A computerized database search was performed using PubMed®, CINAHL®, and EBSCOhost to identify provider-specific factors associated with shared decision-making (SDM) competency among direct patient care providers in hematology-oncology practice. Personal factors included being female or older in age and having higher education. Years of clinical experience, nonclinical experiences, institutional support for SDM, administrative support for SDM training and education, and cultural competence were also reported as having a positive correlation with SDM competence among care providers. Future research is needed to identify core SDM competencies in the interprofessional hematology-oncology care setting.

AT A GLANCE

- Implementing SDM core competencies in the hematology-oncology setting can improve patient–provider communication.
- Interventions to improve SDM can focus on modifiable factors, such as institutional support for SDM, leadership support for training, and the development of cultural competence related to treatment decisions.
- Oncology nurses with extensive clinical experience can be champions during the adoption and implementation of SDM in practice.

KEYWORDS
shared decision making; competencies; hematology-oncology; communication

DIGITAL OBJECT IDENTIFIER
10.1188/20.CJON.346-351

Shared Decision-Making Competency

Provider-specific factors in hematology-oncology clinical practice

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Direct patient care providers in contemporary hematology-oncology practice, such as medical doctors, nurse practitioners (NPs), physician assistants, RNs, and licensed medical social workers, among others, are becoming increasingly aware of the short- and long-term benefits of shared decision making (SDM) (Kane et al., 2014). According to Bomhof-Roordink et al. (2019), a patient diagnosed with cancer faces treatment decisions that can have irreversible or long-term effects, which consequentially place more emphasis on SDM to increase patient satisfaction with treatment decisions and to reduce decisional regrets about treatment. Oncology nurses have recognized patient advocacy among the roles that they fulfill throughout the cancer treatment decision-making process (Tariman & Szubski, 2015). In a qualitative study by McCarter et al. (2016), oncology nurses reported that they felt they had a voice in SDM with their patients. However, the degree of their influence can vary, and patients may or may not consider nurses' input, which can be related to the nurse's lack of competence in SDM knowledge and skills (Tariman et al., 2016). SDM is multifactorial and complicated, and the provision of training and education to build competence among oncology nurses is required (Warzyniec et al., 2019). Brown et al. (2016) highlighted the importance of culture in patient–provider relationships and how patients respond to medical issues. Therefore, cultural competence is also necessary for successful SDM process implementation. Although competency in SDM has been previously studied as a whole and within various settings and disciplines (Diendéré et al., 2019; Elwyn et al., 2000; Légaré et al., 2013; Lucander, 2017), it has rarely been studied in oncology nursing. An SDM research team at a university in the midwestern United States, developed and tested a reliable and valid instrument designed to measure the role of competency in SDM among oncology nurses (Tariman et al., 2018). However, the direction of correlations between SDM competency and active participation in SDM among oncology nurses has not been studied.

Leadership at an outpatient hematology-oncology clinical practice in a large, urban comprehensive cancer center in the Midwest region of the United States developed a practice-wide SDM model of care delivery initiative. The initiative aimed to improve patient satisfaction with cancer care, strengthen patient–provider relationships, increase cancer treatment adherence, and improve short-term cancer treatment response rates (first three months postimplementation). For the