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SCHWERPUNKT

The decisional conflict scale: moving from the individual to the dyad level

Die Entscheidungskonflikt-Skala: Von der individuellen zur dyadischen Ebene

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SCHLÜSSELWÖRTER

Partizipative Entscheidungsfindung (PEF);

Summary Decisional conflict is a central determinant of decision making, particularly in the context of uncertainty. It is also one of the most frequently reported outcomes in studies on decision support interventions. Decisional conflict is defined as personal uncertainty about which option to choose. The Decisional Conflict Scale (DCS) is a self-administered questionnaire that was originally designed to assess decisional conflict in patients. The scale has since been adapted to and tested among health professionals, since decisional conflict as seen by doctors, nurses and other healthcare providers has proven useful in evaluating the quality of the shared decision making (SDM) process.

In recent years, however, more and more researchers have found that evaluating the perspectives of the patient and the health professional as interdependent members of a dyad, rather than as two autonomous individuals, offers exciting avenues for developing interventions to improve decision making in the clinical setting. For that reason, the SDM community has increasingly turned its attention to a dyadic approach to SDM. In this paper, we briefly review the history of the Dyadic Decisional Conflict Scale (D-DCS), update its psychometrics based on published work, and propose a research agenda for refining it further.

Zusammenfassung Der Entscheidungskonflikt ist, insbesondere bei Entscheidungsunsicherheit, eine zentrale Determinante der Entscheidungsfindung und gehört zu den am häufigsten in Studien über Interventionen zur Entscheidungsunterstützung untersuchten Zielparametern. Ein Entscheidungskonflikt ist definiert als persönliche Unsicherheit bei der Entscheidung zwischen verschiedenen Optionen. Die Entscheidungskonflikt-Skala (Decisional Conflict Scale, DCS) ist ein selbstauszufüllender Fragebogen, der ursprünglich zur Beurteilung von Entscheidungskonflikten

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Dyadische
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bei Patienten entwickelt wurde. Zwischenzeitlich ist der Fragebogen angepasst und bei Ärzten und anderen im Gesundheitswesen Beschäftigten getestet worden, denn es hat sich herausgestellt, dass der Entscheidungskonflikt, wie er von Ärzten, Pflegekräften und anderen Anbietern von Gesundheitsleistungen gesehen wird, ein brauchbares Kriterium für die Beurteilung der Qualität des Prozesses der partizipativen Entscheidungsfindung (PEF, Shared Decision Making, SDM) darstellt.

In den letzten Jahren setzt sich unter Wissenschaftlern allerdings zunehmend die Auffassung durch, dass sich völlig neue Möglichkeiten für die Entwicklung von Interventionen zur Verbesserung der Entscheidungsfindung im klinischen Bereich ergeben, wenn man bei der Evaluierung der jeweiligen Sichtweisen Arzt und Patient nicht als zwei autonome Individuen betrachtet, sondern sie als wechselseitig voneinander abhängige Glieder einer Dyade begreift. Aus diesem Grund hat sich das Interesse der PEF-Community mehr und mehr in Richtung eines dyadischen Ansatzes verschoben. In diesem Beitrag gehen wir kurz auf die Entwicklungsgeschichte der Dyadischen Entscheidungskonflikt-Skala (D-DCS) ein, aktualisieren ihre psychometrischen Eigenschaften auf der Grundlage der veröffentlichten Literatur und legen ein Forschungsprogramm vor, wie sich diese Skala weiter verfeinern ließe.

Introduction

Efforts to improve the health of individuals assume that human beings are able to make the best life choices for themselves [1]. Shared decision making (SDM) is defined as a process in which the patient and the health professional(s) share a decision about the patient's health care [2]. SDM aims at helping patients play an active role in decisions about their health, the ultimate goal of patient-centred care [3]. While SDM depends on parties considering the best evidence of the risks and benefits of all the available options [4], studies show that most treatment options are not supported by robust evidence [5]. This suggests that recognizing uncertainty—the uncertainty bound to arise if the risks and benefits of treatment options are not clear—should be at the heart of the patient-health professional exchange [6].

Although some instruments have been developed to assess the patient's perception of uncertainty experienced during the decision-making process, few measures exist for assessing the perception of uncertainty in both members of the patient-health professional dyad [7–9].

This paper briefly reviews the history of the development of the Dyadic Decisional Conflict Scale (D-DCS), updates its psychometrics based on published work, and proposes a research agenda for further refinement of the scale.

Decisional conflict

Decisional conflict is a central determinant of decision making, particularly in the context of uncertainty [10]. It is defined as personal uncertainty about which option to choose among many [11]. Uncertainty is the hallmark of a decision subject to ambiguous or risky outcomes, the recognition of potential losses as well as potential gains, and anticipated regret in forgoing the positive aspects of options that were not selected [12]. It should not be confused with anxiety, a pathological state in which an individual feels malaise and apprehension and in which the autonomous nervous system is activated in response to a perceived menace [11,13].

An important aspect of decisional conflict is that it is an intra-personal psychological construct. In other words,

decisional conflict does not refer to conflict between two individuals but rather to an individual's internal conflict or uncertainty about which course of action to take when choice among competing actions involves risk, loss, regret, or challenge to personal life values [11]. Although decisional conflict stems from a difficult decision, several modifiable deficits may increase it: 1) insufficient knowledge of the options; 2) unclear values regarding the benefits and harms of the options; and 3) inadequate support or resources for decision making [14]. In educating and training health professionals in SDM, one of the key competencies that educators must teach is how to screen decisional conflict in patients [15].

In the context of SDM, decisional conflict is one of the most frequently reported outcomes in studies of decision support interventions [14,16]. Evaluating decisional conflict is the necessary next step in improving the efficacy of decision support interventions to help patients and health professionals reach informed, value-based decisions. Working to reduce patients' decisional conflict ensures that the decisional process is not biased in favour of a decision determined a priori by the expert [14]. Rather, it helps ensure that the decision made by the patient is informed by the best evidence and is in line with the patient's values. Using decisional conflict as an assessment tool is thus appropriate for situations of uncertainty in which there is no single best decision.

The Decisional Conflict Scale: The patient's version

O'Connor (1995) was first to propose a measure to assess decisional conflict in patients. The Decisional Conflict Scale (DCS) is a self-administered questionnaire [12] that can be used to 1) diagnose a patient's decisional conflict; 2) identify the patient's decision support needs (knowledge, values clarification, support); 3) determine the quality of the decision process; and 4) evaluate the impact of decision support interventions [16,17]. The DCS comprises 16 items grouped into five sub-scales: certainty, information, clarification of values, support or pressure from others, and the respondent's perception of the quality of the decision process

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