

# EHMA 2024

Shaping and managing  
innovative health ecosystems

## Operationalizing Patient-Centeredness using Patient-Reported Experience Measures in the Tuscany Healthcare System

**Elisa Peruzzo**

Sant'Anna School of Advanced Studies (Pisa, Italy)

5 – 7 June 2024 – Bucharest, Romania

Politehnica University of Bucharest, Bucharest, Romania

#EHMA2024

# Introduction

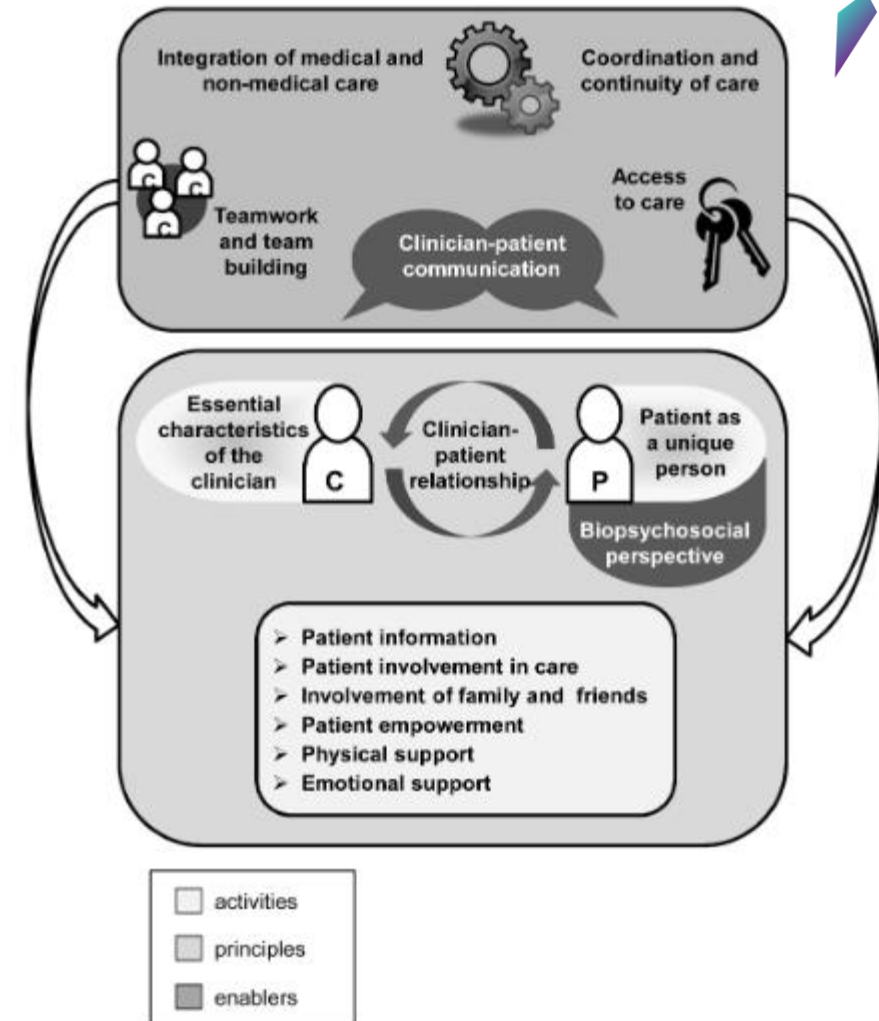
## The concept of patient-centeredness

The main goal of patient-centeredness is a **functional life for the patient** (Håkansson Eklund et al., 2019).

Patient-centredness has become important for **ideological, structural, professional and ethical reasons** (Hughes et al., 2008).

# The integrative model of patient-centeredness proposed by Scholl et al. (2014)

Dimension	Brief description
<b>Principles</b>	
Essential characteristics of the clinician	A set of attitudes towards the patient (e.g. empathy, respect, honesty) and oneself (self-reflectiveness) as well as medical competency
Clinician-patient relationship	A partnership with the patient that is characterized by trust and caring
Patient as a unique person	Recognition of each patient's uniqueness (individual needs, preferences, values, feelings, beliefs, concerns and ideas, and expectations)
Biopsychosocial perspective	Recognition of the patient as a whole person in his or her biological, psychological, and social context
<b>Enablers</b>	
Clinician-patient communication	A set of verbal and nonverbal communication skills
Integration of medical and non-medical care	Recognition and integration of non-medical aspects of care (e.g. patient support services) into health care services
Teamwork and teambuilding	Recognition of the importance of effective teams characterized by a set of qualities (e.g. respect, trust, shared responsibilities, values, and visions) and facilitation of the development of such teams
Access to care	Facilitation of timely access to healthcare that is tailored to the patient (e.g. decentralized services)
Coordination and continuity of care	Facilitation of healthcare that is well coordinated (e.g. regarding follow-up arrangements) and allows continuity (e.g. a well-working transition of care from inpatient to outpatient)
<b>Activities</b>	
Patient information	Provision of tailored information while taking into account the patient's information needs and preferences
Patient involvement in care	Active involvement of and collaboration with the patient regarding decisions related to the patient's health while taking into account the patient's preference for involvement
Involvement of family and friends	Active involvement of and support for the patient's relatives and friends to the degree that the patient prefers
Patient empowerment	Recognition and active support of the patient's ability and responsibility to self-manage his or her disease
	A set of behavior that ensures physical support for the patient (e.g. pain management, assistance with daily living needs)
Emotional support	Recognition of the patient's emotional state and a set of behavior that ensures emotional support for the patient



**Figure 2. Integrative model of patient-centeredness.** The inner circle represents the micro level, the middle circle the meso level and the outer circle the macro level of care.  
doi:10.1371/journal.pone.0107828.g002

# Aim

Even though the concept of patient-centeredness has been studied for many years, still **it remains hard to operationalize** and there are **challenges and barriers for putting it into practice** (Ekman et al., 2011).

The aim of this study is to **operationalize and test** the dimensions of patient-centredness identified by Scholl et al. (2014), by focussing on **micro level**.

# Method

## Data collection

Data collected in **2023** through the **PREMs (Patient-reported Experience Measures) Observatory** in an Italian Region (i.e., **Tuscany Region**), which collects patient-reported data on the **key aspects of hospitalization experience** in a continuous, digital and systematic way (De Rosis et al., 2020).

# Method

## Data analysis

- Categorization of PRE Measures in the patient-centredness' constructs
- Operationalization and test of patient-centredness' constructs, by performing SEM model

# Results (1)

## Sociodemographic characteristics of respondents

		Frequency	Percentage
<b>Sex</b>	Female	11,525	62.10
	Male	7,034	37.90
<b>Age</b>	<18	771	4.15
	18 - 44	5,491	29.59
	45 - 64	5,893	31.75
	>64	6,404	34.51
<b>Education</b>	Low	7,784	41.94
	Medium	6,598	35.55
	High	4,177	22.51

## Characteristics of the respondents' hospital setting

		Frequency	Percentage
<b>Hospital</b>	LHA	11,580	62.40
	TH	6,979	37.60
<b>Setting</b>	Medicine	4,167	22.45
	Surgery	11,542	62.17
	Orthopaedic	1,539	8.29
	Other disciplines	1,317	7.09

LHA = Local Health Authority

TH = Teaching Hospital

# Results (2)

## Categorization of PRE Measures in the patient-centredness' constructs

Scholl et al. (2014)

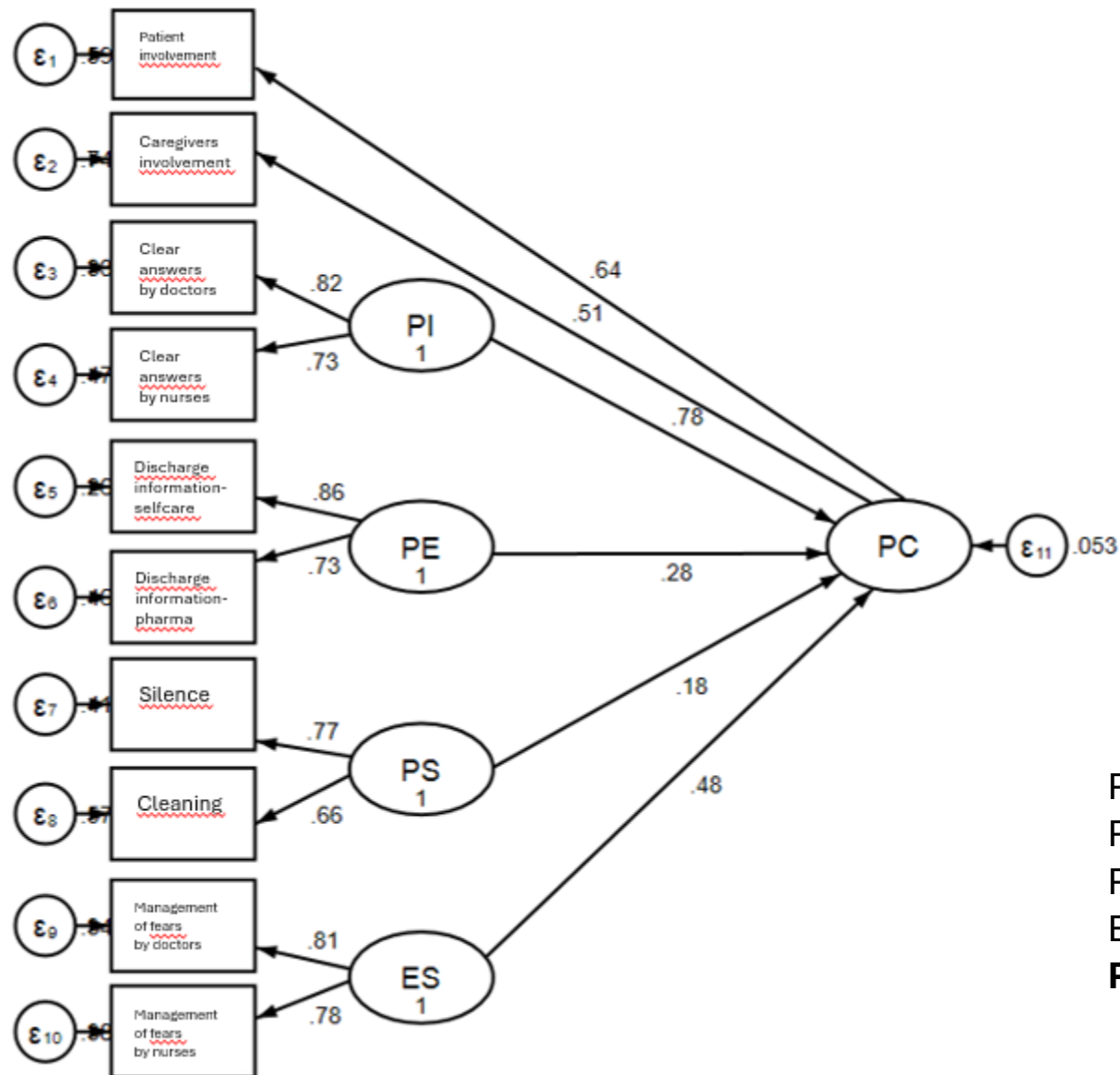
Source: PREMs Observatory

Level	General dimension	Dimension	PRE Measures
Micro	Activities	Patient information	Clear answers by doctors Clear answers by nurses
		Patient involvement in care	Patient involvement in care
		Involvement of family and friends	Involvement of family and friends
		Patient empowerment	Discharge information on lifestyle and self-management
			Discharge information on pharmacological treatments
		Physical support	<b>Pain management</b>
			Silence of the department Ward cleaning
		Emotional support	Fear and anxiety management by doctors
			Fear and anxiety management by nurses

**EXCLUDED**  
Cronbach's  $\alpha < 0.70$



# Results (3)



PI = Patient Information  
 PE = Patient Empowerment  
 PS = Physical Support  
 ES = Emotional Support  
**PC = Patient-centeredness**

# Discussion

The implementation of the patient-centredness can be complex and challenging.

The study offers insights into the operationalization of the patient-centredness' construct, providing actionable measures to evaluate whether and how much systems and organizations are adopting this approach.

By prioritizing the needs and preferences of individuals, families and communities, the health systems become more responsive, reactive, equitable and fostering improved well-being, experience and outcomes.

# Further explorations

- The study is focused on an Italian Region.  
Future studies could consider other regions or countries.
- The study is concentrated on the micro level (i.e., activities identified by Scholl et al., 2014).  
Future exploration could consider also meso and macro level and the relationship among levels and dimensions of patient-centeredness.
- The research considers the patients with an ordinary hospitalization.  
Future studies could consider other targets and settings (i.e., emergency department, ...)



# EHMA 2024

Shaping and managing  
innovative health ecosystems

# Thank you!

**Elisa Peruzzo**, Sant'Anna School of Advanced Studies  
[elisa.peruzzo@santannapisa.it](mailto:elisa.peruzzo@santannapisa.it)