Do clinical staff activate patients? The relationship between Clinician Support for Patient Activation and the Patient Activation Measure in In-centre haemodialysis patients.

Mrs Maria Keriakos[1], Professor Martin Wilkie[1], Mrs Sonia Lee[1], Doctor Steve Ariss[3], Mrs Rachel Gair[2], Ms Catherine Stannard[2], Doctor James Fotheringham[1]

[1]Sheffield Kidney Institute, Sheffield, United Kingdom, [2]Think Kidneys, Bristol, United Kingdom, [3]University of Sheffield, Sheffield, United Kingdom

Introduction: Self-management in dialysis care has been associated with better outcomes but can be challenging for patients. A patient's knowledge, skills and confidence to self-manage their health is measured by the Patient Activation Measure (PAM). It is assumed that staff require positive beliefs and attitudes towards patient self-management and this is measured by the Clinician Support for Patient Activation Measure (CSPAM). How haemodialysis staff's CSPAM scores are associated with their patients' PAM scores has not previously been described.

Methods: Prevalent haemodialysis patients from 7 UK renal centres completed Your Health Survey Think Kidneys questionnaires including symptoms (POS-S Renal), quality of life (EQ-5D-5L), health literacy, use of PatientView, PAM and participation in dialysis treatment tasks as part of SHAREHD quality improvement collaborative (Wave 3). At least 10 staff members from within these units completed CSPAM questionnaires in an ethically approved study. Higher PAM and CSPAM scores reflect greater patient ability to self-manage and greater staff support for patient self-management respectively. The above patient-level characteristics and centre-level CSPAM scores were used in univariate and multivariate linear regression analyses to predict patient-level PAM scores.

Results: 283 PAM questionnaires and 89 CSPAM staff questionnaires were analysed across 7 centres representing 14 units. Some variation in CSPAM score across unit was observed (P=0.097) but not with PAM score (P=0.706). Median PAM score was 53.2, with 23% in level 1. In univariate analyses, higher PAM scores were significantly associated with being under 50 years of age (P=0.015), more health literate, having better mobility and self-care (all P<0.001) and lower symptom severity for a range of symptoms including itching, pain, difficulty sleeping, changes in skin and anxiety (all P<0.05). Contrastingly, the presence of weakness was associated with a significantly higher PAM score (P=0.043). Median CSPAM score was 72.6 overall, with 43.8% in the highest level. CSPAM score varied significantly by staff type (P<0.001). When adjusting for patient-level characteristics with a P value <0.1 in univariate analyses, increasing centre mean CSPAM score by 1% resulted in a non-significant 0.1% increase in PAM score (95% confidence interval: -0.3% to 0.6%, P=0.521). Increasing the proportion of staff in the centre with a low CSPAM score by 10% resulted in a non-significant 2.7% decrease in PAM score (95% confidence interval: -10.9% to 5.5%, P=0.518). These associations were similar when limited to CSPAM results from dialysis nurses and healthcare assistants, see figure.

Conclusions: Despite accounting for patient-level characteristics and stratifying by staff type, there does not appear to be a statistically significant or clinically meaningful cross-sectional relationship between centre CSPAM and the PAM scores of haemodialysis patients dialysing within these centres. These findings and existing literature support a hypothesis that underlying patient information-seeking behaviours and attitudes to clinical consultations influence patient activation rather than staff beliefs1.