



Shared Decision-Making and Its Correlation with Demographic Characteristics of Iranian Patients

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Authors' contributions

Authors HM and SH designed the study. Authors HM, NP, AP, KM and MA collected the data, authors FP conducted the data analysis, and the article is written by authors HM and AH and critically edited by authors SH and AH. All authors read and approved the final manuscript.

Original Research Article

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ABSTRACT

Aims: To evaluate relationship between patient age, location and their preference toward partnership in clinical decision making

Place and Duration: A university-based clinic, Tabriz University of medical sciences, Tabriz, Iran from March to September

Methods: In a cross-sectional study, 200 patients were randomly selected for the study. Patients' demographic indicators and attitude toward partnership with their doctor was assessed by the use of an author-developed questionnaire containing 12 questions. Validity of this questionnaire was previously confirmed. The data was finally collected and analyzed.

Results: Fifty three percent (53%) of patients were male and 47% was female. Mean

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age was 33.88 (SD=11.35). Of the 200 patients, 66% had tendency toward shared decision making (SDM). There was a positive correlation between higher level of education and SDM in Iranian patients.

Conclusion: We found a trend toward shared decision making among patients. We conclude that raising literacy could change the culture of patient-physician relationship within the country.

Keywords: *Shared-decision-making; patient-centeredness; person-centeredness; evidence-based-medicine; developing countries.*

1. INTRODUCTION

Patient and physician interaction is the heart of medical practice and having a successful interaction is an essential aspect of any medical encounter [1]. The majority of interaction between patient and physician alternates within two extremities; the paternalistic approach in which the doctor decides for the patient and complete patient autonomy where the patient makes the final decision [2]. Literature shows that most of the patients completely disregard the autonomous approach and others do not want to participate in decision making [2]. In some decisions, there lies a superior path; there, the physician is the only one who could make the right decision. However, in the majority of medical decisions –as in complex decisions- paths that are more reasonable exist. In such instance patient participation in decision making provides great value [3,4] Benefiting both physician and patient [5]. Shared decision-making (SDM) is an intermediate approach in the medical encounter [2]. "SDM is a process by which patient and providers consider outcome probabilities and patient preferences and reach a health-care decision based on mutual agreement" [6]. Patients' involvement and understanding of their preferences will improve quality of care and health outcomes [7,8]. It also stands for ethical implications [7]. So it is probable that SDM is widely accepted and preferred by the patients [9,10]. Even given the advantages mentioned for SDM, it should be also noted there are several barriers in implementation of SDM. The biggest barrier according to the physicians' view is the lack of time. The others include lack of ability according to the clinical situation as in emergencies and in acute illnesses [11,4,7] and problems related to patients' characteristics [11,2,7]. According to the literature, lack of interpersonal skills for risk management, medical uncertainty, deficiency of knowledge and desire of physicians to hold balance with their patients [8,12] are common barriers for implementing SDM. Disuse of decision aids – as a powerful way of improving SDM-is also mentioned as a barrier in current literature [4,13,14]. Different patient characteristics influence the SDM process and preferences alter according to patient's age, gender, educational level and seriousness of the medical condition [15,6,16,2,10].

To the best of our knowledge, no previous study about SDM has been conducted in a Middle Eastern country including Iran. Furthermore, Iranian physicians and patients' approach to SDM is unclear. Thus, we chose to study patients' tendency toward SDM and its probable relation with age, literacy and living location, as well as physicians' approach to SDM from patients' perspective.

2. METHODOLOGY

2.1 Study Design and Sample

From March to September 2012 in a cross-sectional study, in a main university-based clinic of Tabriz University of Medical Sciences, Tabriz, Iran, with a weekly referral of 450 patients, 208 patients were enrolled by simple randomization. With a confidence level of 95% sample number of "208" was suitable for a population of 450 patients. Eight of the patient files were incomplete and excluded, which did not influence the power of the study. Five trained researchers, each one separately, interviewed patients in a private room. The local ethical committee of the outpatient clinic approved the proposal. Informed consent was taken from all patients. Children including Emancipated minors and patient with impaired mentality were excluded.

2.3 Questionnaire Development

Development of the questionnaire was performed by the research team. After a systematic search of available documents, questions related to our subject were selected from two Hulka and Ware questionnaires [17,18]. It should be noted that both of the questionnaires were reliable, valid and proved to have high rates of acceptability [19]. The authors themselves according to local situations and beliefs defined some of the questions. Retrieved questions from mentioned questionnaires were translated to plain Persian to be more understandable for the patients. Afterwards the entire questionnaire passed a validation process before application. The questionnaire was approved for application by Cronbach's Alpha 0.8 and a test-retest process with Pearson correlation of 0.7.

Eight characteristics are defined by the Picker Institute to evaluate the quality of care given by the physician from patients' perspective including: respect for patient values, coordinated care, providing high quality information for patient and family, emotional support, physical comfort, involvement of family and friends as appropriate, access to care and continuity of care [20]. Most of the items defined by the Picker institute were considered in developing the questionnaire. In addition to those items, there were also questions considering health economy and physicians' tendency for unnecessary surgical decisions were included. There were three possible answers for the questions, agree, disagree or no comment. Finally, there was a single question in the questionnaire assessing patients' general view over SDM. Overall, the questionnaire considered 12 closed answer questions.

2.4 Data Collection

As a first step of the study, the interviewer briefly defined three types of patient-physician interactions (paternalism, shared decision making and complete patient autonomy) and after simplifying the picture, the patient chose the best type of interaction for them. The rest of the questions were simply discussed and further definition was given by the interviewer if needed. Also demographic information including; gender, age, location of living and patient's level of education was determined.

2.5 Analysis

The results were analyzed by using chi-square for evaluating association and descriptive analysis for the rest of the questions by using SPSS ver19. P value <0.05 was considered as the significance.

3. RESULTS

Of the 200 patients interviewed, mean age was 33.88 (SD±11.35). Ninety three (46.5%) were female and the rest were male (53.5%). Living location of 89.5% (179) was urban and 10.5% (11) were rural. Sixty-six percent (132) of patients admired SDM as the best type of patient-physician interaction and trend to paternalism and complete patient autonomy was 24% and 10% respectively. The correlation between level of education and tendency toward different types of patient-physician interactions is shown in Fig. 1. Approximately 60% of patients believed doctors gave them the opportunity to discuss their problems and 39% disagreed. Fortunately 86% of patients declared the doctors pursue a respectful behavior with the patients; and only a few disagreed. In the question assessing emotional support, 35% of patients believed that doctors merely treat the patients well and they do not have any feelings for them. The results show that more than half of the patients agreed (57%) within the fact that doctors rarely give information for the patient about his/her problem; and their problem remained a mystery. Majority of the patients (76%) agreed that doctors always try to alleviate patient anxiety. Most of the patients (60%) mentioned doctors could not recognize individual patients because of large number of patients. A great number of patients (73%) indicated that doctors try providing physical comfort for the patients and try to manage pain, especially while examining the patient. More than half of the patients believed that doctors do not care about patients' budget (52%) but 42% said doctors try to reduce extra costs for the patients. Higher in number, (56%) of patients deem doctors hide their weaknesses in diagnosis; however 74% had an opinion that doctors try their best not to make mistake in diagnosis. The Patients' perspectives in implementation of fundamentals of SDM by Iranian doctors are shown in Table 1.

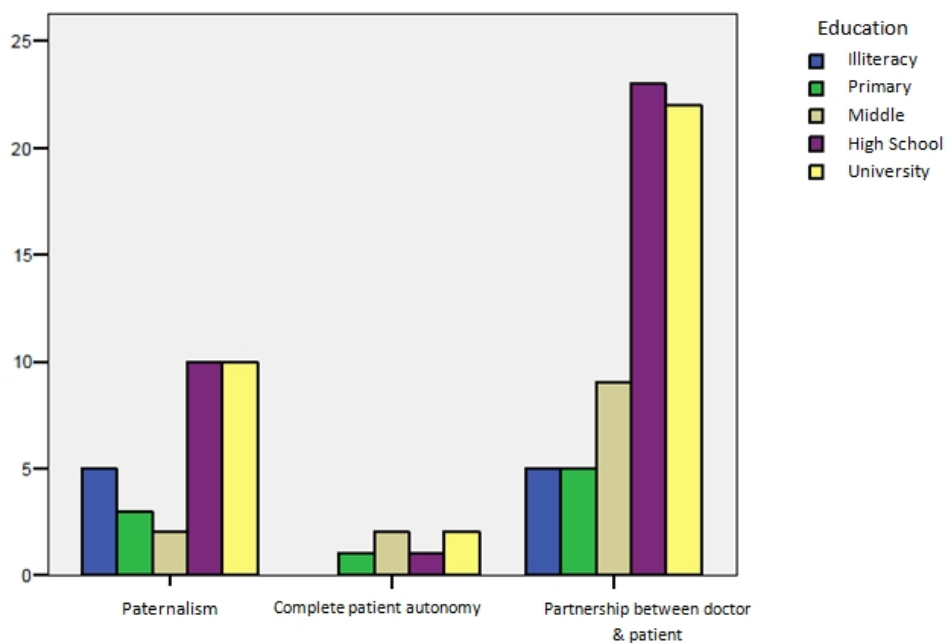


Fig. 1. Correlation between level of education and types of patient-physician interactions preferred by the patients

Table 1. Patients' perspectives in implementation of fundamentals of SDM by Iranian doctors

Sl. no	Question	Agree (%)	Disagree (%)	No Comment (%)
1.	Giving time for the patient	60	39	1
2.	Respect for patient values	86	9	4
3.	Having feelings for the patients	55	35	10
a.	Providing information for the patients	40	57	3
4.	Emotional support	76	17	7
5.	Preventing unnecessary surgeries	61	13	26
6.	Recognizing the patients	36	60	4
7.	Physical comfort	73	22	5
a.	Considering patients' economical issues	42	52	6
8.	Hiding weaknesses	56	33	11
9.	Trying Not to Make mistake	74	15	11

In the second part of the analysis, we found no significant association between patient location and age with their desire to SDM. In the "paternalism" group, 31.4% of patients had university level of education. In the "complete patient autonomy" group, 48.5% of patients had primary level of education, while in the SDM group 71% of the participant had high school and higher levels of education. The results from the chi-square test show that the distribution of frequency of level of education in the three groups was statistically significant ($p=0.003$).

4. DISCUSSION

Results from this study were rather surprising. The current study acknowledges patients' general desire to SDM as concluded in most of the related studies. It also found that the majority of the patient's expectations are met in the patient-physician encounter [21-23]. Lack of time was mentioned as one of the facts inhibiting applying SDM in daily practice [24,25]. Surprisingly, in our study most of the patients agreed that doctors do give them enough time to discuss their problems. It is concluded that physicians who do not listen to the patient do not have enough information for treatment. Thus fully informing the physician affects diagnosis [26]. Cultural differences may affect the patient-physician encounter [27]. We found few citations in the literature assessing economic and financial factors in the approach of physicians in relation with their patients. Unlike the exception that doctors do not care about the patients' budget at all, it was seen in our study that forty two percent (42%) disagreed. The findings also show that overall, Iranian doctors attempt to provide emotional support and physical comfort for the patients. As indicated in previous studies, patients' anxiety decreases whenever physicians meet patients' expectations [28]. The current study reveals that most of the patients believe physicians always try to reduce patients' anxiety. It is clear that little information is given to the patient in the patients-physician encounter [29-31]. Our results show that the great majority of patients wish to participate in the decision making process [10]. Additionally patients believed 40% of doctors tend to recommend unnecessary surgical decisions in their practice. Although not the majority of doctors, 40% is a large number for such surgeries due to its great expected harms. Krupat and colleagues [15] concluded that age, gender and level of education are in relation with patient desire to SDM. Our results show no significant relation between patients' age and location with their desire to SDM. However, correlation between patient desire to SDM and level of education was quite significant.

The population enrolled to our study was limited. A similar study with a larger population and greater distribution is more likely to have outcomes that are more reliable. Having the patients as interviewees was another limitation. Some patients were not in a proper health condition to participate in the interview and there were too many refusals.

5. CONCLUSION

Our findings indicate a strong desire among patients for SDM, particularly among patients who are more educated. Our results also determined that patients believe that Iranian doctors have a tendency toward SDM and are attempting to apply it in their daily practice.

CONSENT

All of the authors declare that 'written informed consent was obtained from the patient for performing and publication of this study.

ETHICAL APPROVAL

All authors hereby declare that all steps of the study approved by the local ethical committee of the outpatient clinic of Tabriz University of Medical Sciences and have therefore been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki."

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COMPETING INTERESTS

Authors have declared that they have no conflicts of interests exit.

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