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Research Paper

Patients' perception of their involvement in shared treatment decision making: Key factors in the treatment of inflammatory bowel disease

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ABSTRACT

Objectives: This study aims to characterize the relationships between the quality of the information given by the physician, the involvement of the patient in shared decision making (SDM), and outcomes in terms of satisfaction and anxiety pertaining to the treatment of inflammatory bowel disease (IBD).

Methods: A Web survey was conducted among 200 Canadian patients affected with IBD. The theoretical model of SDM was adjusted using path analysis. SAS software was used for all statistical analyses.

Results: The quality of the knowledge transfer between the physician and the patient is significantly associated with the components of SDM: information comprehension, patient involvement and decision certainty about the chosen treatment. In return, patient involvement in SDM is significantly associated with higher satisfaction and, as a result, lower anxiety as regards treatment selection.

Conclusions: This study demonstrates the importance of involving patients in shared treatment decision making in the context of IBD.

Practice implications: Understanding shared decision making may motivate patients to be more active in understanding the relevant information for treatment selection, as it is related to their level of satisfaction, anxiety and adherence to treatment. This relationship should encourage physicians to promote shared decision making.

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1. Introduction

Patient involvement in shared treatment decision making has been associated with increased patient satisfaction, improved medication adherence and better health outcomes in primary care settings [1]. These outcomes are especially relevant in the context of chronic illness, where several treatment adjustments and/or modifications occur over time, within a long-term relationship between the patient and his/her medical specialist [2–4]. The complexity of shared treatment decision making increases the difficulty of process assessment. Furthermore, no single metric reflecting informed treatment decision making exists [5]. In this regard, most attempts to evaluate informed treatment decision

making have assessed knowledge, screening intention, and behaviour. However, Johansson [6] has reported that patient involvement in treatment decisions has rarely been discussed. This process could have a significant impact on a patient's future psychological well-being and health outcomes.

The present study was aimed at investigating how elements of patient involvement in shared decision making (SDM) may influence both satisfaction with treatment or anxiety concerning the medical experience, resulting in a model of SDM for the specific context of inflammatory bowel disease (IBD) patients.

1.1. Information transfer between the physician and the patient

Shared treatment decision making relies on the quality of the information given by the physician to the patient. According to Brédart, Bouleuc, and Dolbeault [7], a medical interview is successful if communicative behaviours follow both the patient's agenda with his symptoms, preferences and concerns and the doctor's agenda with details of disease and treatment options. This

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exchange consists of “information seeking” and “information giving” from both the physician and the patient. Previous studies have shown that a lack of information may actually interfere with a successful choice made by the patient [8]. For instance, patients with irritable bowel syndrome primarily expected comprehensive information, references to sources of additional information, answers to their questions, an attentive ear, and information about studies on disease and medication from their health care providers [9]. Information provided by physicians requires an initial clarification of the patients’ needs for information or values [10,11]. If the information provided by the physician meets the patient’s need for information, a relationship of trust will be fostered with the treating physician. Specifically, when physicians fulfill the information needs of their patients in terms of treatment options and management of medications, confidence in the treating physician will strengthen and promote patient’s involvement in decisions to increase adherence to treatment [3,12–15]. Patients with IBD are likely to experience several treatment changes in accordance with their disease progression and the emergence of new treatments, which requires an ongoing transfer of information throughout the patient’s life. The need for a high quality information transfer could be even more important in these conditions than for diseases such as cancer, which have been the principal focus of current research on this matter. Accordingly, the present study proposes that the quality of the information transfer influences patient involvement in SDM (first hypothesis – H1; see Table 1).

1.2. Shared decision-making process

The most-often used definition of SDM was proposed by Charles et al. [16] and is characterized by the following elements: “(1) that at least two participants – physician and patient – be involved; (2) that both parties share information; (3) that both parties take steps to build a consensus about the preferred treatment; and (4) that an agreement is reached on the treatment to implement”. Consistent with this definition and current literature, this study suggests that SDM starts with a high quality information transfer between the doctor and the patient, is followed by an understanding of this information by the patient, and then by his involvement in treatment selection and his certainty over this choice. Patients’ understanding of the information given by their physicians is a crucial first step in SDM. Patients who receive information are more likely to report optimal satisfaction with pain medication than those who do not, and patients who participate in SDM are also more likely to report optimal satisfaction with treatment and display a greater average decrease in pain score [1]. A number of studies have shown that patients prefer situations where physicians present to them a range of treatment options, as they

want to understand the reasons for which they may need a specific medication as opposed to another [17,18]. Thus, the quality of the physician-patient information transfer is linked to information comprehension by patients as well as their involvement in SDM. Furthermore, such studies have identified low levels of information understanding as a factor involved in treatment adherence: patients whose physicians prescribe a medication without explaining the reasons behind his/her choice or side-effects were significantly associated with a low adherence during the first year of treatment. Thus, physicians must be aware of patient’s preferences towards the administration and dosing of their medications in order to help guide their treatment decisions [19].

Perceived levels of certainty over the chosen treatment option influences levels of involvement by the patients. Ramfelt and Lützné [20] actually suggest that compliance with participation was characterized by open dialogue between the physician and the patient. However, compliance without participation has been associated with participants’ feelings of uncertainty and distress, and of being rushed into the subject of decisions, without having time to properly reflect on the information provided or the opportunity to influence the treatment and care process. Carter, Lobo, and Travis [21] propose that individuals with IBD strongly believe that they need sufficient information in order to make a rational personal choice about treatment options. According to McCormack et al. [5], patients with greater decisional uncertainty are more likely to report greater levels of involvement in the treatment decision-making process as well as a greater satisfaction with their level of involvement. One explanation for these findings may be that patients who are less certain about their decision display a higher level of questioning about their values and preferences, and have more extensive conversations with their clinician and, ultimately, are actually more actively involved in the decision and more satisfied with their level of involvement. Health care providers must help patients to understand the potential risks versus benefits of different treatment options, as patients who are more engaged in their healthcare decision making are more likely to experience confidence in, and satisfaction with treatment decisions [22]. Considering the interconnection between information comprehension, patient involvement and decision certainty, three components of SDM, the present study proposes that the first component influences the second which, in turn, influences the third (H2; Table 1).

1.3. Satisfaction

Patients’ satisfaction levels reflect the extent to which the patients’ healthcare needs, expectations and preferences are met. Janisse [23] has indicated that physicians whose patients were the most satisfied described a need to listen to their patients

Table 1

The 5 hypotheses that constitute the theoretical SDM model and tested with path analysis.

No	Hypothesis
H1	The quality of the information transfer between the physician and the IBD patient will significantly influence the likelihood of patients’ involvement in the shared treatment decision-making process ($\beta_{21} = \beta_{31} = \beta_{41} \neq 0$).
H2	Comprehension of the information provided by the physician will significantly influence the likelihood of experiencing a high level of involvement in the treatment selection which, in turn, will significantly influence the likelihood of experiencing confidence in the chosen treatment among patients suffering from IBD ($\beta_{32} = \beta_{43} \neq 0$).
H3	The participation in shared decision-making process will significantly influence the likelihood of experiencing a high level of satisfaction concerning the suggested treatment process in patients suffering from IBD ($\beta_{52} = \beta_{53} = \beta_{54} \neq 0$).
H4	The participation in shared decision-making process will significantly influence the likelihood of experiencing a low level of anxiety concerning the suggested treatment process in patients suffering from IBD ($\beta_{62} = \beta_{63} = \beta_{64} \neq 0$).
H5	The level of patient satisfaction concerning the suggested treatment process will significantly influence the likelihood of experiencing a low level of anxiety concerning the suggested treatment process among patients suffering from IBD ($\beta_{65} \neq 0$).

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