

Shared decision making (SDM) is a healthcare delivery model that mandates patient-centered care for clinical practice. Practicing SDM ensures that patients and family caregivers are engaged in making decisions about their care and treatment with healthcare providers. This article reviews the evidence on how nurses can influence the outcomes of cancer treatment decisions by using the SDM model.

AT A GLANCE

- SDM is a treatment decision-making model that requires collaboration between healthcare providers and the patient or family caregiver.
- Practicing SDM can improve patient-reported outcomes following treatment decisions.
- Competency with SDM encourages patient engagement and participation in treatment decisions and can improve the patient-provider relationship.

KEYWORDS

shared decision making; patient-centered care; cancer treatment; competence

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Shared Decision Making

Improving patient outcomes by understanding the benefits of and barriers to effective communication

Beth Faiman, PhD, MSN, APRN-BC, AOCN®, and Joseph D. Tariman, PhD, RN, ANP-BC, FAAN

Shared decision making (SDM) is an important component of patient engagement in which the healthcare provider invites the patient or his or her caregiver to collaborate on treatment decisions (Kane, Halpern, Squiers, Treiman, & McCormack, 2014; Tariman et al., 2016; Tariman & Szubski, 2015). With the number and complexities of treatment options continuing to increase, the SDM model encourages patients, family caregivers, and healthcare providers to evaluate clinical information (e.g., data from research, the patient's overall health status) and compare the risks and benefits to select the most appropriate treatment option. This article provides an overview of the benefits of and barriers to effective SDM and recommends interventions to enhance the use of the SDM model among nurses and healthcare providers.

Shared Decision Making

SDM is a treatment decision-making model that can be implemented during patient encounters with healthcare teams or providers. Although many healthcare providers may prefer to implement SDM into routine patient encounters, many variables, such as high levels of uncertainty, the complexity of medical decisions, multiple treatment options, and time constraints, can limit or prevent the use of SDM during communication encounters (Kane et al., 2014). In most cancer centers, the healthcare team consists of physicians, advanced practice providers,

and clinical nursing staff members, all of whom have the opportunity to engage and assist patients and caregivers with critical treatment decisions. Previous studies have frequently cited nurses as trusted members of the healthcare team, and patients often share their thoughts, concerns, and desired treatment options with their nurses and advanced practice providers; therefore, they are well positioned to engage patients in SDM (Singh et al., 2010; Tariman et al., 2016; Tariman & Szubski, 2015). The four essential elements of SDM focus on integrating patient desires and wishes so that patients can determine their best treatment option. Effective SDM requires at least two participants (e.g., a healthcare provider and a patient or family caregiver). Both parties share information regarding the decision to be made and take the necessary steps to reach a consensus about the preferred treatment decision. SDM is considered successful when mutual agreement is reached between the patient or caregiver and the healthcare provider(s) on the treatment decision (Charles, Gafni, & Whelan, 1997).

Benefits

Previous studies have evaluated the financial and emotional benefits of positive patient-provided communication encounters (Montori, Kunneman, & Brito, 2017; Müller et al., 2019). According to Steffensen et al. (2018), patient decision aids are associated with overall improved decision quality and decision-making processes that lead to improved