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## Patient and Family Engagement in Developing Countries: Evidence from Botswana.

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P427

Interpretation of ratings: 1.00-2.99 =Low engagement; 3.00-3.99=Moderate engagement; 4.00-5.00=High engagement

### Introduction

- The purpose of this study was to assess the views of patients and family members in Botswana, regarding the state of Patient and Family Engagement (PFE) by health providers, which is considered crucial to the improvment of patient safety in health facilities.

### Methods

A total of 384 patients and family members were recruited from 25 health facilities, using exit interview and convenient sampling techniques.

Questionnaire, developed from the PFE domain of the WHO Global Patient Safety Action Plan (2021-2030), was used to conduct the survey.

Descriptive statistics, correlation and multiple regression were used to analyse the data.

### Results

PFE were assessed using five domains, including Engagement of Patients and Families in Co-Development of Policies, Learning from Patients Experience, Building the Capacity of Patient Advocates and Champions in Patient Safety, Ensuring Openness and Transparency Throughout Health Care, and Providing Information and Education to Patients and Families.

The mean rating of two domains were low. These include Engagement of Patients and Families in Co-Development of Policies (M=2.90) and Building the Capacity of Patient Advocates and Champions in Patient Safety (M=2.68). The remaining three domains had moderate ratings, ranging from M=3.20 to M=3.63. Overall PFE mean was moderate (M= 3.13).

| Domains/Indicators                                                | N   | Min | Max | Mean | Std. Dev. | Rating |
|-------------------------------------------------------------------|-----|-----|-----|------|-----------|--------|
| Engagement of patients and families in co-development of policies |     |     |     |      |           |        |
| 1. Patient representatives included in policy committees          | 121 | 1   | 5   | 2.70 | 1.209     | Low    |
| 2. Patients and families (P&F) involved in facilities assessment  | 181 | 1   | 5   | 2.99 | 1.271     | Low    |
| 3. Patient representatives appointed to management boards         | 104 | 1   | 5   | 2.62 | 1.152     | Low    |
| 4. Patient rights charter includes safe care as a key component   | 218 | 1   | 5   | 3.28 | 1.263     | Mod.   |
| Average                                                           |     |     |     | 2.90 |           | Low    |
| Learning from patient experiences to improve patient safety       |     |     |     |      |           |        |
| 5. Mechanisms for P&F feedback on safety and quality services     | 294 | 1   | 5   | 3.43 | 1.153     | Mod.   |
| 6. Initiatives to document patients' experiences of harm          | 275 | 1   | 5   | 3.19 | 1.186     | Mod.   |
| 7. Patient-reported experiences shared with all relevant people   | 247 | 1   | 5   | 2.98 | 1.154     | Low    |
| Average                                                           |     |     |     | 3.2  |           | Mod.   |

| Domains/Indicators                                                         | N   | Min | Max | Mean | Std. Dev. | Rating |
|----------------------------------------------------------------------------|-----|-----|-----|------|-----------|--------|
| Building the capacity of patient advocates and champions in patient safety |     |     |     |      |           |        |
| 8. Patients views elicited in the provision of safe care                   | 291 | 1   | 5   | 3.39 | 1.194     | Mod.   |
| 9. Patient champions available to advocate for PS & QC                     | 133 | 1   | 5   | 2.73 | 1.116     | Low    |
| 10. Training programmes to train patient champions                         | 152 | 1   | 5   | 2.02 | 1.095     | Low    |
| 11. Patient champions participate in patient safety events                 | 109 | 1   | 5   | 2.57 | 1.150     | Low    |
| Average                                                                    |     |     |     | 2.68 |           | Low    |
| Ensuring openness and transparency throughout health care                  |     |     |     |      |           |        |
| 12. Consent always obtained from P&F before procedures                     | 311 | 1   | 5   | 4.04 | .870      | High   |
| 13. Patients have access to medical records when necessary                 | 261 | 1   | 5   | 3.56 | 1.174     | Mod.   |
| 14. Procedures in place to disclose adverse events to P&F                  | 226 | 1   | 5   | 3.34 | 1.121     | Mod.   |
| 15. Psychological support to P&F with serious harm                         | 263 | 1   | 5   | 3.56 | 1.177     | Mod.   |
| Average                                                                    |     |     |     | 3.63 |           | Mod.   |

| Domains/Indicators                                                          | N   | Min | Max | Mean | Std. Dev. | Rating |
|-----------------------------------------------------------------------------|-----|-----|-----|------|-----------|--------|
| Provide information and education to patients and families and empower them |     |     |     |      |           |        |
| 16. Regular awareness creation and training on PS issues                    | 242 | 1   | 5   | 3.27 | 1.265     | Mod.   |
| 17. Information about services made known to P&F                            | 267 | 1   | 5   | 3.48 | 1.148     | Mod.   |
| 18. P&F actively participate in decisions about their care                  | 271 | 1   | 5   | 3.68 | 1.014     | Mod.   |
| 19. Digital technologies used to engage P&F in safe care                    | 228 | 1   | 5   | 2.58 | 1.283     | Low    |
| Average                                                                     |     |     |     | 3.25 |           | Mod.   |
| Overall Patient and Family Engagement                                       |     |     |     |      | 3.13      | Mod.   |

### Results

Pearson correlation showed a positive and weak correlation between Engagement of Patients and Families in Co-Development of Policies and patient safety/quality of care ( $r=.231$ ); and Building the Capacity of Patient Advocates and Champions in Patient Safety and patient safety/quality of care ( $r=.288$ ). The remaining three domains had moderately strong positive correlation with patient safety/quality of care, ranging from  $r=.346$  -  $.447$ . Overall PFE had a weak positive correlation with patient safety/quality of care ( $r=.263$ ). At the multivariate level, multiple linear regression analysis showed that Overall PFE was a significant predictor of patient safety/quality of care ( $p<.016$ ,  $B=.361$ ), holding socio-demographic variables constant.

### Conclusion

Overall, patients and families are moderately engaged in Botswana, yet it is a significant predictor of patient safety and quality of care. The findings have implications for other developing countries and justify the premium placed by WHO in making PFE one of the seven strategic objectives of the WHO Global Patient Safety Action Plan (2021-2030).

### References

James, J., Patient engagement. Health Affairs Health Policy Brief, 2013. 14(10.1377).