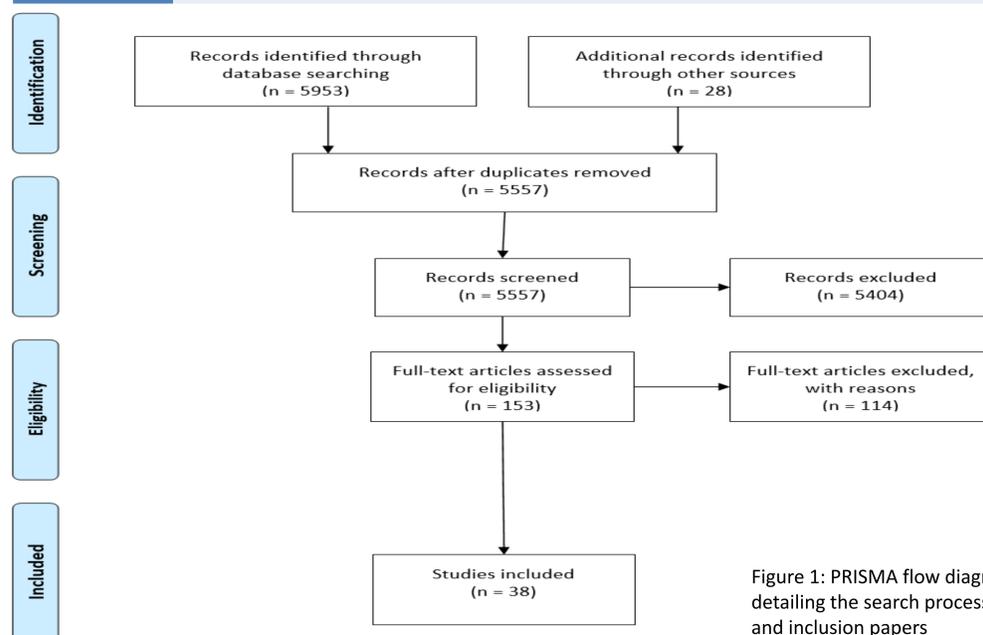


Figure 1: PRISMA flow diagram detailing the search process and inclusion papers

## RESULTS

In the remaining 38 articles (each proposing a conceptual model), we identified **28 dimensions** (in red in the figure 2), **6 influencing factors** (in green in the figure 2), **4 expected outcomes** (in orange in the figure 2). The patient-centred care conceptual model encompassed the widest majority of dimensions, influencing factors and expected outcomes (35 from 38). However, there was few differences between the content of the different conceptual models. All of them mainly focus on the micro level/direct care. This global vision of "patient participation" allows to go beyond the oppositions between the existing concepts.

## DISCUSSION

The studied concepts appear to discuss the same topic under different names: **How can patients participate in the healthcare system and under what circumstances?**

This overview characterising **the concept of "patient participation"** has showed that it is a **complex process**:

- It requires pre-requisites such as the phase of teaching and learning, sharing information, knowledge, and leadership.
- Its dimensions are various and numerous
- Several factors influence its implementation such as social and political background .
- Its is a systemic process implying several actors such as patients, healthcare professionals, and healthcare organisation's leaders.
- It needs to take place at a global and not local level.

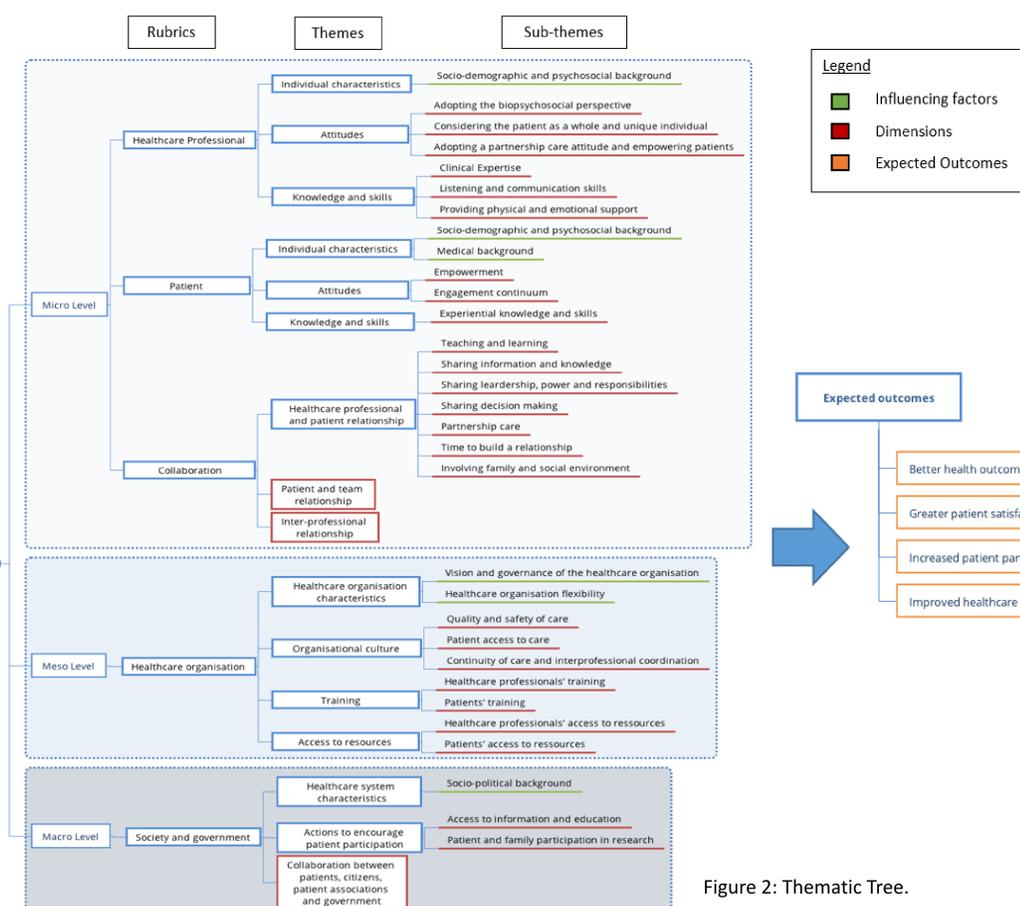


Figure 2: Thematic Tree.