Current Awareness Bulletin: Realistic Medicine

Issue 15

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Outcomes that matter to people

This section contains literature on Shared Decision Making and Personalised Approach to Care.

Bonnamy, J., et al. (2026) **''They Don't Know My Body': Health Consumer Recognition and Escalation of Acute Deterioration – a Systematic Review.'** ***BMJ Quality & Safety 35*****(11), 778–788.**
Context Health consumer escalation of acute deterioration response systems are now widely available to help facilitate early recognition and response to acute deterioration in hospitals. Yet, a systematic synthesis of the literature on the signs and symptoms that health consumers consider representative of acute deterioration and the reasons for escalation has not been conducted.Aims (1) To identify the signs and symptoms that health consumers recognise as indicative of acute deterioration, and (2) describe the reasons that health consumers activate acute deterioration response systems in hospitals.Methods A systematic review was undertaken, informed by the PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) statement and checklist. Five databases (Ovid Medline, Ovid Emcare, CINAHL Complete, Scopus and ProQuest Dissertations and Theses Global Database; January 2015–April 2025; English language) and Google Scholar were searched using a registered search strategy. Screening was undertaken in Covidence with all study designs that met the inclusion criteria included. The MMAT (Mixed-Methods Appraisal Tool) was applied to evaluate study quality. A convergent integrative synthesis was undertaken, incorporating thematic analysis.Results From 947 unique titles/abstracts and 27 full-text articles, 14 studies met the inclusion criteria. Health consumers can identify a variety of physiological, cognitive, behavioural and functional changes indicative of acute deterioration. Health consumers activate acute deterioration response systems for four reasons: (1) reassurance, (2) reassessment, (3) re-establishing control and (4) recognition and respect.Conclusions Health consumers' ability to recognise acute deterioration varies, from clear, specific signs and symptoms to a non-specific sense that something is wrong. Health consumers activate acute deterioration response systems for multiple reasons.PROSPERO registration number CRD420251013545.Data are available upon reasonable request.

Briar, G. P. D., and Consedine, N. S. (2026) **'It's More than Warm Communication: A Pre-Registered Analysis of Patient's Compassion Priorities.'** ***Journal of Patient Experience 13*****, 23743735261461887.**
Background Compassion is central to healthcare and linked to better outcomes for patients and providers. Past studies have employed small, clinically-specific samples and qualitative designs, producing a characterisation of compassion emphasising communicative and affective elements. What compassion ?looks like? in primary care remains unclear.Objective Quantify how doctor behaviours are seen as signalling compassion to primary care patients, consider questions of structure and the possibility that different behaviours might be more or less central to the experience of provider compassion in different groups.Methods A pre-registered, anonymous, online, survey design recruited 513 patients from the general population. Participants provided demographic and health data before rating behaviours in terms of their importance to compassion.Results Structural analyses revealed three

elements to compassionate behaviour: ?Attentively Diagnoses, Treats, and Refers?, ?Positive and Reassuring Communication?, and ?Attends to Concerns and Preferences?. Exploratory analyses suggested M?ori and male patients saw affective and health deliverables as less important, older and/or preoccupied patients prioritised reassuring communication, and Asian and male patients saw inclusive care and tailored treatment as more important.Conclusion Consistent with theory, these data suggest that compassion is more than warm or supportive communication but it also involves concrete actions to alleviate suffering; different patient groups may vary in their preferences.; Background Compassion is central to healthcare and linked to better outcomes for patients and providers. Past studies have employed small, clinically-specific samples and qualitative designs, producing a characterisation of compassion emphasising communicative and affective elements. What compassion ?looks like? in primary care remains unclear.Objective Quantify how doctor behaviours are seen as signalling compassion to primary care patients, consider questions of structure and the possibility that different behaviours might be more or less central to the experience of provider compassion in different groups.Methods A pre-registered, anonymous, online, survey design recruited 513 patients from the general population. Participants provided demographic and health data before rating behaviours in terms of their importance to compassion.Results Structural analyses revealed three elements to compassionate behaviour: ?Attentively Diagnoses, Treats, and Refers?, ?Positive and Reassuring Communication?, and ?Attends to Concerns and Preferences?. Exploratory analyses suggested M?ori and male patients saw affective and health deliverables as less important, older and/or preoccupied patients prioritised reassuring communication, and Asian and male patients saw inclusive care and tailored treatment as more important.Conclusion Consistent with theory, these data suggest that compassion is more than warm or supportive communication but it also involves concrete actions to alleviate suffering; different patient groups may vary in their preferences.

Cao, Y., et al. (2026) **'The Quantitative Analysis of Patients' Dignity and Privacy Needs in Anesthesia Nursing Services Based on the Kano and SERVQUAL Models.'** ***Risk Management and Healthcare Policy 19*****, 1–14.**

Patients undergoing pulmonary anesthesia face dignity and privacy threats due to intraoperative positioning, unconsciousness, and postoperative discomfort. Existing studies focus mainly on technical safety, lacking systematic investigation from the patient's perspective. This neglect may lead to patient dissatisfaction and ethical concerns. To identify patients' dignity and privacy needs, evaluate service quality gaps, and prioritize improvement targets in pulmonary anesthesia nursing using an integrated Kano-SERVQUAL framework. A cross-sectional survey was conducted between March and September 2025 among patients undergoing pulmonary resection under general anesthesia in five tertiary hospitals in China. A 25-item questionnaire based on the Kano and SERVQUAL models was developed to assess dignity- and privacy-related service needs. Kano attribute classification, Better-Worse coefficient analysis, SERVQUAL gap analysis, and integrated quadrant analysis were performed. A total of 423 valid questionnaires were analyzed. Patients' dignity- and privacy-related needs showed a clear hierarchical structure, with informed consent, confidentiality protection, professional competence, and body privacy

identified as fundamental requirements. Significant gaps were observed between patients' expectations and perceived service experiences, particularly in the domains of assurance and empathy. The integrated Kano-SERVQUAL analysis identified informed consent, privacy protection, responsiveness to patient concerns, professional competence, and respectful communication as the highest-priority areas for improvement. Patients undergoing pulmonary anesthesia place substantial importance on dignity and privacy protection, yet important service gaps remain. This study is among the first to integrate Kano-based need hierarchy analysis with SERVQUAL service quality assessment in pulmonary anesthesia nursing, enabling simultaneous evaluation of patient priorities and service deficiencies. The proposed framework offers a practical and evidence-based strategy for prioritizing patient-centered quality improvement and resource allocation in perioperative anesthesia care.

Chan, T. A., et al. (2026) **'Frameworks for Action: A Scoping Review of Organisational Patient Engagement Models in Healthcare.'** ***The International Journal of Health Planning and Management 41*****(5), 1054–1070.**

Objective Patient engagement (PE) is recognised as a key pillar of healthcare planning and delivery. However, there is a limited understanding of recent evidence-based organisational frameworks supporting PE; this gap can impact the uptake, implementation, and spread of PE efforts across healthcare organisations. Our study aims to identify and describe frameworks for PE applicable at an organisational level in academic literature. Methods Our scoping review applied Arksey and O'Malley's five-stage methodology and included an optional sixth stage of community consultation. Four databases (MEDLINE, CINAHL, Cochrane Library, and Embase) were searched between 2014 and 2024. Included articles were double-extracted and coded for synthesis using data tables. Results Out of 7870 total studies yielded by the search, 13 studies from North America, Europe, and Australia met inclusion criteria. Our study identified 11 organisational PE frameworks with varying structure and complexity. While no unifying PE model emerged, many frameworks conceptualised engagement on a continuum. Frameworks were predominantly hospital-based, and many did not provide in-depth theoretical underpinnings nor reported patient contributions towards development. Conclusions By synthesising the available evidence, this review provides insights for healthcare organisations seeking tools to systematically strengthen their PE initiatives. Conceptualising engagement on a continuum may offer a pragmatic approach to scaling PE institution-wide. Future framework development should focus on tailoring evidence-based frameworks to their organisational context, and integrate vital components such as health equity, theoretical foundations, and impact indicators. Emerging organisational frameworks should aim to be adaptable, inclusive, and reflective of diverse patient experiences. Highlights Literature on organisational-level PE frameworks remains limited in volume, theoretical foundations and development involving patients Existing frameworks are largely hospital-based, potentially posing challenges for adoption and/or adaptation in community-based healthcare sectors such as homecare Conceptualising engagement through a continuum may provide healthcare leaders with a scalable and flexible approach to enabling institutional PE As no one-size-fits-all model for

organisational PE currently exists, emerging organisational PE frameworks should be meaningfully co-designed to reflect an institution's unique priorities, activities, and patient experiences

Duncan, L., et al. (2026) 'Patient-Reported Outcome Measures (PROMs) of Treatment Burden in Long-Term Conditions: A Scoping Review.' ***Journal of Patient-Reported Outcomes***
Treatment burden is the workload of healthcare and self-management and the impact of this workload on patient functioning and wellbeing. Treatment burden can lead to poorer outcomes in people with long-term conditions. The aims of this review are to identify and describe existing treatment burden patient-reported outcome measures (PROMs), explore their psychometric properties, and to compare frequency and predictors of treatment burden and associations with health outcomes.

Fariman, S., et al. (2026) 'An Umbrella Review of Patient-Reported Shared Decision-Making Instruments: Developing a Contemporary Model of the Shared Decision-Making Process.' ***Patient Education and Counseling 150*, 109716.**
Objective Shared decision making (SDM) can be conceptualized as observable communication behaviors that foster collaborative decision making. We aimed to develop a compendium of patient-reported SDM instruments and characterize the communication behaviors assessed by them. We then used the identified behaviors to develop a contemporary integrative model of the SDM process. Methods PubMed, Embase, Cochrane Library, and CINAHL were systematically searched through July 2024. Published reviews of SDM instruments were eligible if they included instruments without context restrictions and were available as full text in English, supplemented by a primary search since the last review for potential instruments not included in reviews. Instruments were eligible if they were patient-reported and included at least one item assessing a SDM communication behavior. All items from the included instruments were extracted verbatim and directed content analysis was used to code for SDM communication behaviors. Results Of 1049 records, 14 reviews underwent full-text assessment, and 9 were included (2007–2021), collectively identifying 98 unique instruments. Twenty-one patient-reported instruments met inclusion criteria, comprising 283 items. Nineteen instruments measured information exchange communication behaviors, including creating choice awareness (n = 8), sharing information and discussing options (n = 12), eliciting and integrating patient preferences (n = 19), and discussing choice enactment (n = 8). Eighteen instruments measured relationship building communication behaviors separately from information exchange, including partnership building (n = 17) and rapport building (n = 6). Sixteen spanned both informational and relational domains, and none contained at least one item measuring all six domains. Conclusions This review provides a compendium of patient-reported SDM process instruments to support selection of measures aligned with specific conceptual, practice, and research needs. Drawing from the communication behaviors represented in existing instruments, we propose a contemporary integrative model of the SDM process. Practice implications To comprehensively conceptualize and measure the SDM process, measurement instruments need to consider both information exchange and relationship building communication behaviors.

He, L., et al. (2026) **'Implementation of Patient-Reported Outcome Measures in Oncology Practice: A Communication-Centered Qualitative Study on Patient and Healthcare Professional Perspectives.'** ***Quality of Life Research 35*****(9), 267.**
Patient-reported outcome measures (PROMs) are increasingly used in oncology to support patient-centered care, yet their implementation in routine practice remains inconsistent. Using a communication-centered perspective which conceptualizes PROMs implementation as a process of meaning exchange between patients, clinicians, and implementation staff, this study examined PROMs implementation as a multi-stage process and explored how it unfolds in real-life oncology care, drawing on both patient and healthcare professional perspectives.

Mahmood, A., et al. (2026) **'Patient-Centered Communication and Psychological Well-being among Patients with Chronic Medical Conditions.'** ***Journal of Communication in Healthcare 19*****(3), 183–194.**
Chronic medical conditions (CCs) are the leading causes of morbidity and mortality in the U.S. Patients with CCs often experience anxiety, depression, and other mental or emotional health problems. Although patient-centered communication (PCC) practice may address mental health needs through opportunities for emotional expression, reassurance, and support, there is limited evidence on the effects of PCC on the psychological well-being of patients with CCs. Pooled cross-sectional data were extracted from the U.S. National Cancer Institute?s Health Information National Trends Survey (HINTS5; Cycles 1?4; 2017?2020) for 9,199 respondents (≥18 years, reported ≥1 CC, non-Hispanic White?=?65.7%). PCC was measured on a composite score scale (0?100). Psychological distress (anxiety and depression) was assessed using the Patient Health Questionnaire-4 (PHQ-4). We performed multivariable logistic regressions to investigate associations between PCC and psychological distress. Nearly 20.4% of the patients experienced clinically significant anxiety, and 18.0% experienced depressive symptoms. With each additional unit increase on the PCC score scale, the odds of experiencing anxiety (aOR?=?0.992; 95% CI: 0.986, 0.998) and depression (aOR?=?0.989; 95% CI: 0.984, 0.995) decreased by approximately 1%. Our findings revealed that enhanced PCC is associated with reduced odds of anxiety and depression among patients with CCs. Integrating holistic care models will be crucial to addressing the complex needs of patients with CCs. Policymakers and healthcare providers could expand training programs to strengthen PCC skills and potentially enhance the mental well-being of patients with chronic medical conditions. This study examines the potential impacts of patient-centered communication (PCC) on mental health among patients with chronic disease. Analyzing data obtained from a U.S. national survey, the findings demonstrate that improved PCC is associated with lower levels of anxiety and depression. This suggests that healthcare providers? active engagement and more effective communication with patients can potentially improve their mental health and well-being. The findings highlight the importance of training healthcare providers in PCC practice to enhance the overall care and mental health of patients with chronic disease. Additionally, this research advocates implementing patient-centered, holistic care models to address both the physical and mental health needs of patients with chronic disease.

Neal, D. P., et al. (2026) 'Interventions that Strengthen the Patient-Clinician Relationship Improve Healthcare Outcomes: An Updated Systematic Review and Meta-Analysis.' ***Patient Education and Counseling 150*, 109699.**

Objectives This review updates a prior meta-analysis which suggested that clinician-focused interventions that strengthen the patient-clinician relationship improve healthcare outcomes. It also extends the previous meta-analysis with additional moderator and sensitivity analyses. Methods This pre-registered systematic review (PROSPERO CRD42024554571) followed PRISMA guidelines. We searched Medline and EMBASE for randomized controlled trials published from November 2012 to June 2024, which compared any clinician-focused intervention to strengthen patient-clinician relationships with controls. Eligible outcomes were objective or validated subjective measures of physical health, health related quality of life, or healthcare resource use. Two investigators completed data extraction, and risk of bias assessment using the RoB2 tool. Random effects meta-analyses were performed. Standardized mean differences (SMDs) and 95% confidence intervals (CIs) were reported. Potential moderators investigated were intervention type, review wave (original vs. update), and trial duration. Results Twenty-eight randomized controlled trials (original review = 13, newly added = 15) comprising 18,046 patients met inclusion criteria. Interventions to improve the patient-clinician relationship were superior to attention-matched controls across a variety of healthcare outcomes (SMD = 0.223, 95% CI: 0.071–0.376, p = 0.004). High heterogeneity was present (Q(27) = 526.43, p < .001; I^2 = 94.9%), including an important outlier, and GRADE assessment showed certainty of evidence was low. Moderator analyses showed no significant effects. Conclusion Interventions that strengthen patient-clinician relationships have small but significant effects on healthcare outcomes. Although heterogeneity between included studies is a limitation, the effect cannot be ascribed to differences in consultation duration or frequency, and the effect is observed across multiple clinical settings and health conditions. Practice implications Health care professionals should embrace existing interventions, including training and resources, that have been shown to strengthen patient-clinician relationships. Health systems should support large-scale implementation of such interventions, not only to improve satisfaction but to achieve better healthcare outcomes.

Rasmussen, L. G., et al. (2026) 'Adapting Social Prescribing to Groups in Vulnerable Situations: A Multi-National Co-Creation Study.' ***BMC Public Health***

Stevens, S. K., et al. (2026) 'Interrupting with Care: Empathic Redirection in Clinical Conversations as a Patient-Centered Communication Strategy.' ***Journal of Patient Experience 13*, 23743735261500347.**

Patient-centered communication emphasizes empathy, reflective listening, and open exploration. However, clinicians may perceive a conversation as increasingly repetitive, tangential, or distress-amplifying and be uncertain about how to redirect it. Empathic redirection is defined as a deliberate communication strategy developed and taught at Mayo Clinic in which a clinician respectfully interrupts, demonstrates understanding, and collaboratively redirects conversation toward a shared goal. Existing

research has largely examined premature interruption of patients? opening statements. This literature cautions against interrupting before patients have had an opportunity to express their concerns, but less attention has been given to how clinicians can respectfully redirect conversation after sufficient listening has occurred and a change in conversational direction is judged to be appropriate. Drawing on Motivational Interviewing (MI), reflective listening, agenda-setting, interruption research, and literature on rumination, this paper describes a five-part approach: orient attention, ask permission, reflect, legitimize when appropriate, and redirect toward a shared goal. Empathic redirection is presented as a practice-informed, theoretically grounded communication framework whose effects require empirical evaluation.; Patient-centered communication emphasizes empathy, reflective listening, and open exploration. However, clinicians may perceive a conversation as increasingly repetitive, tangential, or distress-amplifying and be uncertain about how to redirect it. Empathic redirection is defined as a deliberate communication strategy developed and taught at Mayo Clinic in which a clinician respectfully interrupts, demonstrates understanding, and collaboratively redirects conversation toward a shared goal. Existing research has largely examined premature interruption of patients? opening statements. This literature cautions against interrupting before patients have had an opportunity to express their concerns, but less attention has been given to how clinicians can respectfully redirect conversation after sufficient listening has occurred and a change in conversational direction is judged to be appropriate. Drawing on Motivational Interviewing (MI), reflective listening, agenda-setting, interruption research, and literature on rumination, this paper describes a five-part approach: orient attention, ask permission, reflect, legitimize when appropriate, and redirect toward a shared goal. Empathic redirection is presented as a practice-informed, theoretically grounded communication framework whose effects require empirical evaluation.

Valderas, J. M., et al. (2026) **'International Survey of People Living with Chronic Conditions: Development and Evaluation of the PaRIS Patient Questionnaire (PaRIS-PQ) in 18 Countries.'** ***BMJ Quality & Safety 35*****(10), 687–697.**

Background The Patient Reported Indicator Surveys (PaRIS) initiative of the Organisation for Economic Co-operation and Development aimed to develop a valid and reliable instrument for self-reported assessment of health outcomes and experiences in primary and ambulatory care for people living with chronic conditions. This paper reports on the development and evaluation of the PaRIS Patient Questionnaire (PaRIS-PQ) in an 18-country field trial.Methods Following systematic reviews of instruments measuring core domains in the PaRIS conceptual framework (outcomes, experiences, health and healthcare capabilities and health behaviours), four instruments for each domain were shortlisted, and their psychometric performance was assessed using the Evaluating the Measurement of Patient-Reported Outcomes tool. In a modified Delphi procedure, one instrument was selected for each domain, along with additional relevant items. The preliminary English questionnaire was translated and cognitively tested. Psychometric evaluation was conducted on field trial data at item (missingness, distribution, ceiling/floor effects) and scale level (reliability, structure, construct validity).Findings 217 instruments were identified measuring one or more of the domains of the conceptual framework.

Following mapping and prioritisation, the first draft of the PaRIS-PQ included 118 items. In the field trial (18 countries, 10 894 patients) median completion time ranged 24–33 minutes. PaRIS-PQ performed well at item and scale level. Reliability was ≥0.70 for most relevant measures at patient level, but not at practice and country level. Validity was adequate overall. Removal of additional items (3) resulted in the final PaRIS-PQ (115 items).Interpretation PaRIS-PQ demonstrates adequate psychometric performance for measuring experiences and outcomes of primary care for people living with chronic conditions. The instrument facilitates the collection of essential information for health policy and systems decision-making.Data are available upon reasonable request.

Åhlund, K., et al. (2026) **'Frail Older Adults' Challenges in using Telehealth Services: A Scoping Review.'** ***Digital Health 12*****, 20552076261479799.**
Telehealth is increasingly used to expand access to healthcare, but rapid digitalization risks exacerbating exclusion among frail older adults, who often face intersecting limitations related to health, resources, and digital competence. As this group frequently has complex care needs, mapping their experiences is essential to ensure equitable access to digital care. The aim was to map the challenges frail older adults experience when using telehealth services. This scoping review followed Arksey and O'Malley's framework and PRISMA-ScR guidelines. PubMed, CINAHL, Scopus, and Web of Science were searched for peer-reviewed empirical studies published in English (January 2015-June 2026). Studies were included if they addressed relevant challenges from the perspectives of frail older adults or those with multimorbidity, disability, cognitive impairment, or dependency. Data were charted and analyzed narratively. Of 7200 studies identified, 22 were included. All of them used qualitative methods and were conducted in Europe, North America, and Asia; only four applied formal frailty assessments. Five domains were identified: 1) digital accessibility, 2) digital skills, 3) health status, 4) digital support, and 5) financial resources. As frail older adults face multiple, interconnected challenges to telehealth use, including technological and environmental constraints, limited digital competence, health-related impairments, insufficient support, and financial challenges, services should be designed to align with their needs and life circumstances. Accessible design, structured support, affordable connectivity, and active involvement of frail older adults are essential to ensure equitable and inclusive digital healthcare.

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Optimising use of health and care resources

This section contains literature on Reducing Harm and Waste and Reducing Unwarranted Variation.

Alfayez, A., et al. (2026) 'Exploring the Accuracy of Near-Miss Reporting: A Mixed-Methods Study.' ***Journal of Patient Safety 22*(5), 349–356.**

Berdahl, C. T., et al. (2026) 'A Framework to Characterize the Costs of Delayed Diagnoses.' ***The Joint Commission Journal on Quality and Patient Safety 52*(10), 512–522.**
Background Delays in diagnosis are emotionally and financially impactful for patients and families, the healthcare system, and society, yet the true costs of delayed diagnoses have been inadequately characterized. The authors sought to establish a framework characterizing the costs of delayed diagnoses that could be used by diverse stakeholders. Methods The researchers used a three-phase process: (1) a preparatory phase deploying an expert advisory group to establish conditions of interest, (2) a qualitative information-gathering phase to ensure that multiple perspectives informed the initial framework, and (3) a refinement phase to integrate stakeholder input and test the framework against clinical scenarios. Results The multilevel framework delineates five domains of costs attributable to delayed diagnoses: direct, indirect, opportunity, long-term disability, and intangible costs. Challenges in cost measurement include varying costs across insurance type and healthcare systems; determination of whether and how long a diagnosis is delayed; a paucity of usable data sources, and considerations that affect cost and cost interpretation on a case-by-case basis, including conditions that resolve without diagnosis or treatment. Intangible costs are important to patients but pose challenges for measurement. Conclusion This framework allows users to identify, organize, and estimate the total costs of delayed diagnoses through a comprehensive accounting of costs that are often overlooked in analyses of diagnostic delays. It allows for estimations of costs depending on the user's goals and data availability, reinforcing its flexibility across users and uses. Future work is needed to develop usable data sources to characterize costs attributable to diagnostic delays.

Espinosa, O., et al. (2026) 'Economic Evaluations of Healthcare Technologies that Incorporate Artificial Intelligence in Radiology: A Systematic Review.' ***Cost Effectiveness and Resource Allocation***

Kurtz, C., et al. (2026) 'Toward Inclusive Healthy Ageing: A Systematic Review of Equity in Healthy Ageing Interventions.' ***International Journal for Equity in Health 25*(1), 198.**
Background Health inequities arising from social determinants such as income, education, gender, and socioeconomic status profoundly affect disease burden and ageing outcomes. Despite global efforts to promote equitable healthy ageing, substantial gaps remain. This systematic review examined how

equity-related factors, defined by the PROGRESS framework: Place of residence, Race/ethnicity, Occupation, Gender/sex, Religion, Education, Socioeconomic status, and Social capital, are incorporated into evaluations of healthy ageing interventions and how outcomes vary across these dimensions. Methods PubMed, Embase, and Scopus were searched from database inception through August 12, 2024, for quantitative evaluations of healthy ageing interventions. Results Of 5,892 screened studies, 66 met inclusion criteria, most published after 2018 and involving older adults (mean age 71.4 years). The most frequently reported PROGRESS factors were gender/sex (N = 66, 100%), education (N = 49, 74%), and race/ethnicity (N = 38, 58%). Twenty-five studies (38%) reported PROGRESS-related data without analysing outcomes by PROGRESS factors, whereas 41 studies (62%) analysed intervention outcomes by at least one PROGRESS dimension. Across 254 extracted outcome results, 98 (38.6%) suggested decreased inequity, 146 (57.5%) were non-significant, and 10 (3.9%) suggested increased inequity. Physical activity interventions were the most frequently studied and showed the largest number of favourable findings, whereas social connectedness interventions showed the highest proportion of unfavourable outcomes. Intersectional analyses were rare, and only six studies examined more than one PROGRESS dimension jointly. Conclusions Equity considerations are increasingly present but remain inconsistently integrated into healthy ageing intervention research. Greater attention to underrepresented PROGRESS dimensions, improving standardised equity reporting, and expanding intersectional analyses is needed to ensure interventions contribute to reducing, rather than reinforcing, inequities. Registration The protocol was registered with PROSPERO (CRD42024585709) before the final search.

Mohammadian, H., et al. (2026) **'Exploring the use of Digital and Paper-Based Patient-Held Medication Lists to Improve Medication Adherence and Health Outcomes in Polypharmacy: A Scoping Review.'** ***Digital Health 12*****, 20552076261451983.**

Medication non-adherence is a major global healthcare challenge, particularly among adults with polypharmacy. Patient-held medication lists (PHMLs) may empower patients and support better medication adherence. To systematically map existing literature on the impact of PHMLs on adherence, clinical outcomes, patient satisfaction, and adverse drug reactions (ADRs) among adults with polypharmacy. This scoping review followed the Joanna Briggs Institute (JBI) methodology and PRISMA-ScR guidelines. Three databases were searched (PubMed, Embase, and ProQuest) between 2010 and March 2025. Eligible studies included adults with polypharmacy, evaluating PHMLs in any healthcare setting, and reporting at least one outcome of interest. Thirteen studies were included. Three of seven showed significant improvement in adherence, and two of four reported better glycemic control, improved lipid profiles, or a reduction in hospitalization rates. Patient satisfaction improved in all seven studies assessing it. Three of five studies found significant reductions in medication errors and serious side effects. PHMLs show promise in improving adherence, satisfaction, selected clinical outcomes, and medication safety in polypharmacy, despite mixed results. Further research should assess long-term impacts and scalable implementation.

Niosco, C., et al. (2026) 'Incidence of and Risk Factors for Repeat Adverse Drug Events: A Systematic Review.' ***Journal of Patient Safety 22*(5), 418–432.**

Oto, T., et al. (2026) 'Understanding Inpatient Falls from the Patient Perspective Across the Hospitalisation Trajectory: A Systematic Review and Qualitative Meta-Synthesis.' ***Journal of Patient Experience 13*, 23743735261501645.**
Inpatient falls remain a major patient safety concern; yet, existing research has rarely examined fall-related factors from the hospitalised patients? perspective. Understanding how patients perceive and experience falls is essential for developing effective prevention strategies. This study systematically synthesised qualitative evidence on fall-related factors based on patients? lived experiences during hospitalisation. A comprehensive search was conducted on PubMed, Cochrane Library, and Web of Science. The analysis identified six themes: risk-recognition factors, learning factors, physical factors, psychological factors, environmental factors, and unknown reasons for falls. A temporal pattern emerged across the hospitalisation trajectory: (1) ?readaptation to the body and environment?, (2) ?expansion of autonomy accompanying recovery?, and (3) ?fatigue associated with rehabilitation training?. Furthermore, the findings suggested that falls in the hospital are not merely accidental physical incidents, but they may occur as patients attempt to re-evaluate their altered physical functions and adapt to them within the unfamiliar hospital environment. These findings highlight the requirement for a patient-centred approach to fall prevention that considers these changes during patients? recovery and adaptation to the hospital environment.; Inpatient falls remain a major patient safety concern; yet, existing research has rarely examined fall-related factors from the hospitalised patients? perspective. Understanding how patients perceive and experience falls is essential for developing effective prevention strategies. This study systematically synthesised qualitative evidence on fall-related factors based on patients? lived experiences during hospitalisation. A comprehensive search was conducted on PubMed, Cochrane Library, and Web of Science. The analysis identified six themes: risk-recognition factors, learning factors, physical factors, psychological factors, environmental factors, and unknown reasons for falls. A temporal pattern emerged across the hospitalisation trajectory: (1) ?readaptation to the body and environment?, (2) ?expansion of autonomy accompanying recovery?, and (3) ?fatigue associated with rehabilitation training?. Furthermore, the findings suggested that falls in the hospital are not merely accidental physical incidents, but they may occur as patients attempt to re-evaluate their altered physical functions and adapt to them within the unfamiliar hospital environment. These findings highlight the requirement for a patient-centred approach to fall prevention that considers these changes during patients? recovery and adaptation to the hospital environment.

Sahye-Pudaruth, S., et al. (2026) 'Assessing the Fidelity of Health Coaching for Adults with Or at Risk of Developing Type 2 Diabetes: A Scoping Review.' ***Patient Education and Counseling 151*, 109768.**
Objective The objective of this scoping review is to identify tools used to assess fidelity of health coaching for adults with or at risk of developing type 2 diabetes (T2D). Methods We searched electronic databases, including MEDLINE, Embase, Emcare and PsycINFO. We included studies that reported data on health coaching components and tools used to measure fidelity of health coaching for adults with or

at risk of developing T2D. Results We identified 4796 citations through our database and manual searches, with 15 studies meeting our inclusion criteria. The most common fidelity assessment tools were checklists (n = 12; 80%), either adapted from existing tools or newly developed, with only 33.3% being validated (n = 4). Conclusion This review highlighted a lack of validated and standardized tools used to measure health coaching fidelity, raising concerns about validity and reliability of the findings. Future research is needed to support the development of validated tools and facilitate the standardization of health coaching delivery. Practice implications Researchers and health care practitioners will gain valuable insights from our scoping review as it provides a comprehensive overview of health coaching fidelity tools. This is timely as health coaching is emerging as an effective strategy for supporting patients in adopting and sustaining healthy behaviours.

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Contributing to a more sustainable health and care system

This section contains literature on Managing Risk Better and Becoming Improvers and Innovators.

Ana, R. N., et al. (2026) **'Environmentally Sustainable Primary Care: Systemic Barriers, Enablers and Stakeholder-Informed Solutions for a Net Zero NHS.'** ***Health Serv Insights 19*****, 11786329261488705.** Introduction Climate change poses a major threat to health and health systems. General practices in England urgently require context-sensitive strategies to become environmentally sustainable in line with the United Kingdom?s (UK) National Health Service (NHS) net zero 2040 goal.Objective To explore systemic barriers, enablers, and feasible solutions for decarbonising general practice in England through stakeholder engagement and knowledge mobilisation, using a systems thinking approach.Design We conducted a qualitative knowledge mobilisation workshop involving 15 stakeholders, including general practitioners, commissioners, policymakers, and public contributors. The workshop was structured to uncover multi-level insights and elicit and synthesise stakeholder perspectives on context-sensitive strategies for environmentally sustainable primary care.Methods Workshop data included audio recordings, rapporteur summaries, and observational notes across three decarbonisation domains and thematic discussion groups: travel, estates and operations, and procurement and supply chains. Framework analysis guided the synthesis across five levels of systemic intervention: structural elements, feedback and delays, system structure, goals, and paradigm.Results Participants identified accountability gaps, policy fragmentation, and perceived tensions between sustainability and care delivery as systemic barriers. Key enablers included leadership engagement, peer learning platforms, integrated urban-health planning, and co-benefit framing. Feasible solutions ranged from emissions tracking tools to paradigm-level redefinitions of general practice?s purpose. Cross-cutting insights emphasised the need to embed equity, scenario planning, and patient voice into all stages of system

change.Conclusions Decarbonisation of general practice cannot be achieved through technical interventions alone. A systems thinking lens reveals that meaningful and equitable progress requires change at deeper structural and normative levels. The stakeholder-generated recommendations from this study outline one strategic roadmap for the NHS general practice to operationalise net zero ambitions while reinforcing the values of high-quality, community-centred care. These findings reflect stakeholder perceptions elicited in a single workshop, rather than an empirical systems analysis, and should be interpreted accordingly.; Introduction Climate change poses a major threat to health and health systems. General practices in England urgently require context-sensitive strategies to become environmentally sustainable in line with the United Kingdom?s (UK) National Health Service (NHS) net zero 2040 goal.Objective To explore systemic barriers, enablers, and feasible solutions for decarbonising general practice in England through stakeholder engagement and knowledge mobilisation, using a systems thinking approach.Design We conducted a qualitative knowledge mobilisation workshop involving 15 stakeholders, including general practitioners, commissioners, policymakers, and public contributors. The workshop was structured to uncover multi-level insights and elicit and synthesise stakeholder perspectives on context-sensitive strategies for environmentally sustainable primary care.Methods Workshop data included audio recordings, rapporteur summaries, and observational notes across three decarbonisation domains and thematic discussion groups: travel, estates and operations, and procurement and supply chains. Framework analysis guided the synthesis across five levels of systemic intervention: structural elements, feedback and delays, system structure, goals, and paradigm.Results Participants identified accountability gaps, policy fragmentation, and perceived tensions between sustainability and care delivery as systemic barriers. Key enablers included leadership engagement, peer learning platforms, integrated urban-health planning, and co-benefit framing. Feasible solutions ranged from emissions tracking tools to paradigm-level redefinitions of general practice?s purpose. Cross-cutting insights emphasised the need to embed equity, scenario planning, and patient voice into all stages of system change.Conclusions Decarbonisation of general practice cannot be achieved through technical interventions alone. A systems thinking lens reveals that meaningful and equitable progress requires change at deeper structural and normative levels. The stakeholder-generated recommendations from this study outline one strategic roadmap for the NHS general practice to operationalise net zero ambitions while reinforcing the values of high-quality, community-centred care. These findings reflect stakeholder perceptions elicited in a single workshop, rather than an empirical systems analysis, and should be interpreted accordingly.

Bird, M.et al. (2026) ***Harnessing Potential: A Systematic Investigation of how and Why Learning Happens in a Health System*****. Wiley.**

Background: The ability to learn is central to innovation and performance across industries, and it is the hallmark feature of the rapidly growing movement toward Learning Health Systems. While learning drivers-such as experimentation, risk-taking, participative decision-making, dialogue, and interaction with the external environment-are well defined, they have received little attention in healthcare contexts. Aim: This study explored the nature of organizational learning within Trillium Health Partners (THP), one

of Canada's largest community-based teaching hospital systems. Methods: Formal leaders at THP completed the Organizational Learning Capability instrument. A latent profile analysis identified the number and nature of distinct learning profiles. Semi-structured interviews were conducted to develop an empirically grounded explanation of how organizational learning drivers interact to enable-or constrain-learning within the organization. Results: Of 334 eligible leaders, 231 responded to the survey, and 141 provided sufficient data for inclusion in the analyses. Latent Profile Analysis identified two distinct learning profiles: one with relatively higher perceived learning capability and another with relatively lower perceived capability. Interviews with leaders (n = 12) from both groups described how theoretical factors that influence organizational learning manifest to drive (or derail) learning in practice. Conclusion: Our systematic investigation into how and why learning occurs within a large community hospital system may support other healthcare systems in developing programs that foster the learning necessary to develop and implement innovative delivery models at scale.

Bradley, C., et al. (2026) **'Learning Collaboratives as a Community-Organizing Strategy to Improve Heart Health.'** ***Preventing Chronic Disease 23*, E35.**
Cardiovascular disease and other chronic diseases contribute substantially to illness, death, and health inequities in the US. Despite medical advances and interventions to improve the health outcomes among people with chronic diseases, additional strategies are needed. Communities are a powerful driver of health promotion and disease prevention. When engaged meaningfully, communities can enact and sustain health-related changes starting at the individual level and expand these changes to system and policy levels. Grounded in the social action model and the principles of shared governance, learning collaboratives can promote community engagement, mutual accountability, and local capacity building. By aligning public health efforts with community priorities, learning collaboratives offer a way to build community trust, deepen community partnerships, and support sustainable health initiatives. They can position communities not merely as sites of intervention but as meaningful change agents in addressing health. This article explores the use of learning collaboratives, and in particular, the Healthy Hearts Learning Collaboratives in Virginia, as practical tools for advancing community-driven strategies to reduce the incidence of chronic disease and poor health outcomes. It provides guidance for entities looking to implement learning collaboratives focused on improving health and ensuring that people with lived experience have an opportunity to contribute to improving conditions to promote health in their communities.

Conte, M. L., et al. (2026) **'The Potential for a Benefit-Estimating Algorithm to Improve Recommendations for Preventive Services: Comparing Algorithm Recommendations with those of Primary Care Providers.'** ***Med Decis Making 46*(7), 887–896.**
Purpose To compare an established benefit-estimating algorithm for recommending and prioritizing preventive services for a patient (Individualized Precision Prevention; IPP) with concordant rankings from primary care providers (PCPs).Methods We developed 12 realistic routine patient care scenarios focused on preventive services and recruited 40 PCPs to rank the priority of recommended preventive services. Our analysis compared the benefit-estimating algorithm?s rankings of preventive services for each of the

12 patient scenarios to the PCPs? rankings using length-dependent rank-biased overlap (LDRBO) calculations. Moderate concordance would suggest that the computer algorithm presented an opportunity to improve preventive care, whereas very high or low concordance would call into question what the algorithm could contribute to clinical practice.Results For all 12 patient care scenarios, comparing the benefit-estimating algorithm?s output to the combined priority rankings from all PCPs yields a mean value of 0.45, corresponding to a moderate level of concordance or agreement between the numeric rankings of the algorithm and the expert provider rankings. This study illustrates the potential importance of having computed IPP recommendations readily available for point-of-care decision making by PCPs.Conclusion We demonstrate that this approach aligned with the overall judgment of clinical experts and may help providers prioritize preventive services in time-constrained clinical contexts. The modest correlation between the benefit-estimating algorithm and expert providers suggests that, in some cases, the algorithm has the potential to provide useful advice about preventive services during care.Highlights Using scenarios, we compared how primary care providers and an algorithm prioritized recommendations for preventive services based on individual information about a patient.The providers? rankings of the clinical importance of preventive services were moderately concordant with rankings produced by the algorithm, suggesting that the algorithm presents an opportunity to improve the effects of preventive care.For half of the scenarios, the algorithm recommended one preventive service that was not in the PCPs? consensus top 3, suggesting that the algorithm may raise provider awareness of services that may be beneficial to specific patients.An algorithm-driven approach to individualized precision prevention that uses a patient?s data to generate personalized recommendations of preventive services can help providers and patients identify and prioritize high-priority preventive services together.; Purpose To compare an established benefit-estimating algorithm for recommending and prioritizing preventive services for a patient (Individualized Precision Prevention; IPP) with concordant rankings from primary care providers (PCPs).Methods We developed 12 realistic routine patient care scenarios focused on preventive services and recruited 40 PCPs to rank the priority of recommended preventive services. Our analysis compared the benefit-estimating algorithm?s rankings of preventive services for each of the 12 patient scenarios to the PCPs? rankings using length-dependent rank-biased overlap (LDRBO) calculations. Moderate concordance would suggest that the computer algorithm presented an opportunity to improve preventive care, whereas very high or low concordance would call into question what the algorithm could contribute to clinical practice.Results For all 12 patient care scenarios, comparing the benefit-estimating algorithm?s output to the combined priority rankings from all PCPs yields a mean value of 0.45, corresponding to a moderate level of concordance or agreement between the numeric rankings of the algorithm and the expert provider rankings. This study illustrates the potential importance of having computed IPP recommendations readily available for point-of-care decision making by PCPs.Conclusion We demonstrate that this approach aligned with the overall judgment of clinical experts and may help providers prioritize preventive services in time-constrained clinical contexts. The modest correlation between the benefit-estimating algorithm and expert providers suggests that, in some cases, the algorithm has the potential to provide useful advice about preventive services during care.Highlights

Using scenarios, we compared how primary care providers and an algorithm prioritized recommendations for preventive services based on individual information about a patient.The providers? rankings of the clinical importance of preventive services were moderately concordant with rankings produced by the algorithm, suggesting that the algorithm presents an opportunity to improve the effects of preventive care.For half of the scenarios, the algorithm recommended one preventive service that was not in the PCPs? consensus top 3, suggesting that the algorithm may raise provider awareness of services that may be beneficial to specific patients.An algorithm-driven approach to individualized precision prevention that uses a patient?s data to generate personalized recommendations of preventive services can help providers and patients identify and prioritize high-priority preventive services together.

Feng, Z., et al. (2026) **'A Structured Organizational Support Program to Improve Occupational Adaptation among Newly Recruited Healthcare Professionals: A Mixed-Methods Study.'** ***Risk Management and Healthcare Policy 19*****, 1–13.**

Newly recruited healthcare professionals may experience interpersonal, role-related, and psychological challenges during the transition to clinical practice that are insufficiently addressed by conventional technical orientation. This study explored occupational adaptation needs and preliminarily evaluated a structured organizational support program in a tertiary hospital in China. We conducted a mixed-methods intervention study at a tertiary hospital in Beijing. Twenty-eight newly recruited healthcare professionals participated in the needs assessment, and 10 participants with common occupational adaptation challenges completed an 8-month organizational support program comprising six structured group sessions. We used questionnaires, semi-structured interviews, and participant observation to assess professional skill adaptation, interpersonal interaction, team collaboration, and psychological stress adaptation. All 28 participants reported a need for practical clinical skills training, while 26 (92.9%) reported a need for psychological support and stress-management guidance. Fourteen participants (50.0%) reported work-related stress, and 13 (46.4%) reported anxiety associated with overtime work. Among the 10 intervention participants, the overall occupational adaptation score increased from 36.1 to 46.9, with the largest increases observed in interpersonal interaction, team collaboration, and psychological stress adaptation. Participants and supervisors reported high satisfaction. The structured organizational support program was well accepted, and preliminary pre-post improvements in occupational adaptation were observed, supporting further evaluation in larger controlled studies.

Harrison, A. M., and Porter, J. (2026) **'Using an Action Series Framework to Address Communication Challenges in Clinical Teams.'** ***BMJ Open Quality 15*****(4), e004355.**

Effective communication and teamwork between healthcare providers is an essential component of providing safe care for patients. 1 While there are many tools to support communication among healthcare professionals,2 time constraints of a busy care environment limit capacity for healthcare team members to dedicate time to professional development3 and translating ‘best practice’ into daily work is often challenging.4

Joanne, R. J., et al. (2026) **'A Qualitative Exploration of Hospital Staff Experiences with Automated Nutrition Delivery.'** ***Health Serv Insights 19*, 11786329261501886.**

Background Automated nutrition delivery presents as a potential innovation with significant impact on both healthcare professional workloads and patient care quality and safety in hospital settings.Objectives To explore hospital staff perspectives on, and experiences with, automated nutrition delivery innovations within our institution.Design We designed and conducted a qualitative, quality improvement study.Methods This project employed one-time semi-structured qualitative individual interviews with 12 hospital staff across 4 health care systems within the Veterans Health Administration. Rapid qualitative analysis methods reduced the data into themes. The study was developed and reported in adherence to the Standards for Quality Improvement Reporting Excellent (SQUIRE) 2.0 Guidelines and the Standards for Reporting Qualitative Research (SRQR).Results We identified four themes reflecting hospital staff?s perceptions of automated nutrition delivery innovations in their hospital: (1) Making the Case: Why Automate Nutrition Support? (2) Implementation Facilitators and Barriers: What Helps or Hinders the Implementation of Automation of Nutrition Delivery? (3) Outcomes: What Happens After Implementing Automation of Nutrition Delivery? and (4) Staff Satisfaction: What Are Staff Perceptions?Conclusion Our findings underscore the common implementation barriers and facilitators involved in automated nutrition delivery innovations in hospitals. Further, perceptions of the perceived impact on staff workload differed across hospital roles. Yet most informants reported minimal impacts to their workload after the implementation start-up phase. Overall, staff expressed positive impressions of how automated nutrition delivery innovations can improve patient care and safety and staff satisfaction. Results add to literature exploring perspectives and experiences with automated nutrition delivery innovations. These innovations were viewed as essential to delivering high quality care to hospitalized patients.; Background Automated nutrition delivery presents as a potential innovation with significant impact on both healthcare professional workloads and patient care quality and safety in hospital settings.Objectives To explore hospital staff perspectives on, and experiences with, automated nutrition delivery innovations within our institution.Design We designed and conducted a qualitative, quality improvement study.Methods This project employed one-time semi-structured qualitative individual interviews with 12 hospital staff across 4 health care systems within the Veterans Health Administration. Rapid qualitative analysis methods reduced the data into themes. The study was developed and reported in adherence to the Standards for Quality Improvement Reporting Excellent (SQUIRE) 2.0 Guidelines and the Standards for Reporting Qualitative Research (SRQR).Results We identified four themes reflecting hospital staff?s perceptions of automated nutrition delivery innovations in their hospital: (1) Making the Case: Why Automate Nutrition Support? (2) Implementation Facilitators and Barriers: What Helps or Hinders the Implementation of Automation of Nutrition Delivery? (3) Outcomes: What Happens After Implementing Automation of Nutrition Delivery? and (4) Staff Satisfaction: What Are Staff Perceptions?Conclusion Our findings underscore the common implementation barriers and facilitators involved in automated nutrition delivery innovations in hospitals. Further, perceptions of the perceived impact on staff workload differed across hospital roles. Yet most informants reported minimal impacts to their workload after the implementation start-up

phase. Overall, staff expressed positive impressions of how automated nutrition delivery innovations can improve patient care and safety and staff satisfaction. Results add to literature exploring perspectives and experiences with automated nutrition delivery innovations. These innovations were viewed as essential to delivering high quality care to hospitalized patients.

Joo, J., et al. (2026) 'The Role of Hope and its Association with Quality of Life in Individuals with Chronic Pain – Insights from a Daily Diary Study.' ***Quality of Life Research 35*(11), 315.**
Hope has been identified as a beneficial factor for enhancing quality of life (QoL), particularly for individuals with chronic disease, including chronic pain. However, significant gaps remain in understanding how hope and QoL intersect and relate to one another. The current study investigated whether daily hope frequency, defined as how often participants felt hopeful each day, can predict next-day QoL among individuals with chronic pain who are using cannabis and opioids to manage pain.

Kaur, M., et al. (2026) 'Perceptions and Acceptance of Healthcare Providers Towards the Digital Recording of Clinical Consultations: A Mixed-Methods Systematic Review.' ***Patient Education and Counseling 150*, 109750.**
Objectives While innovations such as smartphones and dedicated applications enable patients to record their clinical consultations, concerns about legal implications and privacy continue to influence healthcare providers' willingness to adopt these practices. This systematic review examines healthcare providers' perspectives on the digital recording of clinical consultations, amid ongoing concerns about the legal, privacy, organisational, and workflow implications of such recordings. Methods We followed the PRISMA guidelines and included qualitative, quantitative, and mixed-methods studies. Eligible studies were identified through database searches (PubMed, EBSCO, Web of Science, Scopus), backwards reference mining, and expert consultations. Qualitative data were synthesised using the best-fit framework, and quantitative data were compiled and reported descriptively without meta-analysis due to study heterogeneity. Results Of 6633 records retrieved, 4307 were screened, and 22 studies met the inclusion criteria. The thematic synthesis revealed five key themes: (1) provider attitudes toward consultation recording, (2) impact on patient care, (3) workflow and resource concerns, (4) legal and policy considerations, and (5) implementation strategies. Acceptance levels for consultation recordings among providers ranged from 18.7% to 95.4% (n = 8). Higher acceptance was associated with confidence in the perceived benefits of recordings for communication and patient care, whereas legal, organisational, and workflow concerns often drove resistance. Conclusions Healthcare providers are divided and hold mixed attitudes regarding the acceptance of consultation recordings. Acceptance appears to be influenced by contextual, professional, and organisational considerations, whereas scepticism is frequently associated with legal uncertainty and workflow concerns. Consideration of these factors is important when evaluating the integration of digital consultation recording into routine clinical practice. Further research is needed to explore provider perspectives in diverse healthcare settings. Practice implications These findings may inform institutional policy development and guide organisational and policy efforts to integrate consultation recording into clinical practice, taking into account providers’ concerns and organisational readiness.

Kuut, T. A., et al. (2026) 'Fatigue: Assess and Address It.' ***Journal of Patient-Reported Outcomes 10*(1), 154.**
Severe fatigue is highly prevalent in patients across different medical conditions and can only be partially explained by disease-specific factors. Also, fatigue is often seen by patients as one of the most disabling symptoms. Despite its substantial impact, fatigue is often not systematically discussed in clinical practice. Effective generic treatments exist for patients with severe fatigue. When fatigue is not assessed, patients may be withhold the opportunity to get advice on how to manage fatigue or receive effective interventions to achieve meaningful improvement. Therefore, designated health care professionals involved in patient care should be able to recognize and address fatigue as a key patient-reported outcome.

Lucchese, S., et al. (2026) 'Implementing a Behavioral Escalation Response Team to Promote Patient and Staff Safety: A Descriptive Qualitative Study.' ***Journal of Patient Safety 22*(6), 456–462.**

Macur, M., et al. (2026) 'Organisational Readiness for Digitalisation in Health Care: Findings from Qualitative Research in Four EU Countries/Region.' ***Digital Health 12*, 20552076261485976.**
Digitalisation in healthcare is progressing more slowly than in other sectors, despite being highly needed and prioritised by the World Health Organization, the European Union, and individual countries. Therefore, investigating readiness for digitalisation across European regions may inform strategies required to accelerate the process. This study explores organisational readiness for digitalisation in healthcare in four different countries/regions: Catalonia (Spain), South Denmark, Italy, and Slovenia. An exploratory descriptive qualitative study was conducted and reported according to the COREQ guidelines. Focus groups and individual interviews with 74 healthcare professionals (HCP) and healthcare managers (HCM) from four partner countries/regions were carried out, recorded, transcribed, and thematically analysed. Four themes summarised organisational readiness for digitalisation, including barriers, facilitators, and drivers of digital transformation: "Organisational Readiness for Digitalisation: Between Potential and Persistent Gaps"; "Convincing Design: Intuitive Technologies for Sustainable Change"; "Barriers to Change: Structural, Cultural, and Professional Obstacles"; and "The Drivers of Transformation: Technological and Organisational Levers for Progress". Organisational readiness is shaped by the interplay of technological, organisational, and professional factors. Strengthening organisational readiness for digitalisation requires coordinated investment in digital infrastructure, continuous education and training, supportive leadership, and participatory implementation strategies to ensure sustainable digital transformation.

Manes, A., et al. (2026) 'Patient Engagement and Feasibility of a QR Code–based Digital Information Tool in the Emergency Department.' ***International Journal for Quality in Health Care 38*(3), mzag100.**
Patients frequently seek guidance on non-urgent administrative and informational needs, such as sick notes, finding a family physician, and pharmacy access, during emergency department (ED) visits. Limited primary care availability contributes to these inquiries and may increase communication demands on clinical staff. This project aimed to assess the feasibility and patient engagement of a low-

cost digital intervention using quick response (QR) codes.We conducted a prospective observational quality improvement study from June to December 2025 in a community ED. Twenty informational posters, containing four scannable QR codes, were placed in high-visibility public areas. Each QR code linked to a mobile-friendly resource: a virtual sick note, a tool to find a family doctor, directions to the nearest 24-hour pharmacy, and directions to the nearest pharmacy. Automated scan analytics were used to assess patient engagement and feasibility, defined by sustained use over time and absence of technical or workflow disruptions.During the 6-month study period, the four QR codes were scanned 1,895 times. The virtual sick note (43.2%) and find a family doctor tool (30.3%) were the most frequently accessed resources, followed by the 24-hour pharmacy (20.4%) and local pharmacy (6.1%). Scan activity occurred daily throughout the study period, with no reported technical issues or disruptions to clinical workflow.QR code-based informational posters demonstrated consistent patient engagement and addressed common non-urgent informational needs without increasing staff workload. This low-cost, easily scalable digital tool was feasible to implement within routine ED operations and may support future patient-directed digital self-service initiatives.

McDonnell, R., et al. (2026) **'Applying Change Models and Methods during a Period of Vast Digital Transformation: A Systematic Review of Practice in Healthcare.'** ***The International Journal of Health Planning and Management 41*****(5), 1032–1053.**

Introduction Reflection and learning about the use of virtual care in healthcare delivery has become a central goal for health systems internationally. Insights drawn in the aftermath of the COVID-19 pandemic have led to vast changes to embed virtual care in health care delivery. This study explored the methodologies used to manage change that encompasses virtual care and factors contributing to success. Methods A systematic review and narrative synthesis was undertaken. Eligible articles were those reporting structured change management processes in the context of virtual care published between 1st January 2019–31st December 2023, identified by searching four electronic databases (Scopus, MedLine, PsycInfo and Business Source Premier). Data were extracted and synthesised from the eligible studies. Results Seventeen studies met inclusion criteria describing changes occurring within hospital settings or in community health centres. Kotter's 8-Step Model was the most frequently applied change framework, often combined with other approaches. Commonly enablers included high quality communication among all parties involved and strong leadership. Common barriers included overemphasis on technology at the expense of people and processes, linear application of models, and lack of mechanisms to monitor change progress. Discussion Structured change methodologies were often integrated in a strategic change framework with process improvement methods utilised to support the change process. Managing change relating to the technology with attention to the clinical and people aspects of change was considered a key gap and challenge in the context of virtual care change. Change leadership and the integration of technical and clinical teams were identified as key enablers. Highlights Structured change management models have been adopted to integrate virtual care The role of change management in the success of virtual care change is limited Technology, people and process change

must be considered together Incremental introduction of technology may improve virtual care change success

McNett, M., et al. (2026) 'Hospital Fall Prevention Practices and Implementation Strategies: A Multisite Observational Study.' ***Journal of Patient Safety 22*(6), 448–455.**

Olagoke, A., et al. (2026) 'Are we Missing an Opportunity? Willingness of Regular Social Media Users to Become Health Promotion Influencers.' ***Journal of Communication in Healthcare 19*(3), 207–216.**
While social media influencers have broad reach, everyday users possess smaller but more trusted networks, potentially bolstering credibility in health information dissemination. This study explored everyday social media users? interest in health communication training and advocacy and identified factors associated with these interests. We conducted an online cross-sectional study of 203 U.S. adults who do not identify as social media influencers. Logistic regression models examined associations between participant characteristics and interest in social media health advocacy, joining a health organization-influencer platform, and participating in health influencer training. Half of the participants expressed interest in social media health advocacy, 67% in joining a health organization-influencer platform, and 49% in health influencer training. Having 500+ followers was associated with higher odds of interest in health advocacy (OR?=?3.82, 95% CI: 1.38?10.59). Preference for compensation was strongly associated with interest in all three outcomes, with the highest odds for joining a health organization-influencer platform (OR?=?12.27, 95% CI: 3.69?40.87). Everyday social media users, particularly those with 500+ followers and those motivated by compensation, show significant interest in health communication activities. Developing targeted training programs and compensation strategies may effectively engage everyday users in health communication efforts, potentially enhancing the credibility and reach of health information.

Perlin, J. B. (2026) 'Is AI Patient Safety 4.0?: From Find-and-Fix to Continuous Intelligence: Toward Care that Needs no Advocate.' ***The Joint Commission Journal on Quality and Patient Safety 52*(10), 477–489.**
Three decades after To Err Is Human catalyzed the modern patient safety movement, roughly one in four hospitalized patients still experiences an adverse event, and nearly one in four patients who die or deteriorate in U.S. hospitals does so in the setting of a missed or delayed diagnosis. These figures have prompted an appropriately skeptical question: has patient safety made any real progress? This special article argues that the skepticism mistakes an unfinished agenda for a failed one, and that the safety field has evolved through a recognizable sequence of framings. It also argues that artificial intelligence (AI) presents a “step-change” opportunity to accelerate progress in patient safety. Building on the foundational work of Jeffrey Braithwaite and colleagues, we are beginning to evolve from find-and-fix accounting for failure (“Safety 1.0”), to studying why care succeeds (“Safety 2.0”), to a combined, 360-degree view that examines failure and success together (“Safety 3.0”). None of these framings, however, were built to operate at the speed, scale, and complexity of contemporary care, where a single intensive care unit patient can generate more than 1,000 clinically relevant data points a day, which is several

orders of magnitude beyond what unaided human cognition can reliably integrate. This article proposes “Safety 4.0”: the disciplined use of AI, deployed across a defined autonomy spectrum and governed by explicit guardrails as continuous safety intelligence that senses risk earlier, synthesizes complexity, predicts deterioration, and reliably integrates care needs. Drawing on evidence organized around the National Academy of Medicine's six aims for healthcare (safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness) together with case examples from sepsis surveillance, autonomous diagnostics and prescribing, among others, the article argues that the ultimate test of progress is not whether a system adopts AI, but whether care becomes reliably safe, effective, and compassionate without depending on a patient having an advocate.

Ramasubramanian, M., and Brian J. Zikmund-Fisher. (2026) 'AI Aversion: Do People Trust and Accept Artificial Intelligence Risk Calculator Recommendations?' *Med Decis Making 46*(8), 973–988.

Introduction: Although medical risk calculators are increasingly being used for risk prediction in various contexts, prior research in this area suggests that people may be averse to recommendations from these tools. Moreover, given the rise of artificial intelligence in health care, aversion toward AI may manifest toward risk calculators that use AI/machine learning models. Recent work has suggested that one potential way to combat AI aversion is through explainable AI (XAI), which can make underlying models more transparent.Methods: The current study investigated whether these factors would affect public trust, acceptance, and comfort related to recommendations from a risk calculator. Participants were randomized into a 2 (calculator type: statistical vs AI)????2(model explanation: explained vs not explained)????2(evaluability: risk reference table vs no table) between-subjects experimental design. They read a hypothetical scenario and received a calculator output with a risk estimate and recommendation before completing measures of trust, comfort, and acceptance.Results: Analyses revealed main effects of calculator type and explanation: participants who received the AI-based calculator outputs were less likely to trust and be comfortable with the calculator recommendation. Participants who received an explanation of the underlying model were more likely to trust and accept the calculator recommendation. However, there was no effect of XAI on trust, acceptance, and comfort or any other significant interactions.Conclusion: The current study serves as a starting point for research on trust and acceptance of AI-based risk calculators. Our findings support the AI aversion hypothesis and suggest that there needs to be more work to identify how best to explain AI-based calculators to foster trust and comfort more specifically.; Introduction: Although medical risk calculators are increasingly being used for risk prediction in various contexts, prior research in this area suggests that people may be averse to recommendations from these tools. Moreover, given the rise of artificial intelligence in health care, aversion toward AI may manifest toward risk calculators that use AI/machine learning models. Recent work has suggested that one potential way to combat AI aversion is through explainable AI (XAI), which can make underlying models more transparent.Methods: The current study investigated whether these factors would affect public trust, acceptance, and comfort related to recommendations from a risk calculator. Participants were randomized into a 2 (calculator type:

statistical vs AI)????2(model explanation: explained vs not explained)????2(evaluability: risk reference table vs no table) between-subjects experimental design. They read a hypothetical scenario and received a calculator output with a risk estimate and recommendation before completing measures of trust, comfort, and acceptance.Results: Analyses revealed main effects of calculator type and explanation: participants who received the AI-based calculator outputs were less likely to trust and be comfortable with the calculator recommendation. Participants who received an explanation of the underlying model were more likely to trust and accept the calculator recommendation. However, there was no effect of XAI on trust, acceptance, and comfort or any other significant interactions.Conclusion: The current study serves as a starting point for research on trust and acceptance of AI-based risk calculators. Our findings support the AI aversion hypothesis and suggest that there needs to be more work to identify how best to explain AI-based calculators to foster trust and comfort more specifically.

Riess, H., et al. (2026) **'Empathic Leadership in Healthcare Drives Experience and Workforce Stability: Insights from a Leading Healthcare Organization.'** ***Journal of Patient Experience 13*****, 23743735261499609.**

Healthcare faces a profound workforce crisis driven by burnout, administrative burden, moral distress, and rapid system-wide change. These forces negatively affect both patient experience and workforce morale. While organizations have invested heavily in technology and workflow redesign, the interpersonal dimension of leadership, particularly empathic leadership, remains underdeveloped and undervalued. This industry insight argues that empathy is not merely a relational nicety but a strategic leadership competency essential to compassionate care and workforce stability. Drawing on neuroscience research demonstrating that empathy is a teachable and measurable skill, and on leadership observations from a large-scale empathy implementation at Sutter Health Gould Medical Group, the article describes how empathic practices appear to strengthen empathic communication between care professionals and with their patients. They also improve psychological safety, and retention. These findings are presented as practice-based insights derived from leaders? observations of operational trends following an empathy-focused intervention. Integrating empathy into leadership development, organizational culture, and systemic reform is critical. Empathic leadership should be recognized as foundational to resilient healthcare systems, supporting professional fulfillment, mitigating burnout, sustaining high-quality patient care and financial sustainability.; Healthcare faces a profound workforce crisis driven by burnout, administrative burden, moral distress, and rapid system-wide change. These forces negatively affect both patient experience and workforce morale. While organizations have invested heavily in technology and workflow redesign, the interpersonal dimension of leadership, particularly empathic leadership, remains underdeveloped and undervalued. This industry insight argues that empathy is not merely a relational nicety but a strategic leadership competency essential to compassionate care and workforce stability. Drawing on neuroscience research demonstrating that empathy is a teachable and measurable skill, and on leadership observations from a large-scale empathy implementation at Sutter Health Gould Medical Group, the article describes how empathic practices appear to strengthen empathic communication between care professionals and with

their patients. They also improve psychological safety, and retention. These findings are presented as practice-based insights derived from leaders? observations of operational trends following an empathy-focused intervention. Integrating empathy into leadership development, organizational culture, and systemic reform is critical. Empathic leadership should be recognized as foundational to resilient healthcare systems, supporting professional fulfillment, mitigating burnout, sustaining high-quality patient care and financial sustainability.

Uddin, J. (2026) 'Conversational AI in Healthcare Communication: Opportunities, Risks, and Implications for Health Equity.' ***Journal of Communication in Healthcare 19*(3), 179–182.**
Large language model (LLM)-based chatbots such as ChatGPT, Gemini, Copilot, and Perplexity are transforming healthcare communication by delivering real-time conversational responses. While their use is expanding across clinical and nonclinical settings, concerns remain regarding their accuracy, safety, and potential to exacerbate existing health inequities. This commentary synthesizes emerging research to examine the applications, limitations, and risks associated with conversational AI in healthcare, focusing particularly on underserved populations with limited digital or health literacy. These tools are increasingly used in clinical settings for tasks like triage, surgical support, and diagnostic support, and in nonclinical roles such as health education and translation. However, chatbots often produce inaccurate, generalized, or biased responses due to their reliance on user-generated prompts and publicly available training data. These limitations disproportionately impact vulnerable populations, further deepening digital and health inequities. Addressing these issues requires inclusive chatbot design, content regulation, and public education on prompt literacy to ensure equitable healthcare communication.

Health Literacy

Health Literacy Month takes place internationally every year in October.

Aaby, A., et al. (2026) 'Developing Core Outcome Domains (OHL-COD) for Evaluating Organizational Health Literacy Responsiveness Interventions.' ***BMC Public Health***

Azugbene, E. A. (2026) 'Designing a Multilingual Maternal Health Literacy mHealth Platform through Co-Creation.' ***BMC Public Health***

Christiansen, A., et al. (2026) 'Media Literacies, Platform Imaginaries and Mental Health Influencers: How Young People Respond to Mental Health Content on TikTok.' ***Digital Health 12***
Objective Social media is increasingly used as a source of mental health information for young people, with influencers playing a key role in public health communication. However, little is known about how young people engage with influencer mental health content and the media literacy skills they use to evaluate it. The objective of this study is to explore and evaluate the self-reported media literacy skills

and beliefs that young people use when they encounter mental health content on TikTok. Methods The study uses qualitative, thematic analysis to provide an empirical account of how young people interpret mental health content from influencers on TikTok. Research was conducted via eighteen group (n = 73 participants) and individual interviews (n = 13) with eighty-six participants in the United Kingdom. The analysis focused on self-reported media literacy skills and strategies for navigating influencer-led mental health content. Results The study identifies three contextual challenges in young people's responses to mental health content on TikTok: (I) reliability and relatability act as distinct but complementary criteria used to assess influencers and their mental health content; (II) platform beliefs influence willingness to engage with mental health content; and (III) algorithmically driven platform design hinders critical thinking about mental health content. Conclusions These findings highlight the sophistication of young people's media literacy skills alongside the significant, contextual barriers, which hinder the use of social media as a channel for mental health support from influencers. Our results suggest that public health campaigns may need to take a more platform-sensitive approach to online communication, acknowledging the ways platform-driven beliefs and design shape how and why young people engage with mental health content.

Değer, V. B., et al. (2026) **'Development and Validation of the Sexual Health Literacy Scale for Young Adults and Adults.'** ***Health Literacy Research and Practice 10*****(3), e78–e90.**
Background: Cultural norms, taboos, and insufficient education are among the significant barriers to individuals' access to sexual health information. In some societies, sexual health education may be inadequate, which can lead to unhealthy sexual behaviors due to low levels of sexual health literacy. Moreover, individuals often experience difficulties in accessing, understanding, and utilizing reliable information. These factors underline the critical need for context-specific, reliable, and valid tools to measure sexual health literacy. Therefore, there is a need for the development of a culturally appropriate sexual health literacy scale tailored to the specific characteristics of the target population. Objectives: This quantitative study aimed to develop a valid and reliable measurement tool to assess sexual health literacy levels among Turkish-speaking adults, addressing the gap in assessing individuals' ability to obtain, comprehend, and utilize sexual health information effectively. Methods: A pool of items was generated to measure sexual health literacy, followed by exploratory factor analysis (EFA), confirmatory factor analysis (CFA), and reliability testing. A total of 1,013 adult individuals participated in the study. It has been determined that the Sexual Health Literacy Scale for Adults consists of 17 items and three factors (knowledge, cognitive, and behavioral). The EFA was conducted with a sample of primarily young university students (age 18 to 25 years), while CFA involved a broader adult population. The scale demonstrated strong internal consistency reliability (Cronbach's alpha = .97). Key Results: Structural analyses revealed that the scale consisted of 17 items and three factors. Reliability tests demonstrated strong internal consistency, with a Cronbach's alpha coefficient of .97. Conclusions: This study presents a valid and reliable measurement tool for assessing sexual health literacy in adults. The developed scale can be used in Türkiye to investigate sexual health literacy. Given the significance of the subject, it is recommended to determine sexual health literacy levels among various groups and expand sexual and

reproductive health education. One limitation of the study is that the EFA sample consisted predominantly of university students, which may limit generalizability to the broader adult population. Plain Language Summary: Sexual health is an important part of overall health and well-being. To make informed decisions about sexual health, individuals need to be able to find, understand, evaluate, and use reliable information. However, cultural taboos, misinformation, and limited access to education can make this difficult. This study developed and tested a new Sexual Health Literacy Scale for adults in Türkiye. The scale includes 17 questions that assess knowledge, cognitive skills, and behaviors related to sexual health. More than 1,000 adults participated in the study. The results showed that the scale is reliable and accurately measures sexual health literacy. This tool can help researchers, health professionals, and educators identify knowledge gaps and design programs to improve sexual health literacy and promote healthier decisions and behaviors.

Doralt, J., et al. (2026) **'Optimizing Development of Plain Language Summaries of Clinical Trial Results.'** ***Health Literacy Research and Practice 10*****(3), e108–e116.**
Background: Plain language summaries (PLSs) play a crucial role in communicating complex clinical trial information to patients and the public. Due to the European Union Clinical Trials Regulation (EU CTR) 536/2014 requirement to disclose PLSs in parallel with the technical results, clinical trial sponsors will need to develop such summaries swiftly and efficiently, while avoiding potential obstacles. Their creation can be challenging for sponsor company stakeholders who typically use highly technical, scientific language. Brief Description of Activity: This manuscript describes the PLS development and review process established at our company. It also considers the collection of feedback via an anonymous survey, both of which were intended to optimize PLS preparation. Finally, it explores internal stakeholder preparedness for EU CTR requirements, and further opportunities to enhance PLS quality to better support patient centricity. Implementation: We observed a learning curve among stakeholders (content contributors and reviewers) and an enhanced appreciation for the PLS process. Results: This resulted in improved best practice principles for PLS writing, such as describing only the primary endpoint(s) and adverse drug reactions. The process of PLS development was streamlined following implementation of stakeholders' feedback received in PLS surveys circulated in 2023 and 2024. This led to increased satisfaction with the instructions provided for stakeholders and with the processes for PLS development, including the company-developed PLS template and glossary of plain language terms. Here we suggest that regularly adjusting PLS tools based on continuous feedback from internal stakeholders contributes to a more efficient and clear process. Lessons Learned: Optimization of the PLS development process using feedback from internal stakeholders supports efficiency, clarity, and patient-centricity, as well as ensuring preparedness for EU CTR requirements. Plain Language Summary: This article describes how the process for creating PLSs of clinical trial results has been improved, so they are clear, accurate, and consistent. Using standard formats, glossaries, and instructions, we worked to improve PLS quality using feedback from stakeholders. This approach promotes health literacy and public trust by making complex trial information accessible.

Kruger Howard, A., et al. (2026) 'Toolkit Development for Plain-Language Communication in Team-Based Care.' ***Health Literacy Research and Practice 10*(3), e103–e107.**
Experts recommend incorporating health literacy into training to enhance providers' self-awareness and ability to implement these techniques, ultimately improving health outcomes. Interprofessional faculty developed training on plain language and health literacy as a social determinant of health. Clinical students participated in an asynchronous orientation, live educational sessions, and patient visits. Pre- and post-surveys assessed students' knowledge and attitudes toward health literacy and plain language. A faculty member collected unclarified jargon terms during each patient visit. Results were analyzed using descriptive statistics. Paired t-tests were performed for jargon use frequency and McNemar's test for knowledge scores. The purpose was to develop and pilot an interprofessional training program to improve students' knowledge and use of plain language communication in a pediatric ambulatory clinic. Fifty-five pharmacy, medicine, nursing, social work, physical therapy, and dentistry students participated. Composite knowledge scores about health literacy increased, $p < .001$. 93.3% of students understood how this course contributed to their professional development, and 81.6% rated live content as effective. The average number of unclarified jargon terms per visit decreased from 2.8 in week 1 to 2.4 in week 2. This study is a pilot of a real-world application that prioritizes patient-centered plain language and can be modeled in other clinical settings to support early exposure to health literacy concepts and enhance learners' knowledge.

Lee, J., et al. (2026) 'Effects of Digital Literacy on Older Adults' Intention to use Digital Healthcare: A Serial Multiple Mediation Analysis of Technostress and Technology Self-Efficacy.' ***Digital Health 12***
Objective This study aims to examine the association between digital literacy and older adults' intention to use digital healthcare services by testing the serial multiple mediating roles of technostress and technology self-efficacy. Methods Data were drawn from the 2024 Korean Older Adults Technology Acceptance Panel Survey conducted with 435 adults aged 65 and over. Participants completed validated measures of digital literacy, technostress, technology self-efficacy, and intention to use digital healthcare. Serial multiple mediation analysis was performed using PROCESS Model 6 with demographic controls. Results Digital literacy significantly reduced technostress and increased technology self-efficacy. A sequential mediating pathway was confirmed: higher digital literacy lowered technostress, which subsequently enhanced technology self-efficacy. Although digital literacy did not directly predict intention to use digital healthcare, a significant indirect effect was observed through technology self-efficacy, supporting the proposed serial multiple mediation model. Conclusions Digital literacy indirectly shapes older adults' willingness to use digital healthcare by alleviating technostress and strengthening technology self-efficacy. These results highlight the importance of targeted digital literacy initiatives to promote meaningful digital health engagement among older adults, particularly in rapidly aging and digitalized societies.

Zhao, Y., et al. (2026) 'Association between Social Network Types and Health Information Literacy among Patients with Chronic Diseases: A Cross-Sectional Study.' ***BMC Public Health***

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