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NAVIGATING HEALTH CHALLENGES: HOW HEALTH PRACTITIONERS SUPPORT PATIENTS IN CARE

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Abstract

People with long-term health conditions navigate a variety of physical, emotional, social and practical challenges. Health practitioners play a critical role in supporting patients to address the challenges they face in care. This article examines health practitioners' actions to support patients in care and describes the range of ways practitioners help patients address health-related challenges. Narratives from a large-scale study with patients who have long-term health conditions are drawn upon to illustrate how practitioners support patients in care. Four categories of action practitioners take to support patients in care are described: practitioners provide (i) emotional public recognition of patients' challenges; (ii) knowledge and advice about health challenges; (iii) practical assistance with care procedures; and (iv) encouragement and assistance to connect patients to social support networks (F. Sheridan et al., 2019). Understanding how practitioners support patients in care illuminates the collaborative nature of care and the importance of practitioner actions in enabling effective patient engagement in care.

Keywords

This article reports on a study examining patients' health and health care experiences. Exploring health challenges highlights how patients manage interacting physical and mental health problems in the face of other everyday challenges. It shows the importance of health practitioners in providing care that patients can negotiate and manage as a priority in their lives. Attention to these actions can help support practitioners at this interface and strengthen care relationships at the heart of health systems (F. Sheridan et al., 2019). However, health and health care challenges brought about by the COVID-19 pandemic emphasize how easy it is to lose focus on what is important.

Care that maintains the integrity of relationships between patients and health practitioners is at the heart of health systems. Care needs to be supported at an interface where patients navigate challenges across health and everyday life.

The research highlights how patients experience health challenges across everyday life and manage multiple and interacting problems within that context. Focusing on the priority and lived experience of health challenges shows how care is supported through health practitioners, like nurses, in ways that might not be fully recognized or visible. Efforts to strengthen care are likely to be more effective if they acknowledge the importance of those actions at the interface between health challenges and everyday life.

1. Introduction

Health challenges can emerge at any stage of life and often require lifestyle adjustments, additional consideration, or specialized treatment. Luckily, health practitioners are trained to support patients through these arduous transitions. Care practitioners such as nurses, physicians, specialists, and community health workers, collaborate to ensure that patients are educated and sufficiently supported all throughout their journeys to improved health. Each health practitioner provides varying levels of support depending on their roles and areas of expertise. Nurses, for instance, are typically responsible for the most patient care and often serve as the main point of contact. They assist patients with daily activities, regularly update physicians about the patient’s progress, and educate patients about prescribed health plans. In addition to caring for the patient personally, nurses ensure that their families understand the health challenges at hand and encourage them to assist in the recovery process (E. Lighter, 2015). Meanwhile, care physicians are primarily in charge of diagnosing health issues, developing treatment plans, and monitoring the ongoing effectiveness of those plans. However, care physicians generally meet with patients less frequently than nurses and typically work with several patients at once. Thus, physicians carefully select words to maximize patient understanding within their limited appointment times. Some patients require additional consideration and support due to their unique circumstances. Children, for example, often need parents or guardians present to communicate effectively with health practitioners. Otherwise, members of a care team may need to step in to bridge any gaps in communication, especially for patients with disabilities or language barriers (F. Sheridan et al., 2019).

1.1. Background and Significance

People living with chronic health conditions and disabilities have complex health needs that rely on the coordination of multiple health services. This reliance may grow during life transitions when care requirements change, such as moving from pediatric to adult care. Individuals risk losing care services if they cannot follow-up on referrals or access new services. In this context, there is an opportunity for sitters, which would be people or technologies that support individuals in navigating health services across multiple providers and organizations (Dimitropoulos et al., 2019).

The role of the navigator has been defined widely for different contexts, such as patient navigators, care coordinators, or link workers, but common characteristics can be found in the existing literature. Navigators are positioned outside the individuals’ prescribed services yet work closely with them, identifying challenges encountered when accessing services and addressing these challenges through advocacy, education, and the arrangement of follow-up actions. The goal of navigators is to improve individuals' ability to independently use health services. Health advocates' characteristics that support individuals in health-related tasks will also be discussed. Health advocates are usually volunteers and friends or family members of the individual needing support. In addition to sharing and creating understanding, the discussion focuses on the sensitivity of potential cultural differences between advocates and navigated individuals.

1.2. Purpose of the Study

Health challenges are often complicated by the social contexts in which they are experienced. Health practitioners play a key role in health care enacting care with patients. Understanding how health practitioners support patients to navigate care despite health challenges is therefore important. However, patients often struggle to access health care, particularly when services are fragmented or when they experience multiple, intersecting vulnerabilities. New arrangements of care have established health practitioners co-located across services, where they work together, with the aim of making health care easier for patients to access. This study focuses on how health practitioners support patients to navigate care despite health challenges. It draws on empirical research within a co-located health care setting, where General Practitioners practice alongside Health Coach and Care Coordinator roles. The research argues that health practitioners mobilise three strategies to support patients in care: recognising and responding to health challenges, creating health care relationships, and providing care beyond the health service (Peart et al., 2019). It concludes by discussing the contributions this research makes to understandings of patient care, care relationships, and the role of health practitioners in navigating care.

1.3. Scope and Limitations

The aim of this paper is to explore how a range of health practitioners, including general practitioners, nurses, allied health professionals, and community health workers, support patients in the care of their health challenges. It is based on semi-structured interviews with 24 health practitioners, conducted in a range of public and private health care contexts in a large, ethnically diverse metropolitan area in Australia. Participants describe a number of different strategies for support, some more proactive than others, and the micro-skills that enable them. They also discuss some of the barriers to providing support, which include a focus on clinical reasoning, power differentials in practitioner-patient interactions, and time constraints. The data highlight the importance of health practitioners in supporting patients to access and navigate health systems and services, and the need for more training and professional development in this regard (F. Sheridan et al., 2019).

Health challenges, both acute and chronic, can create a range of difficulties for patients in accessing and navigating health systems and services. These difficulties can be exacerbated by broader socio-economic disadvantage and the intersection of health challenges with other life challenges. In recognition of these challenges, the health system response has included a number of policy and program initiatives designed to improve patient access to, and navigation of, health systems and services. Many of these initiatives are focused on patient education and self-management, and the responsibility for their implementation often lies with health practitioners. Disciplines such as health literacy, patient engagement, and shared decision-making have emerged in the literature as underpinning these initiatives, although they are often not clearly articulated in practice.

2. The Role of Health Practitioners in Patient Care

In health systems, patients with complex and compromised health conditions require additional support from health practitioners who provide care beyond diagnosis and treatment. During patients' health consultations, health practitioners provide health information and guidance on care plans to support patients in managing care. However, it is often a challenge to ensure that patients are properly informed due to time constraints and patients' varying levels of health literacy. Concerns about risks and misconceptions may arise regarding the information prescribed to patients. Therefore, it is essential to understand the integral role of health practitioners in patient care and the challenges faced in providing health information and care plan guidance.

Health practitioners play a pivotal role in providing patients with up-to-date evidence and health information (E van Bekkum & Hilton, 2013). During health consultations, health practitioners are primarily responsible for ensuring that patients clearly understand and comprehend the information prescribed to them. With the advance of digital technology, there are new opportunities and challenges for patients to seek health information outside of health consultations. This raises the question of how health practitioners perceive these opportunities and challenges, and what strategies they employ in practice. Health systems in the UK and elsewhere are focusing on patient-centred and evidence-based approaches to care management. In this context, health practitioners are negotiating the challenges of ensuring that patients are provided with appropriate and relevant evidence health information.

2.1. Defining Health Practitioners

Patients experiencing health problems frequently seek assistance from health practitioners. As the patients explain their health problems to the practitioners, the latter attempt to understand the difficulties, which often leads to the identification of a health challenge together with a proposed plan of care. Health practitioners include physicians, nurses, child psychologists, dental hygienists, midwives, and other professionals subject to specific national regulations and restrictions governing which activities may be performed and by whom. In general, health practitioners possess formal education and training in their health discipline, most often linked to a university degree.

Based on a set of reported health challenges, the objective of this article is to illustrate how different health practitioners describe the challenges and plan care. A secondary objective is to classify the health challenges reported by the patients. The context is health care services in four municipalities in Western Sweden. Since 1996, a research program has studied the health challenges and care in a newly established health care system where patients choose their health care provider. The foundation is a number of observational studies where patient visits to health practitioners have been video-recorded (Farrell & of Lethbridge. Faculty of Education, 1996). In total, 377 patient visits to 113 health practitioners have been observed. This article builds on a subgroup of 95 video-recorded patient visits to nine health practitioners from five disciplines: medical doctors, nurses, child psychologists, dental hygienists, and midwifes.

2.2. Types of Health Practitioners

There are many different types of health practitioners, each with their own specialty that contributes to the health and support of patients. Understanding each one's different specialty is important so that patients know who the health practitioner needs involved in their care and when.

Some of the most common health practitioners include Physicians, Nurses, Pharmacists, Dentists, Social Workers, Physiotherapists, and Psychologists (Stonehouse, 2018).

Physicians usually complete 11 years of post high school training including medical school and residency. During this time, they learn to provide care for patients with a wide variety of health problems. Physicians spend time diagnosing health problems and planning and providing treatment. Some Physicians specialize in providing care to a certain age group, or may specialize in treating a specific health problem. Nurses care for patients during illness, injury or recovery. They also help to promote good health. Nurses usually complete a 2 to 4 year nursing program after high school and are then required to pass an exam to become registered nurses. Nurses often work in hospitals, clinics, long term care facilities, or may provide care to patients in their home. Pharmacists manage medication therapy to achieve desired health outcomes. They educate patients how to safely and effectively use their medications and ensure that prescribed medications are appropriate for each patient's needs. After completing a 4 year pharmacy program, pharmacists must also pass an exam to become a licensed pharmacist. Pharmacists often work in retail pharmacies, hospitals, long term care facilities, or may provide care to patients in their home.

2.3. Key Responsibilities

Health practitioners serve an essential role in regulation and monitoring the generative health care of patients while achieving wider organisation objectives. Health practitioners provide high quality and safe health care services to patients on a day-to-day basis. In executing this care, health practitioners need to follow a number of professional and organisational requirements that contribute to compliance and accountability obligations. Health practitioners also have professional ethics obligations that augment these regulatory, monitoring and compliance requirements. These obligations include adopting a patient-centred approach to care, maintaining confidentiality, avoiding conflicts of interest and ensuring informed consent (E. Lighter, 2015). Health practitioners also have a responsibility to work collaboratively in teams and provide mentoring and support to less experienced practitioners. Beyond the treatment of an individual patient, health practitioners have a responsibility to report potential issues that could affect the safety of other patients or the quality of health care services.

In Australia, health engagement professionals (HEPs) are employed to facilitate collaboration between health organisations, practitioners and consumers in the co-design and implementation of strategies to improve health services and health outcomes (Tam et al., 2021). As appropriate stakeholders for the consideration of professional obligations, the perspectives on the responsibilities and capabilities of HEPs were gathered from HEPs and health consumers in Australia. Health consumers expect HEPs to be advocates and champions for health consumers, to co-design and implement health service improvement strategies, to ensure the voices of health consumers are considered in decision-making, and to educate and train health practitioners in engagement with health consumers. HEPs expect their key responsibilities to include advocacy, co-design, decision-support, education and capacity-building, and oversight and monitoring. HEPs believe these responsibilities can generally be fulfilled by a mix of capabilities. A better understanding of the roles and professional obligations of HEPs can facilitate better engagement with health consumers and improve health services and health outcomes.

3. Understanding Health Challenges Faced by Patients

Patient engagement in their care and understanding of their health challenges is a necessary requisite for optimal health outcomes, yet not every patient is able to take part in care equally. Patient characteristics and the health system have been found to create barriers to engagement in care. For instance, a patient's health challenges, such as the number and co-morbidities of diseases, can create complexity in care that requires adjustment and support from health services (W. Ho et al., 2017). Moreover, summed across patient characteristics, a patient's life course circumstances and capabilities, such as age, financial resources, social support, and education create inequity in access to services. Hence, not all patients have equal capacity to navigate their health challenges and care. Patients with complex health challenges are care receivers who exit and access services across multiple providers in a co-ordinated manner. As such, the care trajectory is often mediated by care arrangements, which makes it so that the care received by patients must take account of health system arrangement and provider roles. While this may support some patients, others may experience a lack of accepted care or coordination in the care they receive.

Health practitioners, or one type of provider role in the health system, play a critical part in the care of patients with complex health challenges. Health practitioners are co-located care providers who view health challenges and longitudinal care from the same perspective as patients, and who bring with them comparable actions and efforts, which are deemed necessary to care for the patient. Yet, the capacity of health practitioners in supporting patients needs further elaboration and investigation. A better understanding of how health practitioners support patients in the engagement of their care and how this support is enacted in care arrangements within the health system is imperative to situate the role of health practitioners in the care of patients with complex health challenges. Overall, patients' lived experiences highlights the importance and necessity of the support provided by health practitioners as a means to engage in care and makes clear that this support is not capable of being fully enacted.

3.1. Common Health Challenges

Navigating health challenges is a part of every person's life. Some people find themselves faced with health challenges that are more difficult to manage on their own. When this happens, health practitioners can support these patients in their care. Patients who manage chronic or complex health conditions often have times when they feel overwhelmed or unsure of what to do. Health practitioners, such as doctors, nurses, and other allied health professionals, play a central role in helping patients navigate their health challenges by providing guidance, education, and support.

There are many different chronic or complex health conditions that can affect a person’s everyday life. Some common chronic health conditions include asthma, diabetes, heart disease, cancer, arthritis, depression, and migraines. Some people live with multiple health conditions that interact with one another. This is known as co-morbidity (Jowsey et al., 2009). There are many challenges that patients or carers might face when dealing with chronic or complex health conditions. These challenges might focus on changes in lifestyle, understanding the condition, access to services, or questions about medications or treatments. Patients and carers may feel they do not have the knowledge or skills to manage their health condition, or might even feel embarrassed or ashamed about their situation. It can be difficult to talk about what is happening.

3.2. Barriers to Accessing Care

Identifying and responding to health challenges is a complex process shaped by a range of individual, community and structural factors. People who are newly challenged in their health face considerable barriers in accessing care, and these challenges only accumulate as health declines. Health practitioners have a central role in supporting patients in care, and the types and effectiveness of this support vary. Accessing care is complex. While there are many potential pathways into care, a number of barriers exist that frustrate efforts to get care (W. Ho et al., 2017). Only a few care providers are contacted in the initial effort to access care, and they are usually contacted directly rather than being referred by someone else. Patients typically need to have a care provider in mind before accessing care; otherwise, accessing care is very difficult. There is frustration with the lack of information on where to access care, and even when information is available it can be misleading. Information on accessing care is largely gathered informally through word of mouth, and online searches are often unhelpful. Accessing care is also complicated by other health challenges.

3.3. Impact on Quality of Life

Patients with serious health challenges face many difficulties. Health-related quality of life (HRQoL) most often deteriorates because of the impact of patients' chronic illnesses, treatment side effects, and psychosocial burden (Ann Saketkoo et al., 2021). Lifestyle limitations and changes in social roles adversely affect the perceived quality of life (QoL). QoL assessment is a very important indicator of the course and management of the disease (Szlenk-Czyczerska et al., 2022). Patient expectations significantly impact their perceived QoL and satisfaction with care. Most patients at follow-up visits have expectations, but these often are not appropriately recognized by the health care system, leading to decreased satisfaction and poorer perceived QoL. Better recognition of patients' expectations improves their perceived QoL and satisfaction with care.

4. Communication Strategies in Patient Care

4.1. Importance of Effective Communication

4.2. Challenges in Communication

4.3. Strategies for Improving Communication

5. Cultural Competence and Diversity in Healthcare

Diversity in health needs impacts health service accessibility. Migration, cultural and linguistic differences, low income, and poor education hinder access for some groups. Health services struggle to address diversity due to shortages and uneven distribution of health professionals. Service managers worry about meeting diverse health needs, while health practitioners face challenges in delivering quality care. Differences in understanding health, trust, stigmas, and potential conflicts complicate care. Fear, shame, and power imbalances can prevent patients from voicing needs and dilemmas, causing feelings of inadequacy in practitioners (Dell'Aversana & Bruno, 2017).

Health professionals use various approaches to deliver quality care to individuals with diverse cultural backgrounds, seeking to understand patients' needs and build trust. Recognition of otherness is central to these efforts. Co-existing cultural similarities and differences are highlighted, affecting the development of trust between health practitioners and patients. Cultural and professional otherness are negotiated through healthcare systems, organizations, and institutional rules and norms (Broom et al., 2019). Cultural and system awareness from both categories is crucial for developing trust and good care. Diversity in backgrounds can either create trust or be an obstacle. Trust facilitates ongoing good quality care, whereas its absence leads to poor care provision.

5.1. Defining Cultural Competence

Cultural competence is a set of knowledge, behaviors, attitudes, and skills that enable health care providers to deliver effective services to diverse populations. It involves having an awareness of one's own culture, cultural differences, and the impact of cultural differences on health care, as well as developing skills to address those differences. Caring for patients from many cultures is an important part of health care today. As the population of the United States becomes more diverse, health care systems will need to adapt to meet the changing needs of patients. In order to help patients receive more effective care and ensure compliance with regulatory agencies, health care organizations need to develop cultural competencies (A. Thornton, 2008). Cultural competencies are the skills needed to work with patients from all cultures. These skills involve two key parts: considering every patient's culture when giving care and treating every patient as an individual. It does not mean knowing everything about every cultural group you work with, but rather being aware of cultural factors and taking appropriate steps to learn about each patient (Blonigen-Heinen & Basol, 2015). Every patient has a culture, which includes values, beliefs, and practices shared by a group. Culture affects a person's view of health care, and stereotyping based on cultural group should be avoided. Instead, it is important to learn about each patient's unique views on health care. Some cultures have practices for showing respect, and it is necessary to learn about accepted ways to show respect for each patient's culture.

5.2. Importance of Cultural Competence

Developing cultural competencies does not mean knowing everything about every cultural group you work with. It does mean being aware of cultural factors and taking appropriate steps to learn about each patient, such as asking questions. Developing the cultural competencies needed for your job means you can help patients of all cultures feel better about their care. Caring for patients from different cultural groups can be difficult. Cultural factors affect how patients view health, illness, and care. They also affect how patients view and interact with health professionals. When cultural factors aren't considered, patients may misunderstand what is being said or may feel disrespected (Blonigen-Heinen & Basol, 2015). Some patients may not want to ask questions or speak openly, which can create barriers to effective care. To overcome these problems, health practitioners need to develop cultural competencies in their job. It takes time to learn about each patient's culture. Take time to learn about each patient. Some cultural groups have unique practices, beliefs, and values regarding health and health care. Other groups may not feel they belong to any specific cultural group. You will need to ask questions and listen to the patient's responses to understand how cultural factors affect his or her health and care. Avoid making assumptions based on cultural stereotypes. For example, not all patients from a certain geographic region speak the same language or hold the same beliefs about health. Cultural stereotypes ignore differences found within a cultural group. Treat every patient as an individual. Consider how each patient views culture. Some people may view culture broadly as factors that shape their identity, while others may define culture narrowly as specific practices or traditions. Learn about accepted ways to show respect. Different cultural groups show and expect respect in different ways. In some traditions, direct eye contact is a sign of respect, while in others it may be seen as disrespectful. Understand how relationships are viewed. In some cultures, relationships are established through indirect connections, whereas in others, direct interaction is expected. Consider privacy needs. Patients from certain cultural groups may not want specific information shared even with family members or may be reserved when discussing personal matters. Communicate effectively (Broom et al., 2019).

5.3. Addressing Diversity in Healthcare

The U.S. population is becoming increasingly diverse. Hispanic and Latino groups were registered as the fastest growing minority group in the nation, and by 2050, they are projected to surpass African Americans as the largest minority group. This cultural transformation poses challenges and opportunities. The anticipated demographic shifts heighten the need for consideration of the role of culture in addressing racial/ethnic disparities in health and healthcare outcomes (LeeShell Holliman Douglas, 2014). As the population continues to grow in diversity, healthcare systems and providers need to reflect on and respond to patients' varied perspectives, values, beliefs, and behaviors about health and well-being.

Culture is a complex concept that can be broadly defined as shared values and belief systems that shape individual behaviors and worldviews. As applied to health, culture encompasses the meanings ascribed to health, disease, and treatment and the norms that govern the choices and behaviors related to health. In multicultural societies like the U.S., there are various understandings of health, disease, and treatment. Because of such diversity in cultural orientations, quality care is not simply based on effectiveness but is also contingent upon the understandings of care. For care to be deemed effective and of quality, it must be understandable to the patient in terms of their own individual culture and experiences. Consequently, healthcare providers are confronted with the pressing need to develop cultural competencies that allow them to recognize their own cultural norms, understand the patient's viewpoint, and effectively adjust their behaviors to maximize care.

6. Ethical Considerations in Patient Care

In every health care encounter, a number of ethical dilemmas and questions need to be considered. These dilemmas relate to the integrity and ethical sustainability of the health care practitioners and of the health care systems themselves. Patients' vulnerability and the power that health care workers have over them raises important ethical considerations around patient care. What health practitioners do to and with patients can result in healing and care but can also bring about harm, neglect and disadvantage. Therefore, questions arise around the responsibility of health care systems and the health care workers to attend to the ethical care of patients (Lategan, 2014).

In an ideal situation, the patients' ethical vulnerability should determine and guide the ethical care of health care systems and workers. However, in reality, the ethical vulnerability of the patients is often compounded by other considerations, resulting in the ethical neglect, harm and disadvantage of patients. Attention should therefore also be given to the ethical and systemic power considerations that influence the ethical care of patients in health care systems. Although it was the objective of this work to be of service to all health care workers, particular narratives and incidents from experience in war and post-war health care settings are reported in detail. These narratives illustrate the ethical neglect of patients and the ethical vulnerability of health care workers themselves.

6.1. Principles of Medical Ethics

Guidance for Health Practitioners

The principles of medical ethics recognize that health practitioners sometimes face ethical dilemmas that can affect the quality of care given to patients. Good care is best understood as the practitioner-patient relationship. In this relationship, the patient's vulnerability and dependence necessitate an active caring response from health practitioners who offer specialized knowledge and skills (Lategan, 2014). A concern for the vulnerability of patients is central to medical ethics, but attention must also be given to the ethical challenges of health practitioners. Health practitioners are also vulnerable, and the changes in health care can exacerbate this vulnerability. The emphasis may fall on patients and health care institutions, but attention must also be given to supporting health practitioners.

The ethical principles commonly used as guidance in health care focus on the patient's vulnerability: respect for individuals and their autonomy, non-maleficence, beneficence, and justice. Conscience is usually understood as a moral faculty or capacity that enables a person to judge the morality of actions, including their own, and to feel compelled to act in accordance with that judgment. Religion, belief, and culture are potential sources of moral purpose and personal strength for doctors and patients (Hordern, 2016). In parallel with the rights of patients, it is important to recognize the rights of doctors to their own beliefs and the importance of those beliefs for good patient care.

6.2. Confidentiality and Privacy

The principles of confidentiality and privacy have been enshrined in the legal frameworks of many countries to build trust in the health seeker-health practitioner relationship and ensure health seekers' right to access health services (C. Moskop et al., 2005). In particular, health practitioners are obliged by laws to keep confidential health information about health seekers and not disclose such information to other parties without the consent of the health seeker. However, limitations are placed on practitioners regarding issues of confidentiality and privacy for particular groups, such as adolescents, in some countries and settings. Given the public health concern regarding the widespread use of drugs and other risky behaviors among adolescents, it is vital to solicit the health care needs of adolescents, review their understanding of the confidentiality provisions in care settings, and assess practitioners'/health care providers' perspectives on the confidentiality and privacy provisions in place regarding adolescent care.

A qualitative study was conducted in 2007-2008, in which 22 semi-structured in-depth interviews were conducted with female adolescents aged 12-19 years and 15 health practitioners from 3 government health institutions in Addis Ababa, Ethiopia. Health practitioners included one nurse, one midwife, and one medical doctor working in the adolescent care unit. Transcripts were analyzed using a thematic framework. Health practitioners cited a number of reasons for adopting a "controlled" approach to confidentiality and privacy in adolescent care, including "protectionist" concerns about the adolescent's physical and sexual safety, legal mandates that limit adolescent rights regarding confidentiality, a lack understanding by most adolescents about confidentiality rights, and worries that compliance with the confidentiality and privacy rights provisions would leave room for health practitioners or other health care providers to engage in malpractice (Jenkins et al., 2005).

6.3. Informed Consent

Informed consent has been defined as an autonomous authorisation by individuals of a medical intervention (C Chima, 2013). A competent patient may refuse consent or withdraw consent at any time, even after granting it. Consent is only valid if circumstances affecting consent have been disclosed or considered. A patient's consent is invalid if healthcare practitioners fail to disclose material risks or if a patient's decision is made under coercion or duress. For consent to be informed, the patient must be told enough to make a decision. Such a conversation should ideally be initiated by the physician or healthcare professional and involves transparency, engagement by both parties, and continues throughout the period of healthcare intervention. Medical treatment should not proceed unless the doctor has first obtained the patient's consent which may be either express or implied. A written record of consent is not necessary as consent may be given orally and in some cases by conduct. For the purposes of informed consent, the patient is any individual who is to receive medical treatment and has the right to refuse or accept medical treatment. The consent given by a patient can be withdrawn at any time and could be vitiated by any change in circumstances, which are not communicated to and approved by the individual consenting.

7. Empathy and Compassion in Healthcare

Empathy, compassion and care are recognised as essential components of good practice and effective healthcare in many different cultures, traditions and communities (I. Baguley et al., 2022). This seeks to better understand the nature of empathy and compassion in health practitioners and how they relate to care and support in a challenging health time. Specific focus is given to health practitioners' concerns about and for their patients in the context of assertive mental health care. Empathy and compassion are understood in terms of practitioners feeling with and for their patients, and in doing so becoming responsive to their patients' needs. Empathy and compassion are seen to draw practitioners into a complex dynamic in which patient engagement may be negotiated, resisted or embraced. While empathy and compassion are recognised as important in advocacy for care and support, they can also render patients vulnerable to practitioners' power and control. The need for vigilance on ways these challenges may be managed is highlighted.

Empathy and compassion are often spoken of as key qualities in health practitioners. They are qualities that are widely recognised and valued in health care support and patient care. Empathy generally refers to the capacity to understand, share and relate to another's feelings and experiences. Compassion is a related, but distinct, concept. While an empathic response often invokes a personal feeling with, or sharing of, another's suffering, compassion is more about a concern for another's wellbeing, often accompanied by a desire to help or support.

7.1. Defining Empathy and Compassion

Empathy is the capacity to understand or feel what an individual is experiencing from within their frame of reference. Empathy is understood to be made up of cognitive and emotional components. The cognitive component refers to perspective taking, understanding another's feelings or emotional state. The emotional component requires shared feelings, a visceral sense of what others are experiencing (I. Baguley et al., 2022). Compassion is the awareness of, a sensitivity to, and a desire to alleviate another's suffering. These definitions, while providing clarity, are not universally accepted. Empathy and compassion are often used synonymously or without thoughtful clarity. This lack of clarity matters because as interest in training health practitioners in empathy and compassion grows, so does the complexity and ambiguity of these terms with respect to the healthcare context. Empathy and compassion can be understood in a broader social context beyond healthcare, but have unique applications within it.

7.2. Role in Patient Care

Health practitioners are essential players in the wellness environment of society. Numerous health challenges occur in society daily. Some of them are treated on their own, while others need some support from health practitioners. Meanwhile, some challenges do not relate to severe medical and mental issues, which concern direct involvement from specialists. Despite not dealing with particular patients or diagnosis, health practitioners take an active role in screening possible health challenges and providing some direct support to patients in care.

On-Site Screening and Assessment of Patients in Care Patients who use the services of libraries, community centres, or other public and collective spaces may experience a variety of health challenges. These concerns can relate to health, well-being, safety, security, and other issues that affect how the individual uses the service. Some challenges are visible and obvious, while most of them are hidden, unnoticed, or unnoticed for a while. Some may require immediate attention, while others may benefit from low-key, on-the-spot intervention or acknowledgement. A number of challenges relate to severe issues that require specific, immediate intervention and involvement from outside practitioners (Dimitropoulos et al., 2019).

Each public service provider meets some, or most, of these challenges daily. The type and extent of health challenges that arise will vary; so too will the public service response to them. This, in turn, will depend on the arrangements, capacity, and desire of the service to engage in health intervention and welfare provision. Meanwhile, it is the nature of public services to be open and available to all, creating an environment of care and wellness; this might include health screening assessment functions, however low-key.

7.3. Developing Empathy Skills

As our patients experience illness and health changes, their world is destabilized. Patients can choose to do nothing or seek assistance from others, creating a new relationship. A caring response from health practitioners is crucial to creating a patient care relationship. A patient feels cared for when a health practitioner takes time to understand their experience, respects their values, listens to their story, and actively participates in care (B Fowler et al., 2019). Empathy is at the core of this caring response. Empathy includes deeply hearing, understanding, and feeling what another person feels to see the world through their eyes. Empathy enriches the person experiencing empathy and the other who is the focus of empathy. However, empathy's effects can be fleeting. Empathy is challenging to feel immediately after exposure to health or emotional trauma because the capacity for empathy declines. This presents an obstacle for health practitioners who engage with patients experiencing health crises. Empathy can be developed like a skill. First, it is essential to understand aspects of empathy theory that explicate how empathy is felt and diminished.

8. Innovations in Health Technology

The rapidly changing context of healthcare in today's complex and ever-changing world is forcing health practitioners to adapt to a new landscape. As practitioners work to provide health for all, they face challenges, such as changes in care access and delivery, patient behaviours, and evolving health technologies. These challenges are interconnected, requiring a systems perspective to address them effectively and sustainably. However, the systems view is often overlooked, resulting in piecemeal responses that are unable to resolve underlying issues. At the same time, commitment to care, innovation, and co-design shines through in efforts to meet the challenges. Care is paramount, and practitioners and researchers work tirelessly to ensure patients receive the best possible support in their health journeys. This collates examples of health practitioners and researchers in Australia and Sweden responding to various health challenges, using co-design and innovation to ensure care continues.

In a shifting landscape, innovations in technology, systems, care, and processes are explored, ensuring patients continue to receive care in a range of health settings. Precursors that frame the challenge health practitioners face are presented and examples of care, co-design, and innovation in action are shared. With a commitment to care, health practitioners and researchers continue to innovate and co-design, ensuring patients receive the care they need to navigate their health journeys (A PhD CPXP Wolf, 2019).

8.1. Telemedicine and Remote Monitoring

Remote monitoring, or telemonitoring, can be regarded as a subdivision of telemedicine – the use of electronic and telecommunications technologies to provide and support health care when distance separates the participants. Telemonitoring involves the use of audio, video, and other telecommunications and electronic information processing technologies to monitor patient status at a distance (Nangalia et al., 2010). Clinically relevant parameters are measured and digitized data are transmitted to a health care professional or a central facility for interpretation, where action may be taken to treat a patient or adjust their therapy. Several recent reports have highlighted the potential for telemonitoring to improve health care by enhancing the quality of care, increasing efficiency and cost-effectiveness, and meeting patient demand. However, the routine use of telemonitoring began in 1961 when the ECG, respiratory rate, electro-oculogram and galvanic skin response of the first human in space, Yuri Gagarin, were continuously monitored by doctors on earth. This review will provide a broad overview of this resurgent field of medical remote monitoring and will describe the components of telemedicine, the current clinical utilisation and the field's obvious challenges.

Telemonitoring, a sub-category of telemedicine, is promoted as a solution to meet challenges in Western healthcare systems regarding chronic conditions and fragmentation issues (Kristine Bang Christensen, 2018). Telemonitoring is described as implementing technology to monitor patients' vital signs in their homes, with these data being transmitted to healthcare professionals who provide treatment or advice when necessary. Although telemonitoring has been widely researched and several large-scale experiments undertaken, recent findings from such experiments reveal that many of the promises associated with telemonitoring are difficult to meet in complex real-life settings. Drawing on recent research from a large-scale home telemonitoring program in Denmark, this paper examines how telemonitoring practices emerged and unfolded in various healthcare organizations.

8.2. Health Apps and Wearable Devices

Smartphones and wearable devices are rapidly decentralising healthcare and turning patients into active participants in the observation of their health. With growing patient demand, these new technologies offer the potential for continuous monitoring and recording of wellness, illness, and treatment outside traditional clinical settings (Wall et al., 2023). They are used by healthcare providers and accepted by patients to drive tools that passively and continuously monitor health states while reducing the burden on patients, providing timely notification of health issues, and increasing personalised care. Driven by a dramatic decrease in size, cost and energy consumption of sensors and processors, wearable technology is transitioning from novel research to practical integration in existing health data ecosystems. Wearable devices like wristbands or smart clothing could provide a healthcare institution with continuous, fully-automated, and multi-faceted observations of a patient before, during and after any clinical interaction, allowing for unprecedented detail in the definition and monitoring of personalised care programmes. Wearable and implantable technology could even provide features that are impossible with conventional observation, such as individual health guidance based on continuous analysis of a patient's health data, or the automatic adjustment of medication dosing through implanted regulators that sense biomarker levels in blood.

The smartphone is becoming a central instrument for health monitoring and the decentralisation of healthcare, as it seamlessly combines computational power with ubiquitous high-bandwidth connectivity, audio/video capturing, location awareness and multiple health sensors. Health apps transform a smartphone into diverse health diagnostic, monitoring, and therapeutic instruments, enabling a proactive approach to health management for individuals and health institutions. The convergence of health management and mobile computing brings society into a new highly-connected digital age, with healthcare transitioning from being predominantly provider-centric and clinical venue-based to being largely patient-centric, continuous, and predominantly remote. Currently, 1 in 5 mobile phone users globally have at least one health app installed, and that proportion is higher in developing nations, where greater smartphone penetration has followed the wider availability of mobile data networks. There is a wide variety of health apps, with the most common types focusing on fitness, diet and weight loss. However, the advent of mobile health (mHealth) technologies also brings substantial challenges. Data privacy is a critical concern, particularly for health apps that collect sensitive data and require extensive permissions. There are concerns regarding health inequalities as the digital advances could benefit mainly the most affluent individuals with low-disability lifestyles. Wearable technology is transforming health observation and the decentralisation of healthcare. The technology is now widely used, and accepted by patients, to passively and continuously monitor health states (Tahri Sqalli & Al-Thani, 2020).

8.3. Implications for Patient Care

Health practitioners play an important role in supporting patients in care, especially those living with complex health challenges. The results of the study suggest there is a spectrum of care supported by health practitioners, including co-creating solutions with patients and care teams, advocacy for patients, pointing patients to other avenues of help, and providing some consideration for the health need. There is also a range of interaction styles between health practitioners and patients, sometimes running on parallel tracks but often coming together to explicitly negotiate care outcomes. The models of health care are aligned to the patients' perspective, but the delicate balancing act results in care solutions that are sometimes vaguer than the original health need being addressed. Understanding this care support process from the practitioner's perspective could help to better navigate the patient and care team complex collaborative health interactions in the future (F. Sheridan et al., 2019). The implications for patient care that can be drawn from this study include the consideration of care outcomes beyond what can be captured by a single situation. In longitudinal care, the focus may shift between the crafting of care outcomes, and the mechanisms used to ensure coherence in patient and provider understanding of care outcomes across situations. This is particularly important in the case of complex health needs, which require multiple care outcomes to be co-created over numerous situations involving different practitioners and care team members. As part of this process, care outcomes may need to be articulated in different ways, to suit different health practitioner roles and patient understandings (Thiel de Bocanegra & Gany, 2004). For example, a patient may only want details of a medication change discussed with a doctor, even though a nurse also needs access to that information in order to implement the change. In this instance, a written note could be used, with the practitioner needing to ensure the patient understands that the note is how the care outcome will be communicated to both practitioners.

9. Mental Health Support for Patients

Health practitioners play a crucial role in navigating the challenges of various health conditions and diseases. Patients often experience fear, anxiety, and a sense of the unknown when facing illness. That’s where health practitioners step in to provide support, clarity, and reassurance regarding care plans and the next steps in the treatment process. Effective communication between health professionals and patients is essential for a successful health care plan. Patients should feel comfortable asking questions about their health, treatment, or medication. Health practitioners should take the time to explain each step of the process, ensuring that patients thoroughly understand the actions being taken for their care. Health practitioners recognize the importance of providing emotional support to patients as part of their care treatment. Patients may feel vulnerable, emotional, or anxious about their health and future, which can affect their mental state. To address this, health practitioners engage in conversations with patients, allowing them to express their feelings and concerns. Often, patients simply seek reassurance about their health, and health practitioners strive to provide that reassurance to the best of their abilities (Hughes et al., 2023). Through simple conversations or gestures of kindness, health practitioners aim to alleviate some of the emotional burdens patients may be experiencing.

9.1. Prevalence of Mental Health Issues

Mental health is a growing public health concern worldwide, from early childhood to old age. Many mental disorders first emerge during formative years. Depression, anxiety, and behavioral disorders in children and adolescents occur in 4-13% of any population. In the EU, an estimated 654,000 children and adolescents are affected by depressive disorders. Approximately 20% of children (one in five) in the UK suffer from a mental health issue (Gupta et al., 2017). Mental health problems in early years affect education, social skills, and physical health, impacting future employability and increased risk of mental disorders in adulthood (Gupta et al., 2018). Many adult mental health problems first emerge during adolescence. There are three inter-related dimensions of mental health problems in Europe that affect children and young people: the global financial crisis and austerity measures; the rise of new technologies; and the increase in migration and refugee movements.

9.2. Screening and Assessment

Underlying health conditions or changes to wellness can create fear and confusion, which can be compounded by the stresses of daily life, previous adverse experiences, and the perception of stigma regarding one’s ability to cope. Creating a safe space for screening and assessment provides an opportunity for health practitioners to hear patients, fully understand their needs, and support them in care (E. Brodar et al., 2023). Screening and assessment for health and care needs should occur as early as possible. Consideration should be given to addressing wider health and care needs, in addition to the patients’ immediate concern. Screening is often undertaken through structured questionnaires, which can then be assessed by health practitioners or other professionals. These can be tailored to address specific health or care concerns, or more broadly consider a range of different factors. Screening and assessment questionnaires should be adapted to suit patients' differing abilities with reading and writing, language, or other means of communication.

9.3. Treatment Options

HCPs typically provide a broad overview of the treatment options available. This helps to visualise and personalise the treatment approach (Powell et al., 2021). When discussing treatment options, it is important to ascertain the patient's understanding of, and perception regarding, the severity of their condition as well as what they expect from treatment. For example, some patients might feel that their condition is not serious enough to justify taking medication as intended, or they might think that the possible gains from treatment are limited. This is particularly important given that adherence to early treatment is central to improving long-term outcome for many conditions. Therefore, HCPs should communicate the potential treatment benefits (including what will happen if treatment is not taken) and relevant treatment timeframe (how soon benefits can be expected) in as straightforward a manner as possible.

10. Chronic Disease Management

Living healthily with a chronic disease relies on self-management, especially for older and multi-morbid patients. To help these patients take responsibility for their care, Canadian health regions have adopted a Chronic Disease Management (CDM) framework. The approach was implemented with the involvement of health care institutions, health regions, and policy makers. A qualitative study was conducted to explore the experiences of health care professionals who supported the implementation of CDM. In-depth interviews were carried out with health care professionals from eight community care facilities in one health region. The interviews were transcribed and thematically analyzed. Five main themes emerged regarding the accomplishment of CDM implementation: "Taking the initiative to engage," "Using attendance, acceptance, and adaptation strategies," "Acknowledging and addressing fragmentation," "Striving for a supportive environment," and "Recognition of impact rates and unintended consequences." CDM has been embedded in health professions and care practices. However, its conceptual integrity has become diluted due to the adjustment of CDM interventions to local contexts and needs, leading to unintended consequences.

Involvement in the design and implementation of CDM interventions helped professionals forge connections between CDM and their everyday care practices, which was vital for the success of health system changes. The rapid adjustments made by care practices to facilitate the implementation also highlight the system-level barriers surrounding CDM's articulation. To promote the successful implementation of health system changes, awareness of both the local efficacy and wider context and rationale of the concepts being changed is necessary in design and planning activities. In a health care system moving towards decentralization and community involvement, community-based health care professionals are crucial in designing and implementing new health system initiatives (F. Sheridan et al., 2019). However, such involvement risks eclipsing health system planners and designers, especially in evaluating the larger impacts of the changes. These findings contribute knowledge on care professionals' experience with implementing health system changes. Health care professionals interpret and infuse health system changes with meaning through their everyday care practices, which is essential for the success of the changes (Goodridge et al., 2019).

10.1. Common Chronic Conditions

In Australia, approximately 17% of the population experience one or more chronic conditions. Chronic illnesses lasting indefinitely pose a range of health challenges that require careful navigation. The most common chronic conditions include diabetes mellitus, chronic obstructive pulmonary disease, and congestive heart failure. Effectively managing chronic illness can be particularly difficult when one health condition exacerbates another. For people with co-morbid chronic illness, a greater number of care providers is often required to address multiple health issues. This involves increased access to healthcare, which can become overwhelming as patients juggle multiple appointments, test results, medications, and care plans (Jowsey et al., 2009).

Health practitioners play an important role in how patients negotiate their health challenges, ensuring that patients receive appropriate care. Patient and carer experiences with co-morbid chronic illness care reveal a number of common concerns regarding the effectiveness of patient health navigation, as well as the barriers to care that patients encounter. Health practitioners can help mitigate these concerns by providing patients with clearer care pathways and assisting them in prioritizing their health needs. Care co-ordination is paramount for effectively managing chronic conditions, particularly when patients are at risk of becoming overwhelmed by their care provider networks. Care providers should maintain an awareness of the wider support networks caring for the patient, including family members and other healthcare professionals.

10.2. Multidisciplinary Care Teams

Multidisciplinary care teams are groups of health practitioners from various professions who collaboratively work together to provide care for individual patients and client groups. These teams aim to provide effective, holistic care that addresses physical, emotional, psychological, social, and spiritual needs and promotes independent living (Thurgood, 1992). With the increasing complexity of health care, a single discipline's approach to patient care is insufficient. Multidisciplinary teams have evolved in response to this need, combining various health care professionals to offer integrated care for patients. They are generally accepted as an effective way to deliver health care, particularly for clients with increasingly complex needs (Meguid et al., 2015). Effective multidisciplinary teams require the implementation of cooperative teamwork across various professional health disciplines. This involves establishing shared protocols, identical record-keeping systems, and a clear understanding of each team's discipline-specific responsibilities. Poorly coordinated multidisciplinary teams can lead to increased workloads and stress for health care professionals and cause fragmentation of patient care. There is a common understanding that a multidisciplinary approach is necessary for patient care, but the complexities of this approach often lead to frustrated health care professionals and inadequate patient care. This may highlight the need for more awareness and understanding of the principles of conducting cooperative multidisciplinary treatment.

10.3. Self-Management Strategies

With the rapidly growing aging population and rising prevalence of chronic illnesses, self-management (SM) strategies become critical for achieving effective healthcare. SM in health describes the actions taken by patients to manage their health conditions, including medical adherence and lifestyle changes. Healthcare practitioners' roles in patients' SM are thus critical for effective chronic care services, especially in low-resource settings (Qiu et al., 2021). Based on qualitative interviews conducted with Chinese patients diagnosed with cardiovascular disease in a chronic care setting, this study navigates patients' perspectives on SM strategies and describes the health practitioners' supportive roles in care. Results show that patients were engaged in diverse SM strategies, focusing primarily on lifestyle adjustments, knowledge acquisition, and health monitoring. In addition, health practitioners' proactivity and professionalism were among the key supportive roles acknowledged by patients in care. These findings advance the understanding of health practitioners' roles in patients' SM from the care system perspectives and offer theoretical support for optimizing healthcare delivery in chronic care settings.

11. End-of-Life Care and Palliative Support

11.1. Philosophy of Palliative Care

11.2. Symptom Management

11.3. Family and Caregiver Support

12. Health Education and Promotion

Health education and promotion are essential elements of primary health care. Education is meant to provide the individual with information and options in order to make choices that improve health. People generally know what is healthy. However, implementation of changes in lifestyle or behavior is difficult. Some choices are not made even when the individual realizes it is a poor choice. Despite general knowledge about health and some willing people who want to change, the population still has difficulties (Farrell & of Lethbridge. Faculty of Education, 1996).

Furthermore, everyone is different. A lifestyle that is healthy for one person is not necessarily healthy for another. A change that is important for one person is of little concern for someone else. A successful way to promote health for one group of people could fail for another. Therefore, it is vital that the health care system provides different options for education and promotion. Some people might prefer group activities, while others need personal attention. Health education and promotion should be continuous activities. During childhood and youth, there are various opportunities in schools for health education and promotion.

12.1. Promoting Healthy Lifestyles

Health practitioners support patients as they navigate various health challenges. Commonly patients present concerns and encounters in relation to potentially challenging health situations such as poor health aspects, health risks, or newly diagnosed medical conditions. Patients seek support from health practitioners to care for and manage such health situations. This often includes providing information and ensuring a shared understanding of a patient's health concern or situation. In addition, options for care are discussed, and an agreed care plan is established and often implemented immediately. Most commonly, a patient's health concern and situation is unambiguous, and there is a need for care.

Patients may also want to discuss their health aspects and consider future care options although there is no perceived health challenge. Often this involves other than professional or personal support networks. In such situations, health practitioners may still be consulted. This includes situations where the consideration of a health aspect is still at an early stage of forming a concern or a want to care for health is absent although a potentially challenged health aspect is being observed. In these instances, health practitioners describe difficulties in ensuring a shared understanding of a situation and creating agency to act for care. These health encounters illustrate the importance of proactively seeking health care in relation possible health challenges through recognition or formation of concern and wanting to care (Grandes et al., 2008).

12.2. Preventive Health Measures

Preventive health measures are vital in today's society. Health practitioners continuously advise patients on how to avoid health risks and diseases. Patients are also encouraged to have regular screening tests and preventive examinations. Preventive care services are designed to help people maintain good health and avoid diseases and accidents. These services often include tests, vaccinations, and counseling on risk factors such as smoking and drinking. The goal is to identify and reduce risk factors and provide assistance in lifestyle changes to minimize the chances of illness. There are barriers that prevent patients from accessing these essential services as not all insurance plans pay for preventive services. Employers also play a role in restricting services because they have to pay for employees who miss work for preventive care appointments (AbdulRaheem, 2023). Health practitioners can play an important role in the prevention of diseases by increasing the demand and supply of preventive care services. Diseases and injuries account for the majority of deaths nationwide, and preventive services are available to help prevent many of these diseases. Preventive activities have been classified into 3 main classes: primary, secondary, and tertiary. The focus of primary prevention activities is to prevent the onset of diseases before they occur. Examples of primary preventive services include health education, immunization, and environmental alterations. Secondary prevention aims to detect a disease in an asymptomatic stage and prevent progression to symptomatic disease. Screening programs for hypertension could serve as an example of secondary prevention as they can reduce the incidence of stroke in individuals with hypertension. Tertiary prevention focuses on the care and rehabilitation of those who have developed an irreversible illness such as heart attacks or strokes.

12.3. Community Outreach Programs

Outreach programs are the foundation of community service delivery in health systems. However, the definitions of outreach range from broad to narrow concepts according to disciplines. In general, the broader definitions describe outreach as programs or services extended to the community outside an originating institution or base. The narrower definitions focus on specific activities such as education or information dissemination (Park & Park, 2021). In public health care, outreach refers to a service delivery strategy that links community-based needs directly with appropriate health services.

Community health outreach programs have gained attention as important strategies to improve access to health care services in various delivery models. In Australia, many service delivery models have been applied to improve access to health-care services in rural and remote areas. One of the unique models is health outreach that utilizes a combination of community health centers and outreach programs. Health outreach programs target specific population groups in the community with particular needs and provide a range of services off-site through temporary clinics or visiting health professionals. The concept of health outreach programs has been adopted in many countries and applied to various public health issues from childhood immunization to mental health.

13. Research and Evidence-Based Practice

Research often identifies gaps in practice, which can create yet more challenges for practitioners. Qualitative studies have found that health practitioners working on the frontline of care are often frustrated by patient expectations that are unrealistic given the state of current health knowledge (E van Bekkum & Hilton, 2013). Experiencing negative health outcomes can create a vulnerability in patients, who want quick fixes to complex problems. Nevertheless, health practitioners develop strategies for managing such expectations, drawing on their professional training and experience, and on wider social and family support networks. But there is still much frustration felt by practitioners when they aren't able to help patients as fully as they might like.

There is no one size fits all solution. Each case is unique, and successful navigation depends on each individual patient's and practitioner's capability to adapt and learn, exploring the complexity of their interactions. However, the need for coherent and publicly accessible evidence-based strategies is clear. To this end, research findings in this area hope to inform policy makers and health educators about the need for educational interventions, which should be proactive and preventative rather than reactive, to better equip patients and practitioners to deal with the complex social, emotional and epidemiological challenges they face.

13.1. The Role of Research in Healthcare

As healthcare systems evolve, it becomes essential to better understand the health practitioners' role in research within their organization. In particular, perspectives from health managers and providers involved in a complex intervention research project in primary care are explored. The research examined the role, interactions, and challenges of health practitioners in conducting research in their organizations. Implementation research involves designing and testing strategies to promote the uptake of evidence-based interventions in specific settings (A. Wozniak et al., 2016). Having those who deliver care be involved in the research process is essential. The training and background of health practitioners can and do inform the research's effectiveness, relevance, and implementation feasibility.

Data from interviews with healthcare providers and managers indicate that having health practitioners involved in research is crucial to the intervention's success. Healthcare providers believed it was their responsibility to act on research evidence. Presumably, interventions shown to be effective in one setting would be better than usual care in similar settings. However, there is role conflict because that obligation entails intervening in patient care, requiring adjustments to current care delivery. Healthcare providers were concerned about the vulnerability of certain patient populations, which amplified their sense of obligation to intervene but also made them more cautious about the intervention and research processes. As healthcare providers have a responsibility to care for patients, requiring them to recruit control group patients to an intervention was perceived to compromise care.

13.2. Implementing Evidence-Based Practices

Health practitioners work within a regulatory framework that articulates professional responsibilities and patient entitlements. Patients are entitled to receive care that reflects current evidence and best practice. Health authorities are held accountable for the practice of health care practitioners and are required to ensure that policies and processes are in place to support the provision of evidence-based health care. The successful translation of evidence into practice is a challenge facing all health care systems. Translation of evidence into practice involves in-depth consideration of the specific local context and recognition that a 'one-size-fits-all' approach will not succeed. Implementation strategies must be tailored to address the barriers to change that are specific to the local context. Likewise, in recognition of the different cultures that exist in different countries, care needs to be taken that implementation strategies developed in one country are not directly imposed on another context (Muchiteni, 2007). Implementation plans that take into account local context and culture will have the greatest chance of success. The health care systems of many countries have persistent gaps between what is known and what is done. The systematic use of evidence in practice is essential for the delivery of high-quality health care; however, despite extensive investment in the generation of health research evidence, treatment gaps have been widely documented. Many patients do not receive appropriate care and are excluded from effective interventions, resulting in poorer health outcomes. Furthermore, many patients receive inappropriate care that is unnecessary and potentially harmful. The failure to translate evidence into practice has led to inefficiencies in health care systems and a waste of resources. Quality of care can be improved by incorporating the best available evidence into practice.

13.3. Challenges in Translating Research into Practice

Health practitioners play a pivotal role in supporting patients to navigate health challenges. With the rising complexity of personal health conditions and health systems, patients often find themselves overwhelmed and confused. Health practitioners, therefore, need to critically reflect on how they support patients in care (Furler et al., 2015). This reflection encourages exploration of the underlying philosophy of care and considerations taken into account to provide effective support. Four practitioners working in diverse care settings share their approaches and experiences in supporting patients, emphasizing that care is best manifested in a supportive, collaborative partnership between patient and health practitioners.

Despite ongoing efforts, translating research into practice continues to be a challenging task across health settings. Practitioners share insights from their experiences with complex care and highlight the support needed for patients to navigate and engage with their care. A common theme is the recognition of care complexity, which requires patients and health practitioners to work together as co-creators of understanding, responses, and skills to negotiate care challenges. Care encounters are seen as places to actively create care rather than just deliver it. The need for significant support is also evident, as patients do not passively engage in care; instead, they navigate new and complex personal and systemic challenges. There is a parallel journey taken by health practitioners, wherein they assess, experiment with, and negotiate new care approaches. The importance of developing clear and ongoing supportive partnerships between patients and health practitioners is recognized as an effective way to think through and respond to care challenges together.

14. Professional Development for Health Practitioners

New social and health challenges, demographic change, and scientific and technological progress, as well as the firmament of new special fields and disciplines, forge nowadays a constant change for and within health care. Development, and thus professionalism, of health occupations are on the one hand a consequence of this change, on the other hand they are important for shaping the future. Health practitioners have a decisive role in learning and health care. Hence it becomes important to scrutinize how health care practitioners experience the professional development of their occupation in health care or learning health systems, how they understand their role in this development, and how they shape it.

Illness, and especially chronic illness, comes along with complex challenges in life. Often, care for one’s health must be reorganized and new abilities for self-care and self-management must be acquired. During this process health practitioners are at the side of the patients and support them with their knowledge, abilities and skills in care for health or learning health systems. This involvement shapes the development of professionalism of specific health occupations. The focus of this research interest is on the professional development of health occupations involved in learning health systems from the perspective of care practitioners. What is in common across different health occupations and what is specific? How do health occupations professionalize, adapted to the local context, the care for learning health systems and thus shape the future of health systems? Four focus groups with a total of 25 health care practitioners from four different health occupations (dietician, physiotherapy, speech therapy, health care psychology) were conducted. These four health occupations represent one health care provider in one federal state in Germany, accentuating the impact of local contexts in shaping professionalism (Kilbertus et al., 2020).

14.1. Continuing Education Requirements

Practitioner continuing education (CE) requirements are typically mandated by each state before health practitioners can practice in that state and as a condition of license renewal. CE is one of the primary means by which practitioners acquire needed or desired skills and knowledge, as well as maintain and enhance proficiency in practice. Additionally, CE is regarded as a mechanism for assuring the public that health practitioners are competent and capable of providing safe, effective care. States often use professional organizations as a means of assuring that CE is delivered effectively and efficiently. Health professions encounter changing knowledge, technologies, and practices, thus requiring health practitioners to acquire new or different skills and understandings. Health practitioners are also expected to maintain and enhance proficiency in care areas that are more stable or established (Konstantinides, 2010).

At the same time, there is a shared understanding among health and non-health CE stakeholders that many CE systems fail to address important health challenges. Some CE-accrediting agencies have made attempts to meet these challenges, but these efforts have been hampered by limitations in their ability to monitor or regulate the activities of CE providers and the CE-related conduct of practitioners. Moreover, continuing education (CE) is depicted as a safeguard against health practitioner incompetency and a means of educating practitioners regarding emerging technologies, disease states, and changes in the practice of care (M. Dale et al., 2023). CE systems are expected to support health practitioners in the acquisition of needed or desired skills and knowledge, as well as the maintenance and enhancement of proficiency in care.

14.2. Skills Development Workshops

In response to the growing need for health practitioners to support patients with health challenges, a series of skills development workshops were designed and implemented. These workshops focused on the skills needed to enhance patient understanding of their health challenges and care options, in order to empower patients and enable shared decision making in care. The workshops included a mixture of presentations and interactive small group discussions, using anonymized case studies to encourage participants to share experiences and discuss challenges in care. Feedback from participants highlighted the relevance of the topics discussed and the value of the interactive teaching methods used during the workshops.

Workshops on enhancing patient understanding of test results and risk information were developed for health care scientists and biomedical scientists. Participants in the workshops were involved in the development and delivery of the workshops and thus were key contributors to the workshop objectives and structure. To ensure the workshops remained relevant to the target audience, participants were asked to indicate their preferred approach for the development of future workshops. Participants found the highly interactive format of the workshops, which included discussion of anonymized case studies, to be the most useful element of the workshops.

14.3. Mentorship and Peer Support

In order to navigate health challenges successfully, it is critical that health practitioners with relevant experience and knowledge are accessible to patients and their caregivers. A variety of avenues may be used to create such opportunities for connection and engagement. For example, peer mentors have become increasingly available in many health contexts to support patient learning and adjustment. Peer mentoring relationships can vary widely in how they are organized and implemented. This can include arrangements that are quite informal and social, as well as highly structured programs coordinated by an organization. Such programs might match participants based on specific characteristics, such as diagnosis or demographics, or they might create opportunities for group mentoring or education (Cree-Green et al., 2020).

A recent study considering peer mentorship in the context of chronic kidney disease (CKD) highlighted a number of elements relevant to the design and management of effective peer programs (J Elliott et al., 2022). Participants articulated an evolving set of peer support needs often shaped by individual and contextual factors. This necessitated access to varied peer mentors who possessed diverse experiences yet could also relate to patients on certain key levels. Programs that offer connections to multiple mentors with differing backgrounds and modalities appeared to best serve the needs of patients and caregivers faced with CKD. They also emphasized the importance of ensuring mentors with varied experiences, including those who transitioned away from a modality, as well as the need for caregiver-focused support.

15. Conclusion and Future Directions

In summary, healthcare providers play a crucial role in helping patients navigate the complexities of health challenges. By employing a range of strategies, including building rapport and trust, providing information and education, promoting self-management, collaborating with informal carers, and advocating for patients, providers can empower patients to take an active role in their care. It is important for providers to understand the patient perspective and the factors that shape patient-provider interactions in order to strengthen collaboration and improve health outcomes (N. Bosire et al., 2020). As health challenges increasingly affect multiple aspects of life, efforts should be made to widen and deepen understanding of how providers support patients in health care. Further research is needed to explore the range of strategies used by providers in different care contexts and how patient and provider perspectives shape and negotiate these strategies. By addressing these questions, new insights can be gained into how to strengthen patient-provider collaboration and improve the effectiveness of care.

15.1. Key Findings and Recommendations

It was found that patients experience health challenges across several domains, with many issues clustering around the social determinants of health and other non-clinical needs. Care provider actions to support patients typically occur within a health system context, shaped by system rules, boundaries, and a patient’s relationship with their care provider. Patients value care provider actions that address a range of clinical and non-clinical needs within a trusting relationship. In turn, trusted relationships improve patient self-management, which is important for effective chronic disease management and is increasingly emphasized in health policies (F. Sheridan et al., 2019). Health providers face challenges in addressing patients’ non-clinical needs. Actions to support non-clinical needs often require inter-agency collaboration beyond the health system, which providers find difficult and time-consuming without readily available options or tools.

Several recommendations for policy, practice, and further research were made. Health policies should recognize the interconnectedness of clinical and non-clinical health needs and enable providers to address both. Community-based resources and services should be better integrated with health services. Examine the feasibility of inter-agency arrangements that facilitate collaboration among care providers from different sectors. In research, there is a need to better understand provider perspectives on system complexities and the boundaries that affect relationships with patients and decision-making regarding care actions (Lafortune et al., 2015).

15.2. Implications for Practice

Health practitioners must ensure the care they provide is relevant to the needs of the patient and takes into consideration the context in which the patient feels comfortable receiving care (F. Sheridan et al., 2019). An integrative approach should be enacted that highlights the patient's knowledge and experience of their health condition. It should also take into account the influence of health practitioners' own personal and professional contexts and experiences in navigating care, ensuring that care decisions are made collaboratively. The importance of self-management is highlighted, with a number of different ways it can occur in practice. It may be an explicit part of the care plan, a series of tasks taken on by the patient that are secondary to the main treatment, incidental or unintended. A number of different strategies and forms of support are also identified, including active listening, negotiation of roles, clarification and personalisation of plans, encouragement, education, and the provision of resources.

15.3. Areas for Further Research

There are areas which could be developed further. It was not always clear how the health needs of the patients were identified, particularly in far view cases. More attention could be paid to describing strategies in care planning (A. Wozniak et al., 2016). If a patient needs to increase independence, there should be reference to how this will be done and also what would constitute a success. The goal is not clear in care plans. If a patient is to be referred to other services, this should be stated specifically rather than saying there is an agreement to check whether other services are required (E van Bekkum & Hilton, 2013). There is only one general care plan for COPD cases with no differentiation for patients in early stages of the disease. There is a good description of how the evaluation of the care is documented by the health practitioners although it might be useful to describe how these records are used in practice. There is also no description of how much importance is attached to documenting the patient's own views in the evaluation records.

It would be useful to know more about how confidentiality is maintained. It is mentioned that patient records can only be accessed by those involved in care but what safeguards are in place to maintain this? It would be useful to have a better understanding of access for services outside the core team. Also, when services were accessed outside the core team, how did the health practitioners ensure that care was co-ordinated between the teams? There is a thorough description of how the service meets patients' rights and a useful patient information sheet, although a reference would be helpful. When considering patients' rights, it would be useful to more explicitly mention how the patient's right to self-determination is maintained. The only mention of this is in relation to questioning if a patient is able to make choices about their care. It would be useful to know what training health practitioners have in relation to the ethical considerations in care.

16. Conclusion

Over the past two decades, the growing burden of chronic disease, rising health costs, and ageing populations in many countries have led to health systems reform, with a strong emphasis on integrated care. Patients are at the centre of reform initiatives to improve the quality of care, and many health systems are developing policies, supports, and strategies to help patients actively engage in their care (F. Sheridan et al., 2019). Self-management support is a key component of chronic disease management in many countries and is often viewed as a way to support patients while managing scarce health resources. However, providing care to patients with health challenges is often complex. While health practitioners in various roles support patients in self-management, not all patient and health practitioner interactions are recognised as care. Findings presented in this article provide insight into how health practitioners navigate care with patients and how these interactions can be both supportive and challenging.

Nevertheless, although the emphasis on reforming health systems is becoming increasingly global, the ways in which care is enacted and understood are influenced by local context. The importance of care relations and care arrangements is evident in understandings of self-management support in both New Zealand and Canada. However, how these interactions are enacted and understood varies within the different jurisdictional, organisational, and professional boundaries in which health and social care is provided. As many countries implement similar reforms, it is critical to explore how local contexts shape care with patients, as well as possible implications for policy and practice.

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