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An Integrative Review of Enablement in Primary Health Care

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Abstract

Objectives: To review how enablement is conceptualized and practiced in primary health care and to explore the factors that influence patient enablement in this setting. **Method:** A narrative integrative literature review was undertaken. **Results:** Twenty-four articles specifically relating to enablement in primary health care were identified. Three literature reviews, 4 qualitative studies, and 17 quantitative studies were included in the analysis. **Conclusions:** In the primary health care setting, the concept of enablement is well defined as an outcome measure of quality. The literature exploring the practice of enablement is sparse, but 2 randomized controlled trials suggest enablement is linked to better outcomes for patients with asthma and diabetes. Primary factors influencing enablement included the practitioners' open communication style, the degree to which the practitioner is patient centered, and longer consultations. Other factors found to be associated with enablement were the presenting health issue, general state of health, ethnicity, the patient's own coping strategies and degree of independence, and socioeconomic status. The association between enablement and patients' expectations and satisfaction is less clear. The majority of research on enablement was carried out among general practitioners. Further research into the degree to which patients are enabled by a wider range of health care providers is needed. Additional qualitative research would provide a deeper understanding of the attributes of enablement in the primary health care setting.

Keywords

quality improvement, primary care, patient-centeredness, health outcomes, community health

Introduction

Primary health care (PHC) systems play a crucial role in preventing disease and helping people to better manage their health in many countries. In Australia, PHC is acknowledged in the National Primary Health Care Strategic Framework.¹ Improving PHC and helping people “Better manage their care” are key goals of the Council of Australian Governments National Health Reform Agreement, 2011.²

One of the aims of a consultation is to help patients better manage their own health. Consultations in the PHC settings differ from consultations in the hospital setting and so patient-reported outcome measures (PROMs) used in hospitals are not always transferrable. Several PROMs are used to assess the quality of PHC consultations one of which, patient enablement (hereafter enablement), has been found to be particularly useful.³ Enablement can be defined as “an intervention by which the health care provider recognises, promotes and enhances a patient's ability to manage their own health.”^{4(p1)} Enablement is the result of individual empowerment⁵ and involves building on a person's strengths.⁴ In 1997, Howie et al⁶ used enablement as an outcome measure in a study designed to determine the quality of consultations in the general practice

setting. Enablement is now recognized internationally as a valid measure of the quality of a consultation with a general practitioner (GP).^{7,8}

Howie et al⁹ developed and validated the Patient Enablement Instrument (PEI)⁶ to better measure consultation quality in PHC. This instrument has been used to study patient enablement in PHC in a number of countries.^{8,10,11} The PEI is a 6-item instrument that rates patients' ability to cope with life, to understand their illness, to cope with their illness, to keep themselves healthy, to be confident about their health, and to help themselves.⁶

While the PEI has been used internationally to measure enablement, it appears the concept remains poorly understood in PHC. The PEI has only been used to determine enablement following GP consultations, and therefore its performance following consultations with other health professionals such as nurse practitioners is not known. We

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conducted a narrative, integrative review of the literature to determine what is known about enablement in the PHC setting.

The aim of the review was to summarize and synthesize the existing published literature concerning the concept of enablement and its practice in PHC. The 3 questions to be answered by the review were the following:

- How is enablement conceptualized in PHC?
- How is enablement practiced in PHC?
- Which factors, if any, influence patient enablement in the PHC setting?

Review Design

An integrative review approach was chosen to allow for the incorporation of diverse research methodologies and varied views expressed about enablement by health care workers and patients within PHC. Whittemore and Knafl¹² suggest that, although this method does have limitations such as being open to reviewer bias, an integrative review can inform practice as long as a rigorous, transparent process is followed.

Search Methods

Health literature, published in English between 1997 and 2014, was searched. These dates were chosen to ensure the review encompassed the seminal work of Howie et al.⁶

A rapid initial review of articles in CINAHL and Medline led to the development of the search string. This was then used to more comprehensively search Medline, CINAHL, Web of Science, and Informat. These databases were identified as key databases for medical, nursing and allied health research undertaken in the in PHC setting.

Title and abstract reviews were undertaken to determine if the articles appeared to be relevant to the review. Full text copies of relevant reviews were obtained and read, and the reference lists of those identified for inclusion were searched for additional relevant studies.

The search terms were Enablement OR “patient self-efficacy” OR “patient self-efficacy” OR “client self-efficacy” OR “client self-efficacy” OR “patient empowerment”) AND (“primary health care” OR “primary care” OR “general practice” OR “family practice” OR consultations OR appointments).

Articles were excluded if they were duplicates; concerned with the secondary or tertiary health care sectors; did not specifically deal with patient enablement, self-efficacy, or empowerment; or were focused on patients who were engaged with a number of specialist services as well as PHC. As this review forms part of a doctoral study, the initial decision about inclusion and exclusion of studies was done by the lead researcher. However, the studies were then

presented to both supervisors (who had read the articles) and a robust discussion led to the final decision to include or exclude studies incorporated in this review.

Search Outcome

The search yielded 692 articles, 24 of which were included in the review (Figure 1). Of these, 3 used qualitative methods, 17 used quantitative methods, and 3 were review articles. Of the 17 quantitative studies, 1 was a randomized controlled trial (RCT) and 15 were observational studies. Of the latter, 7 were cross-sectional studies, 5 were surveys, 2 were observational studies, and 1 was a longitudinal study. Two studies were not described as using a mixed method approach, but claimed both qualitative and quantitative components.

Quality Appraisal

The quality of all articles was assessed using the framework and guidelines devised by Caldwell et al.¹³ This framework comprises overarching questions to determine quality in both qualitative and quantitative research, followed by specific questions for quantitative and qualitative studies, respectively.

Data Abstraction and Synthesis

A manual search was used to identify commonalities in the studies and these were categorized. Data reduction, data display, data comparison, and finally conclusion drawing and verification were undertaken as suggested by Whittemore and Knafl.¹²

Results

Table 1 demonstrates the breadth of the literature found and the major findings of each study included in the review.

The Concept of Enablement

In the quantitative literature enablement was conceptualized as a PROM used to indicate the quality of a consultation.^{3,5,8} The primary focus of the quantitative literature was on how to facilitate enablement rather than defining the concept. The 3 literature reviews^{4,29,30} linked enablement and empowerment. These reviews extrapolated the properties of empowerment to define the concept of enablement on the premise that enablement is the result of individual empowerment.⁴

Findings of the 3 qualitative studies²⁶⁻²⁸ were similar to those of the quantitative studies. For example, Hudon et al²⁷ explored the enablement experience of patients with chronic illnesses and determined that enablement resulted from the

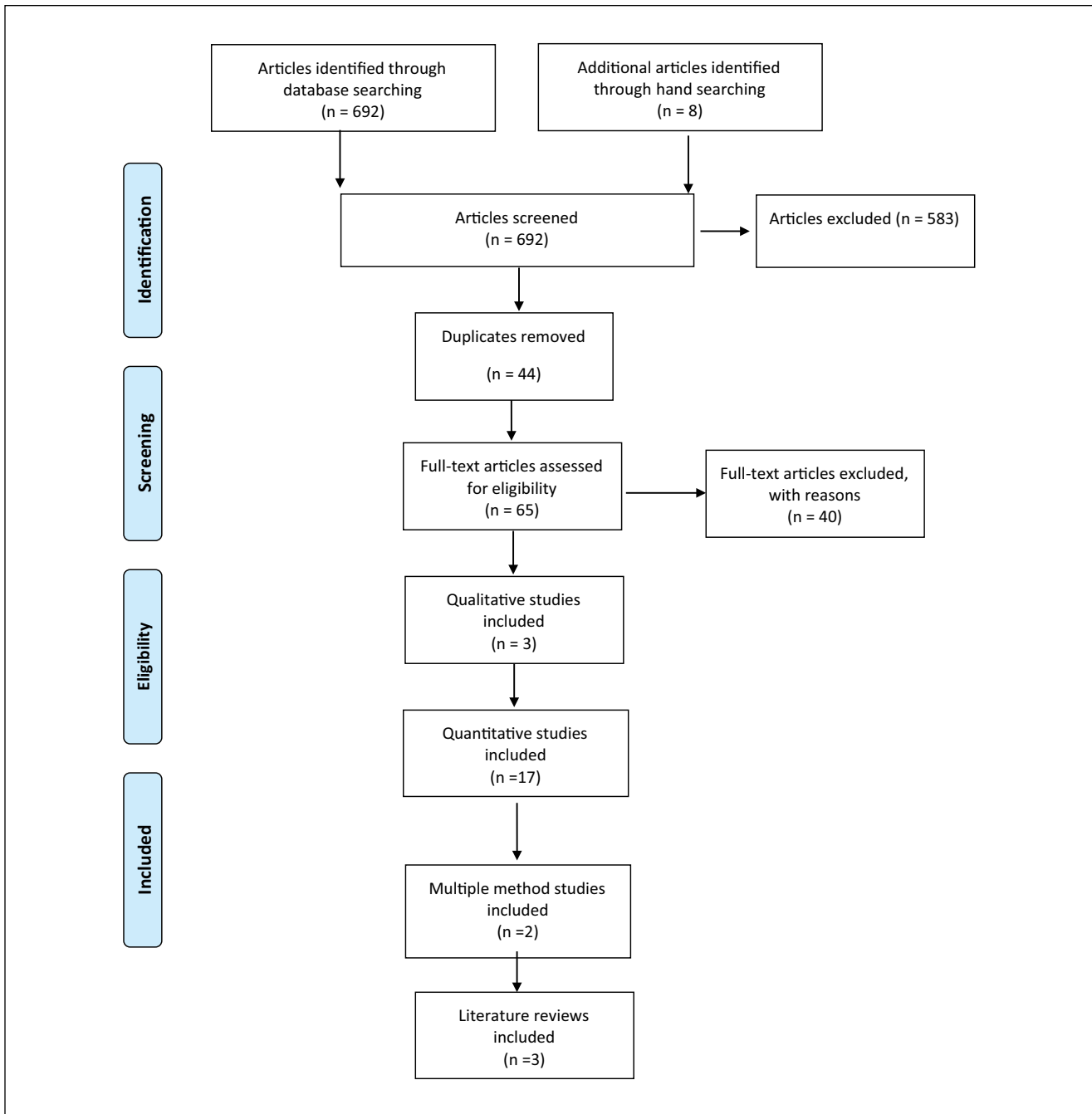


Figure 1. Literature search flow diagram. Based on: PRISMA 2009 flow diagram.

process of developing a partnership; promoting interest in health care; starting from the patient’s situation; legitimizing the illness experience; acknowledging and promoting patient’s expertise and maintaining hope. The concept analysis literature review by Hudon et al²⁹ found that 67% of the articles included were derived from the nursing literature. Interestingly, the review failed to identify any of the work on enablement conducted in PHC.²⁹

As expected in patient-centered concepts one size does not fit all. The whole ethos of patient centeredness is one of uniqueness and diversity.³¹ Enablement will be an individual experience; however, there are several elements of the PHC consultation that the research proposes directly influence enablement. Both the qualitative and quantitative studies used in this review explored the relationship between factors potentially associated with enablement, including

Table 1. Summary of reviewed articles

Authors, Year	Title	Aim	Sample, Setting	Research Design	Major Findings
Quantitative studies (n = 17) Mercer et al ¹⁴ (2007)	More time for complex consultations in a high deprivation practice is associated with increased patient enablement	To evaluate the effect of increasing consultation length on patient enablement	300 patients of 1 practice in Glasgow, Scotland	Longitudinal study using a before and after design	Longer consultations (average increase 2.5 minutes, with consultations ranging from <5 minutes to >20 minutes. A higher percentage of complex consultations lasted longer than 12 minutes following the intervention) increased enablement. This finding was not uniform across all sections of the PEI
Weenick et al ³ (2014)	Patient-reported outcome measures (PROM) in primary care: an observational pilot study of 7 generic instruments	To explore the potential usefulness of seven generic measures for assessing health outcomes in PHC	300 patients of 3 general practices (1 urban and 2 rural practices) 5 GPs in total, in southeastern Netherlands	Cross-sectional study using questionnaires administered at baseline and 4 weeks later (98 patients completed both questionnaires)	Several generic instruments which measured quality of life, patient empowerment and patient enablement might be fit for use as a PROM The PEI showed no relation to health status or satisfaction
Adžić et al ⁷ (2008)	Patient, physician and practice characteristics related to patient enablement in general practice in Croatia: cross-sectional survey	To investigate the quality of general practice care in Croatia	5527 patients in Croatia	Cross-sectional study using a questionnaire	Enablement was related to continuity of care and patient health status but also to patient, physician and practice characteristics Enablement scores were higher in Croatia than in the United Kingdom and Poland
Rohrer et al ¹⁵ (2008)	Patient centredness, self-rated health and patient empowerment: should providers spend more time communicating with their patients?	To investigate the relationship between empowerment, satisfaction and communication	680 patients, United States	Cross-sectional survey	In this study, satisfaction with aspects of communication such as: explanations, listening, use of understandable words, and involvement in decision making, were linked to empowerment This article suggests that educational issues that were not urgent or complex could be referred to other PHC agencies as a cost-saving measure
Mead et al ¹⁶ (2008)	Factors associated with enablement in general practice	To identify patient and practice characteristics associated with higher enablement scores following general practice consultations	190 038 responses in 1031 general practices in the United Kingdom	Cross-sectional survey of a large, routinely collected data set of patient evaluations	A positive evaluation of communication skills was most strongly related to enablement Continuity of care was linked to enablement, but to a lesser extent than communication skills Qualitative study recommended to examine relationship between enablement and ethnicity

(continued)

Table 1. (continued)

Authors, Year	Title	Aim	Sample, Setting	Research Design	Major Findings
Mercer et al ⁵ (2012)	Patient enablement requires physician empathy: a cross sectional study of general practice consultations in areas of high and low socioeconomic deprivation in Scotland	To assess factors influencing patient enablement in GP consultations in areas of high and low deprivation	3044 patients attending 26 GPs (16 in areas of high socioeconomic deprivation and 10 in low deprivation areas, in the west of Scotland)	Cross-sectional study using a questionnaire. Confidence that the doctor would be able to help was recorded before the consultation. PEI, GP empathy (measured by the CARE Measure), were recorded after the consultation	Four factors independently predicted enablement. In affluent and deprived areas—patients with chronic poor general health, and those consulting about a long-standing problem; in deprived areas, emotional distress (measured on the GHQ) had an additional negative effect on enablement. Perceived GP empathy had a positive effect on enablement in both affluent and deprived areas. Maximal patient enablement was never found with low empathy
Brusse and Yen ¹⁷ (2013)	Preferences, predictions and patient enablement: a preliminary study	To assess the feasibility of measuring the relationship between expectation fulfillment and patient enablement	67 patients of 3 general practices in the Australian Capital Territory, Australia	Cross-sectional study using a questionnaire. Patient preferences and predictions for a range of possible outcomes were recorded before the consultation. PEI and the actual outcomes of the consultation were recorded at the conclusion of the consultation	No concordance was found between patient preferences or predictions and the PEI scores
Howie et al ⁹ (1998)	A comparison of a Patient Enablement Instrument (PEI) against two established satisfaction scales as an outcome measure of primary care consultations	To test whether enablement and satisfaction are related or separate concepts	818 patients attending 3 urban general practices of varying socioeconomic mixes in Edinburgh, Scotland	Cross-sectional study using a questionnaire containing the 3 instruments	The implications of enablement past a single consult and the cost-effectiveness of improving enablement is yet to be determined. Validated PEI as a different, but related outcome, to satisfaction
Simmons and Winefield ¹⁸ (2002)	Predictors of patient enablement of doctors' help giving style and visit characteristics	To explore the relationship between patient characteristics, visit characteristics, GP help-giving style, and patient enablement	103 patients of 8 general practices in metropolitan Adelaide, Australia	Cross-sectional study using a questionnaire containing the Helping Practices Scale and the PEI	The length of consult was not related to enablement. Patients were more likely to admit to not experiencing health benefit than to dissatisfaction

(continued)

Table 1. (continued)

Authors, Year	Title	Aim	Sample, Setting	Research Design	Major Findings
Wensing et al ¹⁹ (2007)	Do elderly people feel more enabled if they have been actively involved in primary care consultations	To determine whether older patients enablement was associated with their evaluation of the level of involvement in primary care consultations	625 patients across 7 countries across Europe (Austria, Belgium, Germany, Netherlands, Switzerland, Sweden, and the United Kingdom)	Secondary analysis of data from an international cross-sectional study enablement measured by the PEI	Positive evaluations of involvement were associated with higher enablement scores; this association was greater if the patient had a high preference for involvement. Mean PEI score was 5.5/12
Haughney et al ²⁰ (2007)	The use of a modification of the Patient Enablement Instrument in asthma	To ascertain if the PEI could be adapted for use in asthma management, and to use it to evaluate "enablement" in patients with asthma randomized to either fixed or adjustable dosing regime	228 patients, from 72 practices in the United Kingdom	Randomized controlled trial substudy	Enablement was significantly higher in patients with skills and permission to independently adjust their medication than the control group taking fixed dose medication Authors link flexibility and patient control (empowerment) to enablement, but question the validity of the original tool in terms of responsiveness and reproducibility
Kelly et al ²¹ (2010)	Delays in response and triage times reduce patient satisfaction and enablement after using out of hours service	To identify predictors of user satisfaction and enablement across unscheduled care or GP out of hours service providers	855/3250 (26%) users responded, study conducted in Wales, United Kingdom	Cross-sectional study using a postal questionnaire	Treatment center consultations significantly associated with decreased patient satisfaction and decreased enablement compared with telephone advice Delays in call answering or callback for triage and shorter consultations significantly associated with lower satisfaction. Waiting more than a minute for initial call answering was associated with lower enablement No association between enablement and designation of clinician (nurse vs doctor). Consultations > 16 minutes were associated with satisfaction and enablement

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Table 1. (continued)

Authors, Year	Title	Aim	Sample, Setting	Research Design	Major Findings
Kurosawa et al ¹¹ (2012)	Two components, coping and independence, compromise patient enablement in Japan: Cross-sectional study in Tohoku area	To develop a Japanese version of the PEI and examine its validity and reliability and clarify the constitution of the concept about patients enablement among Japanese patients	256 patients (97% response rate) in Japan	Cross-sectional validation study	Two principal factors, coping with illness and health maintenance and confidence in oneself and independence, were related to enablement
McKinstry et al ²² (2006)	Can doctors predict patients' satisfaction and enablement? A cross-sectional observational study	To determine if patient satisfaction and enablement following a consultation are correlated with both inexperienced and experienced doctors predictions	29 doctors and 1848 patients in Scotland	Cross-sectional using a questionnaire including the CSQ and PEI as a proxy measure of satisfaction	Poor correlation between both experienced and inexperienced doctors assessment of satisfaction (their own and the patients') and the PEI and CSQ. Authors noted that satisfaction has been linked to outcomes such as compliance
Lam et al ⁸ (2010)	A pilot study on the validity and reliability of the Patient Enablement Instrument (PEI) in a Chinese population	To validate the psychometric properties of a Chinese version of the PEI and determine if these were affected by timing of administration	152 adult patients in a primary care clinic in Hong Kong, China	Cross-sectional validation study	The acceptability, validity, reliability, and sensitivity of the Chinese version of the PEI was established in this population. PEI scores did not change between baseline (immediately) and 2 weeks postconsultation
Pawlikowska et al ²³ (2010)	Patient involvement in assessing consultation quality: a quantitative study of the Patient Enablement Instrument in Poland	To compare patient enablement among different types of doctors delivering primary care in Poland	7924 consultations 48 doctors in Poland	Cross-sectional study using a questionnaire	Consultation length and knowing the doctor were independently associated with patient enablement in the Polish context The authors recommended further research into expectations of patients shaped by social and cultural issues influencing the PEI

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Table 1. (continued)

Authors, Year	Title	Aim	Sample, Setting	Research Design	Major Findings
Pawlikowska et al. ¹⁰ (2002)	Primary care reform: a pilot study to test the evaluative potential of the Patient Enablement Instrument in Poland	To test the evaluative potential of the PEI in Poland	2289 consultations with 9 doctors within a single region around Gdansk, Poland	A cross-sectional study using a questionnaire	Patients seen by diploma GPs achieved higher patient enablement scores than those seen by nondiploma GPs and polyclinic doctors. Patients seen by diploma GPs received longer consultations (mean difference 2.54 minutes). Increased duration of the consultation positively correlated with enablement
<i>Multiple method studies (n = 2)</i> Pawlikowska et al. ²⁴ (2012)	Verbal and non-verbal behavior of doctors and patients in primary care consultations—how this relates to patient enablement	To assess the relationship between observable patient and doctor verbal and nonverbal behaviors and the degree of enablement in consultations according to the Patient Enablement Instrument (PEI)	88 recorded routine PHC consultations in the United Kingdom, analyzed using the Roter Interaction Analysis System (RIAS) and the Medical Interaction Process System (MIPS)	Multiple methods study	For enablement consultations should be patient-centered and doctors should facilitate socioemotional interchange. Observable behavior included in communication skills training probably contributes to only about a third of the factors that engender enablement in consultations Practice implications To support patient enablement in consultations, clinicians should focus on agreements, approvals and legitimization while attending to patient agendas Consultations regarded as patient-centered or verbally dominated by the patient were considered enabling. Socioemotional interchange was associated with enablement. Together with task-related behavior these consultation features explained only 33% of the variance of enablement, indicating enablement comprises aspects beyond those expressed as observable behavior

(continued)

Table 1. (continued)

Authors, Year	Title	Aim	Sample, Setting	Research Design	Major Findings
Mead et al ²⁵ (2002)	The impact of general practitioners' patient centredness on patients post consultation satisfaction and enablement	To examine the relationship between 3 patient-centered behaviors and 2 different consultation outcomes, satisfaction and enablement	173 video-taped consultations from GP practices in Birmingham, Exeter and Manchester in the United Kingdom	Observational design Patient-centeredness was examined using 3 dimensions of a patient-centered consulting style: the biopsychosocial perspective, sharing power and responsibility and the therapeutic alliance	Multivariate regression showed that GPs' patient-centered behaviors did not predict enablement or satisfaction
<i>Qualitative studies (n = 3)</i> Desborough et al ²⁶ (2014)	A tool to evaluate patient experiences of nursing care in Australian general practice: development of the Patient Enablement and Satisfaction Survey	To develop a survey, simple to utilize, administer, and analyze to evaluate satisfaction and enablement of patients who receive nursing care in Australian general practice	100 practice nurses, 2 focus groups n = 10, interview n = 4, Australia	Focus group and interviews	The Patient Enablement and Satisfaction Survey is a useful, practical tool for the evaluation of nursing care in Australian general practice
Hudon et al ²⁷ (2013)	Family physician enabling attitudes: a qualitative study of patients' perceptions	To identify family physicians' enabling attitudes and behaviors from the perspective of patients with chronic illness	30 patients (aged 35-75 years) presenting with at least one common chronic disease, recruited in primary care clinics in 2 regions of Quebec, Canada	Qualitative interview study Data were collected through in-depth interviews and were analyzed using thematic analysis	Patients reported that being in a partnership with their family physician was the most important facilitator of enablement. Other physician attributes that contributed to enablement were: promotion of the patient's interests in the health care system; having their situation taken into account allowed the legitimization of their feelings. They found their family physician to be in a good position to acknowledge and promote their expertise, and to help them maintain hope
Deveugele et al ²⁸ (2002)	Consultation length in general practice: cross sectional study in six European countries	To explore determinants of consultation length	Netherlands	Analysis of videotaped consultations	Consultation length differs by country in part due to the organization of health care. Contrary to other studies, age and education level did not affect consultation length

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Table 1. (continued)

Authors, Year	Title	Aim	Sample, Setting	Research Design	Major Findings
<i>Literature reviews (n = 3)</i> Hudon et al ⁴ (2010)	Assessing enablement in clinical practice: a systematic review of available instruments	To identify and compare instruments that assess enablement in the health care context	53 articles retrieved, 4 included	Literature review	Two instruments assess enablement in the hospital setting, no instrument found for ambulatory care setting. Hospital instruments may not be appropriate for ambulatory care as interaction between family doctor and patients are more likely to evolve over time so enablement is more likely to develop through a longitudinal process
Hudon et al ²⁹ (2011)	Enablement in health care context: a concept analysis	To study the enablement concept through a concept analysis in the health care context	67 articles	Literature review	Attributes of enablement: Consideration of the person as a whole Facilitation of learning Valorization of the persons strengths Support to make decisions Broadening of possibilities
Anden et al ³⁰ (2006)	Concepts underlying outcome measures in studies of enablement in general practice	To give an overview of concepts used to describe and evaluate general practice consultations	101 articles retrieved, 35 articles included	Literature review	Concepts have been used in the literature to describe and evaluate consultations in general practice are: disease control; patient compliance; efficacy; symptom relief; enablement; general health and patient satisfaction

Abbreviations: CARE Measure, Consultation and Relational Empathy Measure; CSQ, Consultation Satisfaction Questionnaire; GHQ, General Health Questionnaire; GP, general practitioner; PEI, Patient Enablement Instrument; PHC, primary health care.

communication, patient centeredness, consultation length, patient expectations/satisfaction, and other factors that affect patient enablement.

How Enablement Is Practiced

Empowerment was considered to be intrinsically linked with enablement with some authors suggesting the terms are interchangeable.⁴ Four of the articles (2 quantitative studies,^{6,20} the concept analysis,²⁹ the systematic review of enablement measurement tools⁴) focused specifically on the relationship between enablement and empowerment. The 2 qualitative studies surrounding patients' perspectives of empowerment and enablement show that the patient behaviors required to achieve both empowerment and enablement were similar.^{15,27} These 2 studies identified attributes such as listening, explanations, and involvement in decisions.^{15,27}

The literature focuses on empowerment through education, whereas some authors suggest that enablement is more comprehensive and also incorporates coping and managing illness.⁶ The term self-efficacy is also used interchangeably with enablement, and is defined as the belief in one's ability to act.³² No qualitative research could be found that described patient's perspectives of self-efficacy.

Factors Influencing Enablement

Communication and Patient-Centeredness

Twelve studies (7 quantitative^{5,10,11,16,19,20,24} 2 qualitative,^{25,27} and 3 literature reviews^{4,29,30}) examined enablement and communication, or patient-centered behaviors, including empathy⁵ and involvement.¹⁹ Overall, these behaviors improved enablement, but findings were not consistent across all studies. An early study of enablement²⁵ in general practice found no correlation between GPs' patient-centered behaviors and enablement.

Empowerment and self-efficacy were, however, linked with communication^{15,33}. Pawlikowska et al²⁴ attributed 33% of enablement scores to practitioners' patient centeredness, but were unable to account for the source of the remaining 67% of the enablement score. This study also found that non-verbal communication and verbal dominance in consultations did not directly affect enablement. All 3 literature reviews linked communication and patient centeredness to both enablement and empowerment.^{4,29,30} Mercer et al⁵ found a positive association between GP empathy and enablement. This study was limited by the fact that the GP practices studied may not have been representative due to the recruitment strategy used. A randomized controlled trial that examined enablement in asthma management reported that patients felt that flexibility and autonomy were positively correlated to enablement.²⁰ This is reiterated by Kurosawa et al,¹¹ who related coping and independence to enablement.¹⁰

Length of Consultation

Length of consultation was positively correlated with enablement in 5 of 6 studies using the PEI.^{9-11,21,34} Mercer et al¹⁴ tested whether facilitating GPs to increase the length of their consultations on an ad hoc basis by employing an additional part time GP and allowing 10 minutes in each hour as "free time" would increase in patient enablement. Results from this study showed an increase in PEI scores was achieved with a mean increase in consultation length of 2.5 minutes for the posttest group.¹⁴ Overall, there was a 0.75 point increase in the enablement score in the complex consultations from baseline. However, enablement scores increased significantly with all consultations, not only the complex consultations.¹⁴ Interestingly, while an increase in enablement scores was found, the increase was not uniform across the 6 scale items. Differences were demonstrated in patients' ability to understand their condition ($P = .004$), cope with their illness ($P < .001$), and keep themselves healthier ($P < .001$).¹⁴ The patients' ability to cope with life, confidence about health and ability to help themselves, the other items on the PEI scale,⁹ were not increased by the longer consultations offered as the intervention in this study. GPs reported less stress following introduction of the "free time" initiative.¹⁴

Longer patient interactions yielded higher enablement scores in some studies; however, this finding was not consistent across the literature. Studies conducted in the PHC sector in the United Kingdom,^{9,14} Poland,¹⁰ and Japan¹¹ report positive associations between longer clinician-patient interactions and enablement. However, an Australian study¹⁸ found no relationship between time and enablement. The financial implications of a longer consultation may also be a factor in the relationship between consultation length and enablement. The implications for patients will depend on the way the individual PHC service operates.¹⁸ Rohrer et al¹⁵ suggest it might be better to outsource education aimed at empowerment in cases where the need was not urgent or overly complex, but cautioned that outsourcing could affect the clinician-patient relationship.

Patients' Expectations and Satisfaction

Some studies viewed enablement and satisfaction as distinct concepts, others found they were linked. Three studies^{4,19,30} included in 1 review,⁴ claimed that enablement and satisfaction are linked, but Howie et al⁹ while testing the PEI against 2 satisfaction scales (the Consultation Satisfaction Questionnaire [CSQ] and Medical Interview Satisfaction Scale [MISS]), suggested that they are different concepts. A further 2 studies,^{3,23} which examined the outcomes separately, found that while the relationship between enablement and satisfaction was not linear,³ they were linked.

While satisfaction appears to be linked to patient expectations,³⁵ one Australian study found no relationship between the 2 outcomes.¹⁸ Simmons and Winefield¹⁸ suggest that patient satisfaction is poorly reported. The Australian study found that patients were, however, more likely to admit to experiencing no health benefit and this could be expressed in terms of enablement.¹⁸ The findings suggest that the latter was not seen to be a personal reflection on the practitioner.¹⁸

Other Factors That Influence Enablement

The relationship between enablement and any single modifiable factor is confounded by intrinsic factors that are not modifiable and are decidedly heterogeneous. Some authors suggest that the degree to which a patient is enabled is influenced by factors such as presenting issue,⁵ general state of health,⁵ ethnicity,¹⁶ own coping strategies,¹¹ degree of independence,¹¹ and socioeconomic status.¹⁴ In addition, the degree of enablement was influenced by the paradigm in which the general practitioner was trained. A 2002 study in Poland looked at the different ways GPs were trained.¹⁰ It found that those who had been trained to take a patient focused approach to care, as opposed to traditional training, gained higher enablement scores among their patients.¹⁰ Traditional training was seen to have less focus on holistic care and more on the medical model of illness. Studies concerning GPs' empathy²¹ and help-giving styles¹⁸ suggest these are also linked to GP education or preparation. Two studies^{17,22} examined whether GPs could predict enablement scores in patients. Both studies found the link between the GP's prediction of enablement and the patient's actual enablement score, was weak. This indicates that GPs require a stronger understanding of the concept of enablement in order to fully incorporate it into their practices.

Discussion

Medicine clearly defines patient enablement in PHC and recognizes that it is a more valid measure of the quality of a consultation than satisfaction. Enablement does not correspond purely to the patient's expectations, but rather to how the consultation assists them to cope with life and health issues.⁵ Articles included in the content analysis came primarily from nursing and the tertiary sector. They failed to include Howie's work conducted in the PHC setting. In this analysis, the attributes of enablement were defined as "the therapeutic relationship, the consideration of the person as a whole, the facilitation of learning, the valorization of the person's strengths, the implication and support to decision making and the broadening of possibilities."^{29(p147)} The study by Hudon et al²⁷ is the only comprehensive study found in this review that combined the 2 aspects of enablement by investigating patients' perspectives of enablement.

Studies included in this review, show that ethnicity,^{16,35} reason for consultation,¹⁴ socioeconomic situation,³⁴ and general state of health⁵ can limit enablement. These findings are important to explain regional and international differences in enablement and to tailor practices accordingly. Ethnicity was found to affect enablement^{16,35}, but no explanation for this has been put forward in the literature. In broader research, a study of empowerment in the United Kingdom that focused on people of South Asian origin suggested that existing attitudes of a community needed to be explored in order to enhance empowerment.³⁶ The value placed on education in this study, had a positive influence on attitudes to empowerment through knowledge but conversely led to low motivation in becoming a partner in their own care.³⁶ The relationship of these factors needs to be explored and incorporated into the practice of enablement to promote enablement as a fair measure of the quality of a consultation,

The RCTs that examined enablement²⁰ and self efficacy³³ are perhaps the best evidence of the practice of enablement in the PHC setting. Although the trials examine specific illnesses, they show positive outcomes for the adopted approaches. Haughney et al,²⁰ in their RCT conducted among patients with asthma, found that having greater control of their medication doses enabled patients. Stone et al,³⁶ in a study among patients with diabetes found that a program that promoted self-efficacy and patient involvement enhanced enablement.³³ Both trials showed a significant improvement in enablement and self-efficacy.

The literature that discusses the attributes of enablement is also important in determining specific practices that are enabling. The attributes of enablement given by Hudon et al²⁹ include consideration of the person as a whole, support to make decisions, facilitation of learning, broadening of possibilities, and valorization of strengths. These proposed attributes can be seen to reflect in the quantitative literature that links enablement to empathy,⁵ communication,¹¹ and patient-centered behaviors.¹⁶

A focus of enablement is legitimizing illness and the importance of trust and hope.²⁷ This reflects the concept of coping emulated in the work of Howie et al⁹ and is reinforced by Japanese research, which identified independence and coping as key factors in enablement.¹¹ Patients in the reviewed studies, appear to value patient centeredness in terms of partnership and trust. However, it does not appear to be a linear correlation. Partnership is linked in the literature with nonverbal behaviors and verbal dominance and these elements have been shown to have different effects on enablement.

It is clear that more research into the other factors that influence enablement. Further qualitative analysis of how and why people feel enabled, is needed. Literature reviews on enablement are sparse, with only 3 studies found: a concept analysis²⁹ that relies heavily on the concept of empowerment,

a review of instruments used to assess enablement,⁴ and a study of outcome measures in PHC.³⁰

The nursing literature about enablement uses a range of research methods, while the medical literature is predominantly quantitative in nature (using PEI). It is important to amalgamate views of the concept gained from both quantitative and qualitative research to fully understand how enablement can be developed within all consultations in PHC.

While the majority of the studies into enablement in PHC focus on GPs, the Patient Enablement and Satisfaction Survey, a variation of the PEI, has been developed for practice nurses.²⁶ This scale, however, did not investigate properties of enablement. While it is important that the PEI has been adapted for other health care professionals, without further understanding it will not address the gap in knowledge. Therefore, further study is required into both the practice and the factors affecting enablement.

There are a plethora of definitions pertaining to empowerment, which is recognized as a key component of general practice. It is clear that the concept of enablement needs further definition. Recognizing and formalizing the attributes of enablement particularly in relation to PHC is important for both quality improvement and for education of the PHC workforce. Enablement has been recognized as a valid measure of quality in PHC and has been incorporated into more comprehensive consultation assessment tools.^{37,38} The literature goes some way to describe some of the specific attributes needed to enable a patient, but more research is required. Qualitative data around enablement are particularly lacking and are pivotal to truly understand the concept.

Strengths and Limitations

This study has identified the disparate nature of the current literature into enablement. However, it is acknowledged that this study, while replicable, is limited by the small sample of studies found on this topic.

Implications for Practice

Enabling patients has several important outcomes for the PHC sector. These include reducing patients' dependence on health care services already under stress; enhancing the quality of consultations and promoting a sense of power among those often rendered powerless by illness or incapacity. The findings of this review may assist practitioners to recognize the importance of incorporating enabling behaviors to improve the quality of their consultations. This review has identified that practitioners have limited success in predicting how enabled their patients feel following a consultation. Implementing the PEI is a validated way to inform the practice of enablement, and for health care providers to reflect on how their current practice affects their patients.

Conclusion

The concept of enablement is well defined as a quality outcome measure in PHC. Enablement is conceptualized as a quality outcome measure that is recognized as the gold standard of care. There is strong but limited evidence concerning the practice of enablement. It is recognized that consultation features such as length of consultation, communication style, and empathy of the practitioner are related to patient enablement. However, there is sparse research into the practices that influence enablement. Qualitative research into enablement is particularly sparse, and studies are needed to explore enablement from the patients' perspective. The influence that culture and ethnicity have on enablement is an area that also needs to be researched. The focus of studies examining enablement has to date concentrated on GPs; however, this concept could be used to examine the quality of consultations of other health care practitioners in PHC. More research is needed to explore nurse practitioners' capacity to enable patients in the PHC setting.

Declaration of Conflicting Interests

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