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Channeling healing energy: Encouraging active patient participation in their care, Part seven

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Narrative abstract: Medicine, oncology, and nursing all are exploring the concept of stimulating active patient participation in their health care. A doctor's involvement will need to be flexible and accommodating to the patient's individual preferences in order to maximise the benefits of their participation on health outcomes.

While Chiropractors are not psychotherapists they can help guide a patient to consider psychotherapeutic care when it appears that there is a relationship between a patient's physical presentation and their emotional stressors. Before we can attempt to influence our patients we need to gain their trust as well as lead by example. If we personally don't have healthy lifestyle choices and behave in emotionally balanced ways it can adversely affect the advice we might share with our patients.

As healthcare providers we need to see ourselves as partners in our patient's health. We need to meet our patients on their path and walk with them side by side.

Indexing terms: Chiropractic; chiropractor; active patient participation; healing energy.

Introduction

Chiropractors, like most healthcare practitioners, encounter patients with a myriad of expectations when they present for care. Generally active versus passive patient participation isn't a 'black or white' issue but one that has gradations of both characteristics. Traditionally, the patient preferring passive care will want to go to the doctor's office, receive care, and then not expect to be a participant in their recovery. Patients with a different perspective expect to be an active participant in their care and will follow the doctor's instructions, welcoming the feeling of being empowered by contributing to their healthcare outcome.

> *'... We need at all times to focus on our patient's best interests, have a patient-centred practice, ...and build trust by using sensitive honesty, caring communication, and achieve our highest level of competence ...'*

The personality of patients

In over 40 years of chiropractic practice I have seen many different patient personalities. There is a tendency to notice the patient that follows through with my suggestions regarding regularity of care, ergonomic and lifestyle modifications, and therapeutic behaviours and exercise. This was recently characterised by teaching a patient some specific exercises for his body to deal with his chronic myofascial kinematic pattern imbalance. When he returned for care he was remarkably better. I

asked him how he was doing with my recommendations of ergonomic modifications and therapeutic exercises. He replied that he was doing it all '*religiously*', after all he said '*I want to get better*'.

I stepped back a bit in my mind and wondered '*How could I encourage other patients to behave similarly*'? I asked the patient about this and he emphatically responded '*Why would anyone go to the doctor to be helped and not follow their instructions*'? He was visibly flabbergasted that anyone might go to the doctor and not be an active participant in their recovery. While his comment, to me, was quite on point and accurate it also brought up that rarely was his perspective the typical case for me.

Chiropractic is not the only profession that deals with this consideration. Medicine, (1, 2) oncology, (3) and nursing (4) all are exploring the concept of stimulating active patient participation in their health care. Arora and McHorney (1) note that while a majority of patients prefer to delegate decision making to physicians, preferences vary significantly by patient characteristics. A doctor's involvement will need to be flexible and accommodating to the patient's individual preferences in order to maximise the benefits of their participation on health outcomes. (1)

Seeking active patient participation

While stimulating active patient participation lays a foundation for greater success, few clinicians receive training in responding to differing communication styles in their patients that might challenge optimal treatment decision making. (3) One aspect of encouraging active patient participation was discussed in a study by Sahlsten et al. They suggested that supporting patient participation in their health care can be defined as establishing a relationship between the physician and patient, a surrendering of some power or control by the provider, sharing information and knowledge, and active engagement together in intellectual and/or physical activities. (4)

Street and Millay (2) point out that, that patients who actively participate in their care feel empowered and experience better results than the passive patient. Patients who are active participants are associated with being more satisfied with their health care, receive more patient-centred care (e.g., information, support) from providers, are more committed to treatment regimens, and have a stronger sense of control over their health. (2)

Chiropractors often discuss concepts of active and passive patient participation by referring to patient-centred care, treatment of low back pain, and patients performing therapeutic exercises. For instance Stillman and Harman (5) illustrate that '*the positive effects of passive therapies typically are transient, so providing patients with reassurance combined with active self-management strategies (e.g., exercise) is recommended*'. Along with active self-management strategies the doctor should also be considering possible psychosocial contributions to the diagnosis and treatment of chronic low back pain. (5)

Stuber (6) discussed the value of patient-centred chiropractic care for chronic musculoskeletal conditions and his study found that '*patients with chronic musculoskeletal conditions are highly satisfied with the care that they received from their chiropractors and it incorporates numerous elements of patient-centred care including a close therapeutic relationship, shared decision making and individualised treatment plans tailored to their specific context*'. (6) A follow up study by Stuber et al (7) emphasised that '*the management of chronic health conditions increasingly requires an organised, coordinated, and patient-centred approach to care*'. (7)

A study by Gemmell and Miller (8) looking into patient-centred chiropractic care discussed how it '*involves an equitable relationship between the patient and the clinician*'. (8) The basis of decision-making within this relationship should be based on clinical evidence and '*what is best for the individual patient*'. (8) Their study attempted to '*demonstrate how development of patient-centred care in clinical practice can be beneficial to both clinician and patient by allowing the former to influence, rather than control, behaviour and to develop a two-way partnership*'. (8)

So how we communicate with our patients and understand psychosocial factors might be a window into how to support and encourage active participation. Nyiendo found that the chiropractic encounter may help improve patient motivation, leading to better coping abilities, less pain, and

better disability outcomes. Like Stillman and Harman, (5) Nyiendo emphasised that the physician needs to understand, respect, and capitalise on their role to help influence a patient's psychosocial factors. Through this awareness she believes that all physicians can '*become more effective healers and counsellors for their patients with back pain*'. (9)

When a physician attempts to encourage active patient participation this may not only help a patient reduce their musculoskeletal pain but also help improve their quality of life. (10) By looking beyond musculoskeletal pain chiropractors can use their close patient rapport, often associated with touch (11), to help guide their patient towards healthy life style choices. (12, 13, 14, 15, 16) Healthy lifestyle choices may be dietary modifications needed for patients dealing with obesity, coping with inflammatory syndromes, minimising cardiovascular complications and others. In some cases a change in diet can be crucial when co-treating a patient with an allied allopath who is contemplating reducing medications in lieu of less risky dietary modifications and/or nutritional supplementations.

When discussing dietary modifications I find it often triggering for a patient emotionally so I try not to focus on a patient's obesity or weight, but prefer to discuss their situation by focusing on an anti-inflammatory diet (17) and how this can contribute to reducing their pain and discomfort. I attempt to have the patient limit their sugar intake, reduce simple carbohydrates intake and processed foods, and focus on foods that may both help them reduce inflammation and ultimately weight at the same time.

Discussing the impact of stress with a patient

Some patients may not be aware of how stress in their life may have an adverse affect on their health. While chiropractors are not psychotherapists they can help guide a patient to consider psychotherapeutic care when it appears that there is a relationship between a patient's physical presentation and their emotional stressors. Often I find patients are resistant to considering seeking psychotherapeutic care for fear I am minimising and possibly dismissing their pain so I sometimes make my suggestion as follows:

> *'The relationship between muscle tension and body pain can sometimes be related to what is taking place within our psychological states and emotions. Sometimes the level of pain and discomfort we feel can affect us emotionally and sometimes what we are feeling emotionally can affect how we feel in our body. It may be of value to seek some psychotherapeutic care to investigate if this might be contributing to your condition.'*

We obviously would prefer our patients to be active participants in their health by making regular preventative maintenance chiropractic office visits, similarly to getting their teeth cleaned at least twice a year. This also goes for having our patient following our recommendations on ergonomic choices, therapeutic exercises, and possibly dietary modifications. Yet the reality is that some patients don't have '*active participation*' on their '*menu*', so we need to work with what they are willing to do.

It is important not to judge patients that just want to come in for care and expect the doctor to be responsible for their health. However it is always a good idea to share with them an alternative perspective. With patients that are determined to be passive with their care, I may share a story such as:

> *'The reality is that the choices you make for your body are your choices and I will do what I can to help you in any way that I can. But I have found over my years in practice that patients that do take responsibility for their body and are actively involved with their care tend to do much better and need much less care. Still this is your choice and I will respect what you feel you can and cannot do'.*

Following this initial story if the patient seems to be open to the possibility of being an active participant with their care, I may take this story a bit further, such as:

> 'Sometimes it is helpful to imagine how we might behave if we were given a car when we were of driving age and told this is the only car we could ever have or drive in. We would be allowed to service the car and change its tires but if and when the outer body or internal workings of the car break down that would mean the rest of your life you would not have access to driving in a car. (In Los Angeles, California, where I am located, this is a fairly powerful thing for a patient to consider). I then say *'With this in mind how do you think you would care for your car? Then imagine that you are only given one body for a lifetime. Wouldn't your body deserve that same type of attention'?*

I was discussing with a patient how unusual it was for me to work with him, since he did everything I asked him to do and sought care on a regular interval, which for him was once every 1-2 months. He looked at me confused and asked me '*I don't understand why wouldn't everyone want to do what is best for their body to help them stay healthy*'?

How do we encourage our patients to consider being active participants and making optimal choices in their preventative and maintenance chiropractic care?

The importance of trust

Empathy, compassion, (18) and trust are key components of any therapeutic relationship and are clearly related with treatment satisfaction. '*Patients with high levels of trust in their healthcare providers report more beneficial heath behaviours, fewer symptoms, and a higher quality of life*'. (19) Furthermore Connell and Bainbridge found in the patients they surveyed the importance of honesty, communication, and perceived competence in building patient doctor trust. (19) Understandably before we can attempt to influence our patients we need to gain their trust as well as lead by example. If we personally don't have healthy lifestyle choices and behave in emotionally balanced ways it can adversely affect the advice we might share with our patients.

When I have a patient that is particularly resistant to guidance and recommendations it can be particularly challenging when they blame me for their limited response to the care. Sometimes I will sit them down and tell them we need to have a serious discussion about their health and choices. A conversation might go something like this:

> 'When a patient tells me that they want to feel better I tend to pay less attention to their words and more to their behaviour and actions. In simple terms I see patients as having a conscious and unconscious mind and when these act in congruence with their words that is when I feel they are functioning in the healthiest way. However when a patient tells me that they want to feel better '*more than anything*', yet don't follow through with their care at my office or with ergonomic advice, home exercises, or lifestyle recommendations, then I feel something is wrong. If their behaviour is not consistent with getting better that is when we need to step back and reconsider what that patient really wants'.

I then stop, let what I said sink in, and allow silence to guide any further conversation.

Another method of attempting to reach a patient and encourage them to be active in their personal healthcare might be with a method called '*motivational interviewing*'. Motivational interviewing is '*a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion*'. (20)

The development of motivational interviewing was first discussed in the *Journal of Behavioural and Cognitive Psychotherapy* in 1983, and is now a method widespread throughout many professions, nations and languages. (21) Motivational interviewing has been found helpful to improve healthy lifestyle stage behaviours in older adults (22), helping patients deal with hypertension (23), and helping '*patients adopt and maintain positive health behaviours, such as improving diet or initiating exercise*'. (24)

Motivational interviewing

Ideally motivational interviewing could be taught effectively in chiropractic colleges via adaptations to motivational interviewing with a variety of teaching approaches (25). Cole et al described that '*motivational interviewing involves four processes conducted in a climate of compassion, acceptance, partnership, and empowerment. First, engaging (or connecting) with patients uses the relational skills of active listening and empathic communication. Second, focusing elicits patients' full spectrum of concerns, expectations, and desires to negotiate a collaborative agenda. Third, evoking motivation, utilises uniquely innovative skills (e.g., softening sustain talk and cultivating change talk) to increase intrinsic motivation of patients with ambivalence (or resistance) to become more open to choosing healthier behaviours for themselves. Fourth, planning for change, uses collaborative goal-setting skills to help patients specify concrete action plans for health*.' (24)

The general consensus is that we want all our patients to be active participants in their healthcare journey. But sometimes a patient's desire to be passive or demonstrate resistance towards being an active participant might be seen as the patient having '*wisdom in resistance*'. (26) Hycner describes how we can speak of there being a wisdom to a patient's resistance '*if we conceptualise resistance as emerging at that point where the individual does not feel he or she has the internal support to deal with a threatening situation*'. (26) At that point, it may be '*wise to protect oneself, to throw up a wall to fend off what one is experiencing as a threat*'. (26)

As an example chiropractors might see patient resistance from a musculoskeletal viewpoint, such as with the patient with benign joint hypermobility syndrome or dealing with traumatic joint instability. In this instance sometimes muscle surrounding an unstable joint might tense in a splinting spasm to brace or support the joint. (27) Too much work to stretch or release this protective muscle spasm might actually destabilise the joint and the patient consciously or unconsciously might resist this type of care. So ideally we need to meet the patient where they are and while we prefer their active participation we need to acknowledge that sometimes there may be a reason why a patient is choosing the way they are navigating their healthcare options.

Conclusion

While healthcare providers are in business and have financial concerns and considerations, somehow we need to find a way to not have these concerns and considerations enter our doctor patient relationship. We need at all times to focus on our patient's best interests, have a patient-centred practice, understand the potential '*wisdom in resistance*', and with these concepts in mind build trust by using sensitive honesty, caring communication, and achieve our highest level of competence. With these ideas in the foreground we need to explore individually with each patient how we might best encourage and help them be active participants in their healthcare journey.

It is important to understand that as healthcare providers we need to see ourselves as partners in our patient's health. We need to meet our patients on their path and walk with them side by side.

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About

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Editor's note

This is the 7th paper in the series with the theme of Healing Energy. The previous papers are:

Blum CL. Channelling healing energy: Anatomical variants and our patients, Part six. URL Asia-Pac Chiropr J. 2024;4.4 apcj.net/Papers-Issue-4-4/#BlumHealingEnergy6

Blum JD, Blum CL. Channeling Healing Energy: Informed Consent is an ongoing process in Chiropractic encounters, Part Five. Asia-Pac Chiropr J. 2023;4.2 URL apcj.net/Papers-Issue-4-2/#BlumHealingEnergy5

Blum CL, Blum JD. Channelling healing energy: Awareness of Transference and Countertransference in the Chiropractic Clinical Encounter, Part four. URL Asia-Pac Chiropr J. 2023;4.1 URL apcj.net/Papers-Issue-4-1/#BlumHealingEnergy4

Blum C. Channeling healing energy: The power of touch in the chiropractic clinical encounter, Part three. URL Asia-Pac Chiropr J. 2023;3.3 URL apcj.net/Papers-Issue-3-4/#BlumHealingEnergy3

Blum C. Channeling healing energy: The power of words in the chiropractic clinical encounter, Part two. URL Asia-Pac Chiropr J. 2023;3.3 URL apcj.net/Papers-Issue-3-3/#BlumHealingEnergy2

Blum C. Channeling healing energy: The value of compassion in the chiropractic clinical setting. Part one. URL Asia-Pac Chiropr J. 2022;3.2. URL apcj.net/Papers-Issue-3-2/#CompassionCharlesBlum