



Review article

Shared decision making within goal setting in rehabilitation settings: A systematic review

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ABSTRACT

Objective: To map out and synthesise literature that considers the extent of shared decision-making (SDM) within goal-setting in rehabilitation settings and explore participants' views of this approach within goal-setting.

Methods: Four databases were systematically searched between January 2005–September 2015. All articles addressing SDM within goal-setting involving adult rehabilitation patients were included. The literature was critically appraised followed by a thematic synthesis.

Results: The search output identified 3129 studies and 15 articles met the inclusion criteria. Themes that emerged related to methods of SDM within goal-setting, participants' views on SDM, perceived benefits of SDM, barriers and facilitators to using SDM and suggestions to improve involvement of patients resulting in a better process of goal-setting.

Conclusions: The literature showed various levels of patient involvement existing within goal-setting however few teams adopted an entirely patient-centred approach. However, since the review has identified clear value to consider SDM within goal-setting for rehabilitation, further research is required and practice should consider educating both clinicians and patients about this approach.

Practice implications: To enhance the use of SDM within goal-setting in rehabilitation it is likely clinicians and patients will require further education on this approach. For clinicians this could commence during their training at undergraduate level.

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1. Introduction

Currently in the UK only 56% of patients are being involved as much as they wish to be in decisions about their care and treatment [1]. In response to this, UK policy makers (including several charities and government sources) are driving healthcare towards an approach, which involves the patient more in the decisions for their rehabilitation care and treatment [2–5]. This process within the context of rehabilitation often takes place within goal-setting [6]. Goal-setting is considered the selection of, and agreement on a behavioural objective, which the patient and team work towards over an identified period of time [7]. Sharing decisions about their goals with patients can have a positive impact on the patient's health and mental well-being [6]. This approach is referred to as shared decision making (SDM) and defined as practice in healthcare where clinicians and patients work together to decide on the best course of action [3]. SDM can take place for example when healthcare professionals encourage patients to discuss their problems and enable them to articulate their goals [7,8,9].

SDM, within goal-setting for rehabilitation context, can be best illustrated by adapting the following four characteristics suggested by Charles et al. [10]: (1) at least two participants being involved, within rehabilitation settings (this includes the patient and healthcare professional); (2) information is shared by both parties that is relevant to the process, purposes, outcomes and goals of rehabilitation; (3) both parties participate in the decision-making approach, this includes the patient disclosing preferences, both parties asking questions and evaluating the rehabilitation options; (4) an agreement is reached on the goals and how their outcomes will be measured. For the purpose of this article SDM will be considered by goal-setting encounters that contain all four of these elements.

Previous studies have shown that involving patients in decisions about their goals increases patient satisfaction, [10,11], motivation [12–15], and creates a greater sense of ownership [16]. However, recent empirical evidence suggests that rehabilitation patients have little involvement in making decisions about their goals [6,17–22]. Research reviewing SDM with patients largely focuses on clinical consultations with medical patients [23–26]. Additionally, recent reviews around goal-setting in rehabilitation did not look at SDM specifically [21,22] but looked at goal-setting in stroke more generally. Given the above, we identified a need to understand specifically the use of strategies for SDM and its influence on the experience of people involved in goal-setting for wider rehabilitation.

2. Methodology

A systematic review and thematic synthesis was the selected method of qualitative synthesis [27]. The review was undertaken

within a subtle realist paradigm [28] where the aim of synthesis was to illustrate different accounts and honour the variability of results from different sources. Within this paradigm we acknowledge the value of existing theory around goal-setting but we did not seek to present a single truth from the results, rather we present a 'truth of truths' [29]. The review was undertaken in three stages; (1) search and identification of literature, (2) critical appraisal of literature, and (3) synthesis of literature. The various techniques adopted in the above stages are described below.

2.1. Stage 1: search and identification of literature

A systematic search [30] for searching and identifying studies was undertaken by the primary author and reported using a PRISMA flow diagram [31]. Searches were sensitive to locate quantitative [30] and qualitative data [32]. Four electronic databases were searched from January 2005 until September 2015 (Cochrane, Medline, CINAHL and ASSIA). The key words were: shared decision-making; decision-making; shared decision; goal planning; goal-setting; care planning; intermediate care; elderly care; rehabilitation and variants of these words using Boolean operators (see Supplementary file A for Medline search strategy in the online version at DOI: <http://dx.doi.org/10.1016/j.pec.2016.07.030>). Hand searches were conducted on the reference lists of articles included in this review. A second reviewer was involved in the screening of abstracts and agreement by both had to be reached for all included articles.

2.2. Eligibility criteria

The SPIDER framework (an acronym for sample, phenomenon of interest, design, evaluation, research type) [33] was used to identify the eligibility criteria:

2.2.1. Sample (S)

Adult rehabilitation patients. For the purpose of this study, we define rehabilitation patients as those going through an enabling process that helps them to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels [34].

2.2.2. Phenomena of interest (PI)

To be included articles had to have considered the SDM approach within the goal-setting process for patients who are undergoing rehabilitation.

2.2.3. Design (D)

All types of designs were used including experimental and cohort designs with qualitative analysis, as well as designs, which

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