

BOOK REVIEW

Graffinga, G., Barello, S. & Triberti, S. (Eds.). (2015). *Patient Engagement: A Consumer-Centred Model to Innovate Healthcare*. Berlin: De Gruyter. ISBN 978-3-11-045243-3

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Introduction

Across the world, policy makers, health professionals and scholars agree about the urgency of engaging patients in the process of their care, but concrete guidelines for practices do not yet exist. The issue of patient engagement has not yet been dealt with in a systematic way featuring only in sporadically published peer reviewed articles and managerial position papers. Thus, handbooks able to offer a more comprehensive and applicable vision of this complex phenomenon are urgently needed. By assuming a Consumer Psychology perspective, this book offers a comprehensive, theoretical vision on patient engagement by suggesting concrete tools and insights for promoting it.

Western Societies are facing several challenges at the economic, social and environmental levels. The demand for healthcare is increasing and changing its focus due to the ageing of populations and the rise of chronic conditions. Technological and scientific advancements in the healthcare sector have gradually improved life expectancy. Less people are dying from infectious diseases and more people are living longer. As the population ages, more people are at risk of developing chronic diseases, with a consequent escalation in demands for healthcare. The extended life expectancy and the expectation of an improved quality of life is putting pressure on Western healthcare systems which need to improve their management approaches and their services delivery in order to become better attuned to the evolving demands of their patients.

In a period of limited resources, healthcare systems are forced to achieve a better balance in “doing more with less”. Consequently, health systems are now searching for new and effective ways to make their services more sustainable at the economic level and more responsive to their patients’ needs and expectations. Within this framework, encouraging people to engage in healthcare management, by supporting them in the decision-making process and in enacting healthy behaviours, is crucial for

achieving such goals. The concept of patient engagement - borrowed from the marketing conceptualization of consumer engagement - is the assumption that making patients co-producers of their health might enhance their satisfaction with the healthcare system, as well as their responsibility, by improving positive clinical outcomes and reducing healthcare delivery costs. The experience of engagement is a key qualifier of the exchange between the demand (i.e., citizens/patients) and the supply of healthcare services: understanding the strategic levers that sustain patient engagement is a key priority to innovating healthcare systems and in improving their sustainability.

Because of ongoing societal and global tendencies which are profoundly reframing healthcare, citizens’ demands and expectations toward health and care is continuously evolving, resulting in setbacks of consolidated knowledge and practices related to the traditional management of healthcare organizations and services. An important sign that the intended audience for this text is predominantly managers and health service providers is the claim that: “Patient engagement allows cuts in healthcare delivery costs.” Nevertheless, there is much of interest in the volume for healthcare professionals and patients themselves.

Patient engagement

It is important to recognise, as the authors themselves acknowledge, that, patients are now much more aware of their rights as ‘consumers’ and more literate about their health conditions and available treatment options. They seek a more democratic approach in relation to their healthcare professionals and shared decision-making is rapidly becoming the norm. Modern patients are involved in their communities and their goal is to remain active members. They are linked to each other by face-to-face or online communications. These social exchanges contribute to the construction of patients’ representations of health

which influence healthcare decision-making and the criteria to assess the quality of services received. Patients, caregivers and peers advocate for their right to judge the adequacy of care received. Patients can rate hospitals and healthcare organizations based on the professionalism of their providers. They also organize themselves in social networks to dispense suggestions and advice on health management or to share empathy for illness conditions. Healthcare pressure groups provide an invaluable service to people with specific medical issues and many of them are well integrated into general society.

Patient engagement as the volume makes clear, increases individual responsibility and awareness about one's health and the risks associated with unhealthy behaviours. It also appears to contribute to fostering sustainable lifestyles and avoiding unsafe conduct. Participating in the therapeutic process has been observed to lead to better adherence to prescribed therapies and a decrease in relapses. Through better patient knowledge and empowerment in the process of care and cure there is an efficient balance between the increase of health demand and the reduction in economic resources for the healthcare system in all mature societies today.

The volume claims that for several decades, healthcare practices have had a shared and recurring idea that, in order to be effective, they must acknowledge the role of patients. Here, person-centered healthcare (PCH) takes centre stage. PCH advocates for a more holistic understanding of care, understanding patients as persons deeply involved in a sociocultural context with complex backgrounds of life histories, experiences and expectations of health and care. This essentially new representation of healthcare organizations and one being pioneered by the European Society for Person Centered Healthcare has contributed to an improvement in the clinical effectiveness and psychological sustainability of care practices. In line with this, healthcare organizations and systems claim to have revised the implicit values that have traditionally ruled the delivery of services in favour of increased centrality to patients. The final aim of the concept of engagement is that of giving (back) a leading role to patients and taking them on board for a more efficient and effective process of care delivery. Patient engagement can be the key to systematically reading and making sense of the different organizational, relational and psychological components in play in the dynamic exchange between the "demand" and "supply" of health and care.

Technology has been used to monitor patients performing rehabilitation exercises. The elderly patient, for example, should be able to perform exercises autonomously, enabling the recording of the signals and thus giving immediate information about his/her current functionality to the physician. This allows the physician to monitor the status of the patient in his/her daily life and in the context of exercises that are a part of his/her rehabilitation. The book describes H-CIM (Health-Care Intelligent Monitoring) as a platform that detects physiological signals regarding the state of health and activity of an elderly patient at home, acting in his/her daily living environment. The "home processor", labelled thus because it is a personal computer placed in the house

of the patient, recording various sources of data *via* the environment network of ambient sensors. These are related to environmental parameters and to the presence of subjects within the frame of reference. These data are acquired through a set of devices worn by the monitored subject, accelerations of the dominant upper limb, trunk and lower limb with respect to the three axes. This refers as the book describes to the parameters of medical-clinical interest (e.g., heart rate) to be monitored during the various activities conducted by the patient. The authors observed the test sessions of the technology which involved three elderly patients in the case cited. The patients performed rehabilitation exercises shown by the physiotherapist in a video, while wearable and environmental sensors registered their physiological parameters.

Patients and consumer advocacy groups are expressing increasing interest in realizing true partnerships with their clinicians and in being engaged across the care process, with real-time access to their own medical records, to science-based comparative effectiveness information and to healthcare delivery environments built to enhance both safety and personalization of medical care. Patient engagement in healthcare is one of the six major initiatives of the National Priorities Partnership of the National Quality Forum in the US and is recognized for its ability to sustain the creation of more informed and engaged patients as decision-makers in the care process.

Patients' preferences for being actively involved in medical consultations may be affected by demographic variables, their socioeconomic status, their health literacy level, their illness and care experience, their diagnosis and global health status, the type of decision they need to take, the amount of knowledge they have acquired about their condition, their attitude towards engagement and the ways of interactions and relational styles they have experienced with their doctors. Moreover, it is a matter of fact that patients' attitudes towards engagement in their health decision-making are likely to change over time as they become experienced in health management and may change at different stages of their illness journey.

Organisation of the book

As the concept of patient engagement is increasingly accepted and valued by both academics and policymakers, the number of terms and definitions used to describe the active role of patients across various healthcare settings and health disciplines has increased, often leading to semantic confusion among healthcare professionals, managers and policymakers. One key chapter of the volume examines the literature on the concept of patient engagement and related concepts, including definitions and theoretical perspectives. The chapter is conceived as a "glossary" of conceptualizations related to the active role of patients in their healthcare journey. Based on this theoretical review, it will be easier to understand the value and the applicability of the patient engagement concept. More specifically, patient engagement may be viewed as an umbrella term that qualifies the systemic relation that

occurs between the “supply” and the “demand” of healthcare - at different levels and in different situations. Considering this meaning, patient engagement is a broad term which incorporates the other terms, such as patient adherence, patient compliance, self-management, patient involvement, patient participation, shared decision-making, patient activation and patient’s technology engagement, which are more traditionally used to denote the active role of patients in their care.

After introducing the *Patient Health Engagement Model* (PHE model) and its value in the orientation of healthcare practices, the authors discuss how new technologies are crucial resources to enable innovative interventions aimed at promoting patient engagement. The book concludes by suggesting possible fields of application for patient engagement interventions in different healthcare settings and situations.

The second section of the book focuses on new technologies, illustrating how the goals of patient engagement can be achieved as a function of the smart use of technological tools for interventions aimed at fostering the wellbeing of patients. They are labelled “positive technologies” (Chapter 4), since they are designed with the aim of improving the wellness and health of individuals, groups and organizations. They explain (a) how a technology can be used to foster patient engagement and (b) what types of technologically enhanced experiences are preferred in the light of a patient engagement framework.

Chapter 5 presents general insights along with an operational model in order to explain how positive technologies for health engagement have to be *designed*. Considering patients’ needs and priorities as the foundation of design, The User-Centred Design (UCD) approach, thanks to a new model (the *Perfect Interaction Model*, PIM) is also presented here; in a new model adapted to the field of patient engagement thanks to the association between the PIM and the PHE models.

Finally, the last Chapter of the section (Chapter 6) presents an example of a technology-based intervention which will be evaluated from the joint viewpoints of user experience and patient engagement. This functions as an example of how the two important concepts can be implemented in the real-life context of an intervention for health.

In Chapter 7 potential solutions for delivering consumer-oriented decision-making are discussed; specifically, concrete tips for talking with patients are provided, taking into account their level of health engagement and attitudes toward their involvement in care decisions.

Chapter 8 and 9 discuss the value and the challenges of engaging family caregivers in the patients’ care. These Chapters offer insights related to effectively collaborating with families to improve patients’ quality of care. Chapter 8 discusses the case of parents’ engagement in the neonatal care environment, which shows the relevance of collaborating with the family of a young patient. On the other side, Chapter 9 deals with the crucial role of informal caregivers in the care of chronically ill elderly patients.

Finally, Chapter 10 offers an insightful picture about how hospitals should respond to the call of patient

engagement by enabling a number of participative initiatives able to innovate present care delivering models.

The authors hope that these reflections may sustain their readers in identifying the processes and systems that may support effective patient engagement in treatment decisions; in ensuring staff training aligned with the call of patient engagement; in monitoring their patients’ progresses towards engagement and in intervening to overcome the obstacles that may emerge. New technologies, if developed according to a true patient engagement perspective, may be an important set of tools and strategies to accomplishing this ambitious revolution in healthcare.

In the last decade, the ability to involve the patient in his/her care process and collaborate with health professionals (the physician in particular) in the process of medical consultation has been recognized as one of the primary objectives of improving the quality of health services. The scientific literature on the topic offers a wide variety of terms to describe this objective. The main terms are ‘involvement’, ‘participation’ and ‘shared decision-making’. However, there is not a unified vision, nor are there shared guidelines, to apply the concept to the real contexts. Moreover, the ‘involvement’ and ‘participation’ terms seem to be used interchangeably as part of the scientific debate.

The patient engagement concept goes beyond the mere evaluation of the patient’s behaviours and attitudes in accepting or disregarding the physician’s prescriptions, although it may be adopted in order to foster adherence/compliance. Moreover, the concept of patient engagement moves toward a more democratic vision of the exchange process between the physician and the patient and/or between the supply and demand for health services. In this context, the diverse actors, with their own diverse competences and subjectivities, are considered in the system in order to promote virtuous forms of dialogue and fruition of the health system in its complexity. The term “patient activation” refers to the level of knowledge, ability and confidence in the patient’s capacity to manage his/her own health and interact with the healthcare system. A possible increase in the activation of patients is possible when associated with the augmentation of healthy behaviours (e.g., physical exercise, diet) adherence to medical prescriptions and behaviours related to information seeking for prevention purposes.

Innovating healthcare in the era of patient engagement

Making patients active participants in their healthcare is recognized as a crucial component of high-quality healthcare services, particularly in the treatment of chronic diseases. The growing understanding of the key role of patient engagement in improving healthy behaviours and clinical outcomes has led healthcare providers to search for innovative ways to foster individuals’ roles in the care process: patient engagement may lead to more responsive services and better outcomes of care by incorporating the

patient's values and preferences into care plans. While patient (dis)engagement may produce a waste of healthcare resources and poor clinical outcomes, comprehensive patient engagement across the continuum of care still presents a challenging task for hospitals and health systems, as it requires not only redesigning current care approaches, but also working with patients to identify ways to integrate care management into daily routines and activities; with this aim, new technologies may play a fundamental role. The book introduces the main challenges that healthcare systems currently face. Within this framework, the authors also highlight the reasons why healthcare professionals and managers must regard patient engagement as the key to redesigning healthcare and making it more sustainable at the economic, sociological and psychological levels.

Modelling patient engagement in healthcare: insight for research and practice

Living with an illness is an ongoing, continually shifting process in which people experience a complex dialectic between themselves and their healthcare context. Patients' engagement in their care is a dynamic, evolutionary process that involves moving from a disease-centric model, to the maximization of individual potentialities - even with the disease - and the recovery of some form of life project. A theoretical model (PHE model) explains the subjective experience patients go through to become engaged in their health management process and the factors that may enact the transition from one phase to the next in the process itself. This view of the patient engagement process suggests that a fully engaged patient status is the final outcome of a series of emotional, cognitive and behavioural reframing of the health condition and the success of the patient at each phase of the process depends on the success of the previous phase. The last phase of the engagement process culminates in a patient who has gained a positive approach to health management and has re-established an active role in society by re-establishing plans for wellbeing. Such a patient has succeeded in incorporating disease management into their life. The model described is also a useful course of action to innovate healthcare services and practices in a more engaging way.

The PHE model: phases and features

Modern healthcare is complex and many patients struggle to obtain, process, communicate and understand even basic health information and services. Many patients lack health literacy, or a true understanding of their medical conditions. Many practitioners fail to provide the information that patients need to make the best decisions

about their own care and treatment and even when patients do receive detailed information, they can be overwhelmed or lack confidence in their own choices. In other words and as the authors articulate: "How can patients be engaged in practice and how we can support this process? Isn't there concrete guidelines for health professionals to make decisions which are in line with patients' desires and expectations? To what extent should clinicians engage family caregivers in the care process in such a way that they become a resource for healthcare?"

The third section of the book offers possible answers to these questions through the lens of the PHE model. These concrete 'tips' for orienting actions may be useful for all decision-makers in the healthcare arena - physicians, nurses and other clinical providers, but also public health and hospital administrators - who are committed to promoting patient engagement in their healthcare organization. The PHE model constitutes a simple and concrete conceptualization of how patients may "think", "feel" and "act", in relation to their health conditions and, thus, how patient engagement may (or may not) be possible. In particular, the four experiential phases of engagement featured by the PHE model cast light on the subjective complexity of the health engagement experience and offer insight to support healthcare interventions and practices at their different levels of complexity (i.e., from the dyadic situation of the medical consultation, to the organizational level, to the level of health policymaking). In other words, patient engagement cannot simply be conceived as an "on-off" status; how the PHE model highlights, patient engagement is a process like experience that may (or may not) evolve over time. Patient engagement is a complex psychological development that takes time and needs to be specifically sustained during the different phases of its development. To achieve this goal, only grounding healthcare delivery in the ecological understanding of patients' experiences, preferences and needs, may be the answer to innovating healthcare in the direction of a patient engagement approach.

The process of patient health engagement

The concepts which are discussed within the volume are represented by a figure demonstrating the positions of patient engagement and corresponding action priorities to sustain patients in moving forward along their engagement journeys into the adhesion phase. Here, the healthcare system needs to provide patients with occasions to improve their sense of self-efficacy and confidence towards health management. Furthermore, patients need to be motivated to manage their health and care autonomously and they need to receive approval on the small goals they achieve through the course of their treatment. To be successful in this process, patients need to be educated and their healthcare professionals should help them learn to prioritize their goals, identify obstacles and build trustworthy relational care networks.

Through combining a consumer psychology perspective with more than ten years of research and practice, the authors are dedicated to the in-depth understanding of patients' perspectives about their illness journeys. They developed a conceptual model, the Patient Health Engagement Model - PHE model, which may be particularly useful to understand patient engagement and how it develops. In this model, the authors define patient health engagement as a multi-dimensional psychosocial process resulting from the conjoint cognitive, emotional and behavioural enactment of individuals toward their health conditions and their health management.

Patient health engagement is a dynamic and evolutionary process that involves the recovery of life trajectory - even with the disease. The patient engagement process features four experiential positions: blackout, arousal, adhesion and eudaimonic project.

This view of the patient engagement process suggests that a fully engaged patient results from a series of emotional, cognitive and behavioural reframing of his/her health condition and the success of the patient in advancing along this process depends on how he/she succeeded in previous phases. The last position of the engagement process (i.e., eudaimonic project) culminates in a patient that has gained a positive approach to health management and has recovered an active role in Society by re-establishing plans for wellness. Such a patient has succeeded in incorporating disease management into his/her life. This process also features peculiar ways of interacting and engaging in decisional negotiation between the patient and the healthcare provider that depends strongly on the phase of the process through which the patient is passing. The authors discuss the specific features of each phase of the engagement process by offering some clinical vignettes to make our model description more understandable in practice.

Blackout, Arousal, Adhesion, Eudaimonic project

Positions of patient engagement and corresponding action priorities to sustain it enable patients to move forward along their engagement journeys into the adhesion phase and here the healthcare system needs to provide patients with occasions to improve their sense of self-efficacy and confidence towards health management. Furthermore, patients need to be motivated to manage their health and care autonomously wherever possible and they need to receive approval on the small goals they achieve through the course of their treatment. To be successful in this process, patients need to be educated with assistance from their healthcare professionals to help them learn how to prioritize their goals, identify obstacles and build trustworthy relational care networks.

Blackout

The occurrence of a critical episode (e.g., a new diagnosis, the worsening of a disease condition, a disease relapse, etc.) leaves patients in a state of emotional, behavioural

and cognitive *blackout*. Patients feel the critical event is out of their control. They feel "in suspension", in a deep state of anxiety, needing to obtain support from someone in order to cope with their new healthcare situation. In this stage of the engagement journey, the disease onset and its management are experienced by patients as distressing and unacceptable; they have not yet acquired effective coping strategies to manage their new health conditions and they are not yet aware of what is happening in their bodies. Patients in this stage still have an understanding of their health conditions, but they cannot easily comprehend the information they receive about their respective diseases (cognitive blindness). Moreover, patients feel 'blocked' and unable to orientate their behavioural conduct to enable self-management of their diseases (behavioural freezing). Patients in this stage of illness experience appear completely focused and overwhelmed by such experience and they tend to 'put aside' other interests or needs.

These patients are passive toward their healthcare system; in the sense that they expect to be recipients of care and seek a 'paternalist approach' to receiving this care. In other words, patients have a top-down vision of their healthcare interventions, where their role is limited and passive. To overcome the experience of this "blackout" connected to the disrupting health event, patients need to develop trusted relationships with their healthcare providers. Healthcare professionals are asked to support patients and offer empathic responses to educate them about their health. If patients fail to build solid relations with their healthcare providers, their emotional, cognitive and behavioural responses may become dysfunctional, which often leads to patient dropout.

Arousal

Under conditions of 'arousal' patients are hyper-attentive to every signal generated by their bodies. Symptoms are perceived as an alarm that worries them and may cause overwhelming emotional reactions. Compared to the state of blackout, patients are better informed about their health condition, although their health knowledge is still superficial and fragmented. They are unable to self-manage their diseases and treatment prescriptions. In this position, patients perceive healthcare professionals as an important point of reference who can help them manage their illnesses and treatment experiences. Patients start to become aware of the treatment options available and mature in their decision-making about first choice criteria for healthcare services.

Adhesion

In a more advanced stage of their engagement journey, patients acquire a broader spectrum of health literacy (cognitive adhesion) and behavioural skills to comply with medical prescriptions and feel confident in their own emotional strength to cope with their illness. Furthermore, patients have accepted their health conditions and have come to terms with the negative emotions connected with critical health events (acceptance). However, patients are still not completely autonomous in managing their health conditions and related treatment rules (e.g., healthy

lifestyle and correct medication regimen). Patients experience difficulties in dealing with those prescribed rules and life style regimes every time their life context changes (e.g., going on holiday, travelling for work). This is because they have not fully understood and elaborated the rationale behind medical prescriptions, but merely passively comply with them. Consequently, patients experience the need to hang on the healthcare professionals' authority and prescriptions passively and they perceive the healthcare professional as an anchor.

Eudaimonic

In the 'eudaimonic project' position, patients have fully accepted their condition; furthermore, they have understood and elaborated that the 'identity of patient' is only one possible identity. They are able to better incorporate the experience and management of their disease into their life projects and are no longer overwhelmed by their health conditions. To achieve this emotional elaboration, they use internal resources to project satisfactory life plans for their futures. Patients gradually become co-producers of their health and they are capable of enacting more effective health management. Furthermore, they become more satisfied with their quality of life. As part of this process, patients become more active in searching for information about their disease conditions and management. This allows them to attribute full meaning to their healthcare experience and in due time enacts self-management behaviours, even when life contexts change. In this position, patients also develop a more mature and psychologically sustainable perspective about their diseases, which can now be better integrated into their life. In this phase, healthcare professionals are akin to 'trusted allies', patients rely on them for advice and situated counselling to tailor care according to their evolving needs and expectations. Only in this engagement position do patients become managers of their health and care and become able to enact true partnerships within the healthcare system. Patients are no longer passive; rather, they have learned how to mobilize the healthcare system proactively to best manage their condition. Furthermore, patients at this stage become active 'ambassadors' of their communities' needs and expectations, by raising other patients' concerns to policy-makers, helping others navigate the healthcare system and collaborating with the healthcare system to improve its quality and equity. Furthermore, patients in this phase offer experienced testimonials of good self-management practice and are able to assist other patients who have similar experiences.

The PHE model in practice: opportunities for innovating healthcare

The PHE model allows one to understand the experiential and psychosocial characteristics of patient engagement. The evolution from one phase to the next may vary in time, depending on the characteristics of the patient and the

context in which he or she is embedded. Furthermore, this process is not always linear. Patients may become stuck for longer periods in a position or even revert to a previous phase of engagement in the case of additional traumatic events. The PHE model offers important support for healthcare professionals and managers to comprehend the stage at which their patients are at, which will help them plan more patient-centered interventions that are able to improve patient autonomy and competence in health management. PHE is conceived as a compass to orientate the assessment of patient engagement in clinical consultations, to unveil patients' healthcare service expectations and unmet needs to plan new services and to assess the engagement goals achieved by specific interventions.

The authors are convinced that, to truly promote patient engagement and innovate healthcare services, it is important to acquire a deep understanding of patients' psychosocial experiences toward health management. Only by understanding the experiences and interpretations of patients in relation to their diseases and their treatment is it possible to orientate interventions that are able to answer patient needs and expectations. In other words, patients' perspectives about their engagement experiences should be metaphorically conceived as the "cell" of the whole process of health engagement. However, the authors are aware that several other levels are implied in the redesigning of healthcare service delivery when aimed at improving patient engagement. When planning interventions aimed to promote and sustain patients' engagement, it is important to consider the different organizational layers and actors involved in the process. In other words, not only should patients' subjectivities be considered and managed, but also those of their caregivers and peers together with their healthcare professionals. Furthermore, not only should the situation of the clinical consultation be regarded as crucial to influencing patients' abilities to engage in their health management, but all 'lay', not only institutional, exchanges about the disease and its management, should be considered. The influence of organizational aspects that rule the healthcare system (such as process, procedures, roles, organizational cultures) should be considered in regard to the health engagement path of patients. Policymaking also plays a fundamental role in sustaining the process of patient engagement and in making possible the revision of healthcare service planning and delivery to be more engaging. From the authors' perspective, the PHE model offers important clues to innovating and improving healthcare practices at different levels by guaranteeing that eventual revisions in the systems are grounded in the ecological understanding of patients' needs and expectations and are thus intrinsically patient-centered.

In the chapter devoted to the PHE model, the authors address a question which many healthcare professionals, managers and policymakers struggle to answer, "How does patient engagement develop?" By adopting the theories and empirical research approaches that belong to consumer psychology. Consumer Psychology is a well-established discipline that seeks to unveil the basic subjective processes that rule individuals' decision-making processes

and choice behaviours in different domains of daily life. Consumer Psychology theories have, over time, shown their effectiveness not only in diagnosing purchasing behaviours, but also in orienting managerial practices aimed to improve exchanges between ‘demand’ and ‘offers’ for products and services. Consumer Psychology, applied to healthcare, may offer important clues to unveiling the roots of patient care preferences, the way patients make decisions among treatment options and the reasons why they act or do not act concerning specific health management regimes. Consumer psychology may help in understanding the “*reasons*” behind individuals’ ways of reasoning, behaving and feeling in relation to health and care.

The authors focus on extensive literature where hospitals overall appear to be converging towards a patient-centered model. The central idea of patient-centered restructuring is that organising a hospital around care processes increases patient-centered care, reduces cost and improves quality. They explain that although it is self-evident that care should address the need of patients, in reality, many hospitals are run with more consideration for the convenience of staff. Thus, in the traditional functional model, patients are admitted under individual specialist clinicians who retain them or transfer them to the care of another clinician. Conceptually, the functional model mirrors a professional-centered culture, whereby patients are organized and located accordingly to medical specialities rather than to an assessment of their overall care needs, which might be different in patients affected by the same pathology. As a solution to this problem, the core principle of patient-centeredness includes the delivery of adequate cure and care to patients in the most suitable setting according to their health needs. The authors explain that in order to innovate healthcare through the use of patient-centered principles, hospitals usually go through a process of re-engineering, which encompasses several restructuring actions, both in the organizational structure and in the building. The entire hospital system is affected. Such major change concerns first the redesign of the organizational model, which shifts from a functional model to a process-oriented model. An example of this new integrated effort is represented by the specific reconfiguration of nurses’ position, which sees the passage from the traditional ‘functional nursing’ (where each nurse was specialized in a single care activity) to the new ‘modular nursing’ (that requires every nurse to be responsible for the overall care practices required by small groups of patients inside the ward). Hospitals have to rethink a different use of resources, resources such as beds, operating rooms and equipment. Patients are no longer transferred across different units or departments; instead, physicians and technologies move to the patient’s bed. This affects the management of the overall service reorganization.

Conclusion

This book addresses very important aspects of healthcare provision, but unfortunately the conclusion of the PHE model seems highly impractical and rather than saving money in healthcare provision as the authors claim, it would be yet another re-organisation of services, driven by theoretical claims which are thought provoking, but not necessarily of practical relevance to practitioners or patients. It is difficult to imagine anything other than chaos if a hospital is without specialist treatment wards. When the cancer patient needs pain medication and the doctor on the ward is a gynaecologist or an orthopaedic surgeon, how are all these specialists to respond to the specific needs of patients with different health issues? Specialist wards make sense as they each reflect the needs of their patient group. The PHE project includes very relevant insights into patient responses to illness. While the suggestion that patients should have: ‘real-time access to their own medical records’ is an important discussion point for patient care, there should not be a blanket decision about this as it needs to be considered in the context of what is relevant at the time. It is easy for patients to become unnerved by alarming sounding medical terminology.

Unfortunately, arguments for patient engagement still risk becoming more of a ‘fashionable claim’ than a concrete course of action. People go back and forth and up and down in their attitudes to their health. A linear model sounds attractive to health administrators, but real life is more complicated. It is also emotionally secure for the provider, offering reassuring security for the professional. The best part of the book is perhaps that which presents the short case studies of patients identifying their stages in the PHE model. The book can be recommended for discussion purposes as it has many good insights into how people react to illness, but some of the recommendations need to be read very critically.

Conflicts of Interest

The author declares no conflicts of interest.