

Editorial briefing

Quality in healthcare and the contribution of patient and public involvement: talking the talk and walking the walk?

Welcome to this edition of Health Expectations. HEX is committed to publishing high-quality papers on patient participation and public involvement in the healthcare research and health policy agenda.

There are ample evidence documenting the importance of patient and public involvement in the design and evaluation of healthcare research, health services and interventions¹. However, while the number of published articles on different aspects of public involvement and patient participation is growing fast, little attention is given to the different views and perceived roles of each stakeholder (patients, physicians, healthcare providers, etc)². Countries with comparatively weaker healthcare systems and low healthcare research capacity are under-represented in publications. More effort is needed across countries and disciplines to ensure that people's input is sought, valued and acted on.

In this edition of HEX, the review article, Boote, Wong and Booth, reflects on the publication patterns of manuscripts published between 1995 and 2009. They identified that the empirical studies are gaining ground compared to reviews, suggesting that researchers are 'walking the walk' in reference to public involvement in healthcare research. Moreover, they suggest that participatory approach is the most commonly used method, together with qualitative methods for data collection and analysis.

Samson, Tang and Kan Dip review the Tambuyzer *et al.*³ paper 'Patient involvement in mental health care: One size does not fit all'.

They suggest that more research is needed in order to expand the model so as to include the patients' perspective in mental healthcare system. Specifically, they highlighted three aspects that need more consideration and further research in reference to patient involvement: the cultural dimension, the increasing role of communication technology and the fact that patient involvement is neither a linear nor a homogenous experience.

Whear *et al.* focus on and assess a two-stage process for prioritization in healthcare research used by the 'UK National Institute for Health Research's Collaboration for Leadership in Applied Health Research and Care for the South-West Peninsula' (PenCLAHRC). Even though the results showed that the method used by the PenCLAHRC performs well, the authors reflect on the challenges of the method. They suggest that shared prioritization of local health research needs should and can be achieved between stakeholders. In line with this, they recommend minor changes which can make a great difference in the engagement of the relevant stakeholders.

In their study, Burnel *et al.* used two different consensus methods of consultation with service users to develop an intervention for family carers of people living with dementia. The first method involved a Delphi process combined with a consensus conference. Results highlighted the importance of the peer supporters in reference to relational and practical aspects of the intervention. The second method was an anonymous reader consultation, resulted to

relative changes to informed consent documents, incorporating the users' input. The authors suggest that the effectiveness of the second method in users' involvement remains uncertain.

Owens *et al.* illustrate the difficulty of designing an online intervention to promote collaborative communication and learning between young people who self-harm and health professionals. Their results revealed that young people were keener to share their experiences and communicate with others than health professionals. Although health professionals registered to participate in the study, they failed to participate in the online forums. In the absence of health professionals, young people built a vivid lay community. The authors stressed that health professionals may not be ready to interact with young people who self-harm in the context of an online setting and suggest that further investigation is needed to understand and overcome the obstacles that health professionals may face.

Qualitative studies report the views of patients and users on the services provided. Lauvergeon *et al.* investigate the views and opinions of diabetic patients and healthcare professionals to develop a regional diabetes programme and improve the quality of the provided care. Sheridan *et al.* report the results from their qualitative study which illustrates that poor, older and underserved adults with chronic conditions are dissatisfied and low engaged with their primary healthcare physicians. The results emphasize that the respondents did not feel heard and valued. Moreover, they needed to get adequate information in a way that reflected that the physician took their

personal circumstances into account. McCann *et al.*, in their qualitative study, provide some interest insights on patients' perspectives of pharmacists as prescribers. They claim that patients are positive about pharmacist prescribing and emphasize that patients with multiple chronic conditions believe that collaborative teamwork is the best approach to their care.

Health Expectations is strongly committed to encouraging patient and public participation in health care and health policy. By publishing high-quality research on such topics, HEX aims to inform policies and practices as well as to advocate for the importance of patient and public participation in the early stages of health research design to ensure it meets real-life health needs of the population.

Kyriakos Souliotis, Associate Editor

Assistant Professor of Health Policy, University of Peloponnese, Greece

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- 3 Tambuyzer E, Pieters G, Van Aidenhove C. Patient involvement in mental health care: one size does not fit all. *Health Expectations*, 2011; **17**: 138-150.