EDITOR'S CHOICE

The Desired Role of Health Care Providers in Guiding Older Patients With Distal Radius Fractures: A Qualitative Analysis

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Purpose Understanding patient preferences for shared decision making is valuable for surgeons to advance patient-centered care, particularly in cases where there is not a clearly superior treatment option, like distal radius fracture. The existing evidence presents conflicting views on the desired role of the provider among older patients when making medical decisions. We aimed to investigate the perceived versus desired role of the provider in older adult patients with distal radius fracture.

Methods Thirty patients (≥62 years old) who had sustained a distal radius fracture within the past 5 years were recruited from the screening process of the Wrist and Radius Injury Surgical Trial at the principal investigator's site using purposive sampling. A trained member of the research team conducted interviews in a semistructured format with the help of an interview guide. Findings were derived following the principles of grounded theory.

Results Participants experienced varied levels of shared decision making with the hand surgeon. Subjects' perceived role of the surgeon did not always match their desired role. Most patients placed distinct trust in the recommendations of hand specialists regarding the technical aspects of the treatment. Nonetheless, respondents wanted to provide input when decisions pertained to outcomes or functionality. Many patients sought outside support from family or friends in the health care field, regardless of the outside source's medical specialty.

Conclusions Despite conflicting evidence, most older adult patients desire a shared approach when making treatment decisions. Exchanging information and preferences on outcomes of each treatment option may be more important to the patient than detailing the specific technical aspects of their care.

Clinical relevance To provide high quality care, surgeons should evaluate the desired role of the patient to make treatment decisions at the start of their interaction. Surgeons must be aware of outside medical influences that guide their patients' decision-making processes. *(J Hand Surg Am. 2017;■(■):■−■. Copyright © 2017 by the American Society for Surgery of the Hand. All rights reserved.)*

Key words Qualitative, distal radius fracture, shared decision making, health care provider, WRIST.

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The National Academy of Medicine identified patient-centered care as one of 6 aims to improve health care.[1] The Academy advocates that a patient should always be permitted to play an active role in medical decision making, and that having patient values drive clinical decision-making will improve both patient and physician satisfaction. Historically, the patient-provider relationship has been paternalistic in nature;[2] however, it has been established in more recent years that many patients desire a joint role when making medical decisions.[3] Patient involvement adds considerable insight to decisions when there is not a clearly superior option.[4] In such cases, patients can identify their preferences for specific treatment details that may not be as important to the surgeon, such as scar size or treatment facility.

Numerous studies have attempted to gauge patient preferences for shared decision making for specific diseases and among unique populations. In a survey of 99 older adult patients seeking treatment for a distal radius fracture (DRF), Dardas et al[5] found that 81% of participants favored shared responsibility between the patient and the surgeon when making a treatment decision. These results contradict previous evidence that claimed that older patients are less likely to prefer an active role when choosing a treatment.[6–8] DRF represents a condition in which comparable functional outcomes may result from the different available modes of treatment;[9–11] under these circumstances, decisions for the most appropriate intervention must be based on other factors. Variation in the literature regarding the desired role of the patient and provider when making treatment decisions may be explained by a lack of differentiation between different aspects of a decision.[2] For example, although patients may want to be consulted about the impact a treatment may have on their daily lives, they may be intimidated by, or simply not interested in, the technical aspects of treatment.

A qualitative research design can shed light on this knowledge gap by facilitating conversation between researchers and participants to identify common themes from the participants' perspective.[12] As incidence rates of DRFs among the older adult population climb,[13–15] the associated cost and burden of this group of patients on the medical system will also increase.[16] Expanding on the desired role of the health care provider, from a patient perspective, can be advantageous for physicians to promote effective and safe patient-centered efforts. In this study, we interviewed older adults to clarify the influence of health care providers on this group's decisions, experience, and satisfaction throughout their DRF treatment. We aimed to expand on the actual versus desired role of the provider from a patient perspective.

MATERIALS AND METHODS

Study design

Whereas the purpose of a quantitative study is to generate numerical data and uncover patterns, qualitative designs are used to gain insight and depth by adding perspective. We used grounded theory to guide the study design and protocol. Grounded theory is valuable to medical research because it emphasizes the use of qualitative interpretations to fuel quantitative investigation.[12,17] Findings can be applied to build hypotheses that can be empirically tested, which may be helpful to surgeons, who must navigate a balance between evidence-based medicine and patient-centered care. Institutional review board approval was obtained before study recruitment.

Study sample

All participants were identified retrospectively after having been previously screened for the ongoing Wrist and Radius Injury Surgical Trial (WRIST) at the Coordinating Center. WRIST is a multicenter international trial in which patients aged 60 or older at the time of fracture are randomized to receive one of 3 surgical treatments (volar locking plating system [VLPS], external fixator, or percutaneous pinning) or elect nonsurgical treatment. By the time of recruitment for the present study, every subject had already received treatment for their fracture, either as a part of WRIST or as a patient who did not participate in the trial.

We used purposive sampling to ensure that each participant had completed a thorough discussion with a hand surgeon about the advantages and disadvantages of the available modes of treatment, regardless of whether the individual had enrolled in the WRIST study. Because this is a study of decision making, we specifically targeted patients who had been recruited for WRIST but who declined enrollment, citing a preference for a particular treatment. To supplement this group, we also targeted patients who were ineligible for WRIST due to fracture characteristics, but for whom all 3 surgical treatment methods would be appropriate. We identified these patients using our screening log of individuals who sustained a DRF during the WRIST recruitment period, but were ineligible to participate. We reviewed outpatient visit and operative notes from a patient's encounters with his or her hand surgeon to confirm that all treatment options were appropriate. Finally, we included

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