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Research Paper

Patient Shared Decision Making: Physicians' and Patients' Perspective

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Abstract: *The aim of this study was assessing the perspective of patients and physicians toward patient shared decision making using a cross sectional analytic approach where Self-administered questionnaire were used to collect data from 68 physicians and structured interview of 406 patients.*

Keywords: Shared Decision Making, Patients' Rights.

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1. Introduction:

Sharing decision making (SDM) identified as collaborative process that allows patients and their providers to make healthcare decision together. Taking into account the best scientific evidence about treatment, screening, illness management options, potential benefits, harms and that consider patients preference. [1, 2]

Participation in decision making is one of patients' rights. The patients have rights to receive information from physicians. Also, they can discuss the benefits, risks, and costs of appropriate treatment alternatives. They have the right to make decisions regarding the health care that is recommended by the physician. [3] Then make the choice they feel it right for them. This right is closely associated with the Right to Informed Consent. [4]

Decision making (DM) process includes three approaches which are paternalistic, informed and shared. The paternalistic approach is characterized by physician control in which the physician determines the amount and kind of information provided to the patient. Information exchange is one

way. The physician deliberates alone or with colleagues about benefits and risks of available treatments and then makes the decision afterword. There is no patient input. However, the physician is assumed to know which treatment is best for the patient, even if the latter disagrees. [5]

The informed approach the physician has to provide the patient with information on available treatment benefits and risks. It is assumed that an informed patient will make the best decision for him/herself without need of physician input. The shared approach is the interaction between patient and physician in all stages of the decision-making process. Information exchange is two way: Physician gives information about treatments, their benefits and risks and patient gives information about their illness. Both patient and physician make the decision. [5]

Medical choices include two elements: problem solving (PS) and DM. PS involves identifying the single or most correct solution to a problem, which usually requires expertise and in which patient involvement can only have a limited role. By contrast, DM involves making a choice often involving trade-offs from a number of possible alternatives. Such processes as making diagnosis and identifying treatment options, risks, benefits and the outcome probabilities associated with each option, That belong to PS tasks while those of determining overall utilities and tailoring to patient idiosyncrasies belong to DM tasks. [6-8]

Another commonly described element is a “whole person” orientation to patient care, in which physicians attend not only to patients' biological needs, but also to the psychological, social, and behavioral dimensions of health and illness. [9] Shared decision making may lead to increase satisfaction with the decision and improve health outcome and management plan. [10]

The physician plays an important role in helping patients to become adequately informed about their health and health care. [12] Because SDM requires time for discussion and deliberation, [13] we described physicians' and patients' views about the availability of time in patient visits (consultations).

The goal of the study is to assess the perspective of patients and physicians toward patient shared decision making and to compare between the preference of patients and physicians in sharing decision making.

2. Materials and Methods:

The study setting was a governmental hospital in Mecca, KSA. The study design was a cross sectional analytic study. Questionnaires were self-administrated by physicians and a structured interview of patients. The two questionnaires were designed after extensive review of the literature on the concept SDM. [5, 12, 14-15]

The questionnaire of physicians was consisted of four sections and three sections for patients: first, the demographic characteristics. The second section of physicians and patients questionnaire, were about attitude toward shared decision making, physicians part included in six questions. Physicians were asked to respond from the prospective of what they thought generally practice. They were also asked to state their opinions on three point scales. Patients’ part included in different questions. Patients were asked to respond from the prospective of what care they received. Third section for physicians was about factors which hinder their discussion with patients (Time, education, Language barriers, influences affect physicians’ decision and patients trust). The forth section for Physicians’ and the third for patients’ was about their preference toward SDM. Physicians and patients were asked to state wither or not they agree on the same six statements regarding shared decision making process, their Agreement in statements donates their preference.

The raw data were coded and entered for the computer by researcher using SPSS (Statistical Package for Social Sciences) package version 16. Descriptive statistics using frequency distribution tables and graphs were carried out and Z test was used for comparing two proportions. An excel sheet template was used for Z test calculation. [16]

3. Results:

Total number of physicians who surveyed was 68 and 408 patients.

Table 1: Shows distribution of physicians according to demographic characteristics. The greater proportion of physician are males (73.5%), specialists (54.4%) and (66.2%) belong to outpatients department. Ages ≤35 years was (22.1 %) while ages between 36-49 years was (60.3%), non-Saudi physicians were (80.9%). On other hand, concerning distribution by years of works, the greater proportion (30.9%) has (6-10) years the mean was 6.91 years (SD= 4.73 years, Ranging from 1 to 20 years).

Table 2: Shows distribution of patients according to demographic characteristics. About (80.0 %) were females, belong to outpatients department (89.7%), ages from 18 to 39 years were (63.1%) while ages >60 years were (7.8%), Saudi patients (96.6%). concerning education level of patients, it was generally high (32.2 %) were had bachelor degree only (13.1%) were illiterate.

Table 3: Shows distribution of Physicians according to their Current practice on Decision Making process. It reveals that, they always give Information about medical condition (97.1%), they help patients to explain their medical Symptoms (91.2%), discuses with patients about pros & cons (82.4%), in addition they encourage the patients to look for the information (70.6%), and (75.0%, 79.4%) respectively, stated that they involving their patients in decisions making and they feel confident in discussing any risk information with them.

Table 4: Shows distribution of Physicians according to perception about factors that influence the discussions with patients. It reveals that physicians agreed that the following are two main factors that affecting discussions with patients; time is a problem (54.4%) and education level of patients is a problem (72.1%).

Table 5: Shows distribution of patients according to their attitude and knowledge about patient shared decision making process. It reveals that they always prefer to be fully informed about benefit & harms (85.7%), prefer to participate in decision making (60.3%), to get enough information (56.9%) and like to gather information and discuss it with their physicians (38.4%). Also, they stated that they always encouraged by their physicians to participate in decision making process (49.2 %), they want physicians should tell them and also let them decide which information their family should be given and who should receive the information (40.6%).

Table 6: Compare between the frequencies of Physicians and Patients considering their preference in Decision making process. About two processes were the preference of both was near, these processes are: patients should get enough time in visits (94.1% and 92.6%, respectively) and patients should ask questions (94.1% and 91.4%, respectively).

Table 1: Distribution of physicians according to demographic characteristics

Demographic Characteristic	Physicians (n =68)	
	No.	%
Sex		
- Male	50	73.5
- Female	18	26.5
Age		
- ≤35	15	22.1
- 36-49	41	60.3
- ≥50	12	17.6
Nationality		
- Saudi	13	19.1
- Non Saudi	55	80.9
Years of work		
- 1-5	32	47.1
- 6-10	21	30.9
- 11- 15	13	19.1
- 16-20	2	2.9
Current position		
- Consultant	17	25.0
- Specialist	37	54.4
- Assistant specialist	14	20.6
Department		
- Surgery	5	7.3
- Internal Medicine	18	26.5
- Outpatient Clinics	45	66.2

Table 2: Distribution of patients according to demographic characteristics

Demographic Characteristic	Patients (n= 406)	
	No.	%
Sex		
- Male	81	20.0
- Female	325	80.0
Age		
- 18-39	256	63.1
- 40-59	118	29.1
- >60	32	7.8
Nationality		
- Saudi	392	96.6
- Non Saudi	14	3.4
Education		
- illiterate	53	13.1
- primary	47	11.5
- intermediate	53	13.1
	114	28.1
- Secondary	131	32.2
- Bachelor	8	2.0
- Post graduate		
Department		
- Surgery	22	5.4
- Internal Medicine	20	4.9
- Outpatient Clinics	364	89.7

Table 3: Distribution of Physicians about their Current practice on Decision Making process

Statement	Always		Some times		Never	
	No.	%	No.	%	No.	%
Giving Information about medical condition	66	97.1	2	2.9	0	0
Discussing together about pros & cons	56	82.4	12	17.6	0	0
Encourage the patient to look for the information	48	70.6	19	27.9	1	1.5
Help the patient to explain about medical Symptoms	62	91.2	6	8.8	0	0
Involving patient in Decision making	51	75.0	15	22.1	2	2.9
Feel confident in discussing risk information with the patient	54	79.4	14	20.6	0	0

Table 4: Distribution of Physicians according to their perception on factors that influence discussions with patients.

Statement	Agree		Neutral		Disagree	
	No.	%	No.	%	No.	%
Time is a problem	37	54.4	18	26.5	13	19.1
Patient's Level of education is a problem	49	72.1	14	20.5	5	7.4
Language is a barrier	17	25.0	19	27.9	32	47.1
Discussion with the patient is not influencing	23	33.8	21	30.9	24	35.3
The discussion might be reason of losing patient's trust	11	16.2	22	32.3	35	51.5

Table 5: Distribution of Patients according to their attitude and knowledge about patient shared decision making process.

Statement	Always		Some time		Never	
	No.	%	No.	%	No.	%
Prefer to be fully informed about benefit & harms	348	85.7	48	11.8	10	2.5
They get enough information	231	56.9	99	24.4	76	18.7
Prefer to participate in decision making	287	60.3	55	19.5	64	20.2
like to gather information and discuss it with physician	156	38.4	151	37.2	99	24.4
get encouragement from your physician to participate in decision making process	200	49.2	127	31.3	79	19.5
Who should receive the information about all benefits and harms of medical treatment and about their medical condition?	**Myself alone**		**A***		**B***	
	No.	**%**	**No.**	**%**	**No.**	**%**
	83	20.5	165	40.6	158	38.9
After being informed about treatment options, please check the statement that best describe your preference in general	**C***		**D***		**E***	
	No.	**%**	**No.**	**%**	**No.**	**%**
	106	26.1	120	29.6	142	35.0
	F*					
	No.	**%**				
	38	9.3				
If their unable to make decision about the treatment who should make the decision	**My Family alone**		**The Doctor alone**		**My Family & Doctor equally**	
	No.	**%**	**No.**	**%**	**No.**	**%**
	37	9.1	129	31.8	240	59.1

A*: The doctor should tell me and also let me decide which information my family should be given

B*: The Doctor should tell me and my family equally

C*: The physician should make the decision using all that is known about the different treatment

D*: The physician should make the decision, but strongly consider my opinion

E*: The physician and I should make the decision together on an equal basis

F*: I should make the decision, but strongly consider the doctor's opinion

Table 6: Distribution of Physicians and Patients according to their preference in Decision Making process

Statement	**Physicians (n = 68)**		**Patients (n = 406)**		**Z**	**P**
	Agree		**Agree**			
	No.	**%**	**No.**	**%**		
Patient who should decide what gets talked about	38	55.9	262	64.5	-1.36	>0.05
Patients should not get explanation of their medical condition	41	60.3	56	13.8	8.79	< 0.05*
Patients should ask questions	64	94.1	371	91.4	0.74	>0.05
Disagreement whit the doctor means that the doctor do not respect the patient	41	60.3	68	16.7	7.90	<0.05*
Patient should get enough time in visit	64	94.1	376	92.6	0.44	>0.05
When patients look up information on their own this make them confused	30	44.1	126	31.0	2.12	<0.05*

*P< 0.05: the two proportions are significantly different.

4. Discussion:

Participation in decision making is one of patients' rights. The patients' rights must be the prime concern of all health care providers. This research has been done to assess the perspective of patients and physicians toward patient shared decision making.

Results of this study demonstrated the physicians current practice was supporting the SDM concept, where rang between (75.0% to 97.1%) of them whither give information about medical condition to patients, discuss with patient cons and pros, encourage patients to look for information and involve them in decision making process. This might be because of highest percentage of physicians' age were from (36-49) who willing to update their knowledge or capability for searching new medical concepts or for medical condition. (Table 1, 3)

Concerning factors that influence discussion between physicians and patients, more than half of physicians stated that time is a problem, may this due to around two third of them were from out patients clinics. (Table 3, 4)

On other hand, patients had positive attitude about shared decision making and their preference were high, (85.7%) prefer to be fully informed about benefits and harms of their medical treatment, (91.4%) stated they should ask questions and (92.6%) agree that they should take their time in visits, this may due to their health awareness and level of education (62.3%) were between secondary to post graduate. (Table 2, 5, 6)

There is opposite in opinions between physicians and patients concerning respect, where patients think when there is a disagreement between them and their physicians this means physicians didn't respect them, while physicians said the opposite. This may be due some barriers between patients and physicians, as physicians said patients' level of education is a barrier (72.1%) and as time is a problem (54.4%) so, may there was no time for more discussion which satisfy patients' needs. (Table 4)

Moreover, it was expected that physicians' current practice about SDM, would be consistent with patients' knowledge based on care they received, (97.1%) of physicians give information about medical condition while (56.9%) of patients get enough information. However, (70.6%) of physicians encourage patients to look for information while, (38.4%) of patients liked to gather information and discuss it with their physicians. Also, (75.0%) of physicians involved their patients in DM process while (49.2%) of patients were encouraged to participate in DM process. (Table 3, 5)

Also, it was expected that physicians' current practice about SDM, would be consistent with their preference, (60.3%) prefer not to give enough explanation to patients about their medical condition, whereas (97.1%) stated they give information to their patients. (Table 3)

Accordingly, current practice which physicians think they give to patients may not like actually they receive. Therefore, healthcare professionals' attitude and their implementation of SDM, need to be evaluated regularly and continuous education on the subject should be provided. Also there is a need to educate people about their rights to be involved in DM process. As long as people don't know their rights, they will fail to ask for these rights.

All results were marvelous, as before conducted this study, it was expected that; physicians and patients will refuse the new concept totally in contrary the results revealed a positive attitude from both.

5. Conclusions and Recommendations:

Based on the results of the present study the following may be concluded; most of physicians appear respective to patients' involvement and they agree that time and patients' education levels are problematic. Most of patients have positive attitudes towards participating in decision making process.

Based on the study findings and conclusions the following recommendations can be suggested: Hospital's policy and practice should address the right of patients in participating in decision making. Practical barriers such as time constrains should probably be addressed with greater priority by hospital management. Hospital should provide regular training to physicians on subjects of patients shared decision making and communication skills. Motivating physicians to accept an active patients' role and to educate them about the beneficial effects of patients' involvement in decision making.

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