Sigma's 30th International Nursing Research Congress

Experience With the Participation of Cancer Patients in the Shared Decision Making: Qualitative Research

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Purpose:

Nowadays, shared decision making (SDM) is one of the important paradigm in clinical healthcare. SDM is a process by considering patients' preferences to reach healthcare decisions. However, there are few medical personnel using SDM to make decisions of healthcare. This study aims to understand the experience of cancer patients participating in the shared decision making of medical communication.

Methods:

This study was conducted in a regional teaching hospital of about 800 beds in northern Taiwan. We applied qualitative phenomenological research methods approaches to investigate of cancer patients aged over 20 years. During January 15 to April 30, 2018, a total of 25 cancer patients were enrolled for face-to-face qualitative interviews by semi-structured interview guide in-depth interviews to understand the patients' experiences and feelings in participation of SDM in medical treatment, and to translate and analyze the data word by word.

Results:

Quantitative interviews concluded the experiences/feelings of SDM including 3 main themes: (1) It was hard to make decisions for major therapy; (2) Professional support was the most important factor; (3) SDM developed respective healthcare process in decision-making. Besides, six sub-themes were concluded, including: (1) They were shocked by the diagnosis; (2) They were unfamiliar with medical treatment; (3) Adequate medical information could assist in decision making; (4) Encourage and positive support could be their motivations; (5) They are the masters of their own bodies; (6) Try their best to regain the confidence of decision-making and face the future positively. Through the results of this study, it is also found that the detailed explanation, explanation and notification of each step and the complete assessment and the use of auxiliary tools to provide information to assist the patient in the SDM process during the treatment process, the caregiver gives considerable assistance in this decision-making process. Caring and encouraging, let the patient feel the positive power.

Conclusion:

Medical care involves higher professional knowledge. Patients are difficult in making decisions on treatment. Medical institutions shall aim to improve patients' health knowledge, so that patients can develop relevant health awareness, knowledge, and ability, and enhance their participation in SDM. In the SDM implementation process, in addition to encouraging patients and their families to have autonomy in fully understanding the state, the nursing staff must also help them understand the responsibilities and results. In this process, the medical team must "partner" identity, accompanied by all the way, this will help to improve the relationship between medical care and care, and thus achieve a both win care for both doctors and patients.

Title:

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Keywords:

cancer patient, experiences and shared decision making

References:

Ballesteros, J., Moral, E., Brieva, L., Ruiz-Beato, E., Prefasi, D., & Maurino, J. (2017). Psychometric properties of the SDM-Q-9 questionnaire for shared decision-making in multiple sclerosis: item response theory modelling and confirmatory factor analysis. *Health and quality of life outcomes*, *15*(1), 79.

Bouma, A. B., Tiedje, K., Poplau, S., Boehm, D. H., Shah, N. D., Commers, M. J., . . . Montori, V. M. (2014). Shared decision making in the safety net: where do we go from here? *J Am Board Fam Med*, 27(2), 292-294.

Butterworth, J. E., & Campbell, J. L. (2014). Older patients and their GPs: shared decision making in enhancing trust. *Br J Gen Pract*, *64*(628), e709-718.

Couet, N., Desroches, S., Robitaille, H., Vaillancourt, H., Leblanc, A., Turcotte, S., . . . Legare, F. (2015). Assessments of the extent to which health-care providers involve patients in decision making: a systematic review of studies using the OPTION instrument. *Health Expect*, 18(4), 542-561.

Fox, D., Brittan, M., & Stille, C. (2014). The pediatric inpatient family care conference: a proposed structure toward shared decision-making. *Hosp Pediatr*, *4*(5), 305-310.

Abstract Summary:

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Content Outline:

Objective

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Result

Quantitative interviews concluded the experiences/feelings of SDM including 3 main themes: (1) It was hard to make decisions for major therapy; (2) Professional support was the most important factor; (3) SDM developed respective healthcare process in decision-making. Besides, six sub-themes were concluded, including: (1) They were shocked by the diagnosis; (2) They were unfamiliar with medical treatment; (3) Adequate medical information could assist in decision making; (4) Encourage and positive support could be their motivations; (5) They are the masters of their own bodies; (6) Try their best to regain the confidence of decision-making and face the future positively. Through the results of this study, it is also found that the detailed explanation, explanation and notification of each step and the complete assessment and the use of auxiliary tools to provide information to assist the patient in the SDM process during the treatment process, the caregiver gives considerable assistance in this decision-making process. Caring and encouraging, let the patient feel the positive power.

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Medical care involves higher professional knowledge. Patients are difficult in making decisions on treatment. Medical institutions shall aim to improve patients' health knowledge, so that patients can develop relevant health awareness, knowledge, and ability, and enhance their participation in SDM. In the SDM implementation process, in addition to encouraging patients and their families to have autonomy in fully understanding the state, the nursing staff must also help them understand the responsibilities and results. In this process, the medical team must "partner" identity, accompanied by all the way, this will help to improve the relationship between medical care and care, and thus achieve a both win care for both doctors and patients.

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