



Shared Decision Making: Patient Perspective on Involvement in Healthcare at a Secondary Healthcare Facility in Kano State, Nigeria

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Abstract:

This study explores the background and significance of patient involvement in healthcare decision-making. Patient involvement and empowerment have been recognized as crucial elements in improving health outcomes. However, despite its importance, patient involvement in decision-making is often lacking in most clinical practice. This study aims to determine the perception of patients towards involvement in their healthcare decision-making at a secondary healthcare facility in Kano State, Nigeria. A descriptive cross-sectional survey was used to recruit 171 respondents. Study findings suggest about 56.7% of the respondents have been involved in decision-making related to their health and care treatment with a distribution of, 45.4% reported making decisions regularly, while 39.2% made decisions sometimes, and 15.5% made decisions mostly. The findings from this study are expected to contribute to the improvement of patient-centred care and inform health policy decisions.

Keywords: *Shared Decision Making, Patient Involvement, Health Care Decision-Making, Patient-Centered Care*

<https://dx.doi.org/10.4314/bjnhc.v6i1.4>

Introduction

Elwyn et al. (2000) suggest that patient involvement in healthcare decision-making is a central theme in both national and local healthcare institutions. As such it is widely recognized that patient involvement and empowerment are essential for improving health outcomes. However, despite the importance placed on patient involvement, it is often lacking in current clinical practice (Keij et al., 2023). Though Elwyn et al. (2000) affirm that the definition of the concept of patient involvement might be broad, with some researchers alluding to "patient-centeredness". Nonetheless, this gap between patient preferences and actual involvement, also referred to as shared

decision-making - SDM (Elwyn et al., 2000) can lead to incompatible preferences and a lack of communication between healthcare providers and patients. Studies have shown that patients' involvement in decision-making is associated with improved satisfaction, medication adherence, and overall health outcomes (Keij et al., 2023).

The Nigerian healthcare system, like many others in the West African subregion, faces challenges in implementing SDM (Abiola et al., 2014; Diouf et al., 2017; Iloh et al., 2019). Both studies suggest that healthcare professionals often have a higher caring attitude than a sharing attitude, viewing

patients as individuals with diseases rather than whole persons. Arguably, this perhaps paternalistic approach hinders the establishment of a partnership between patients and healthcare providers. Patients, on the other hand, might possess valuable knowledge about their own bodies, experiences, and expectations that may assist the healthcare professional in rendering quality care. Their involvement in decision-making is crucial to ensure personalized care and better treatment outcomes.

Thus the current state of patient involvement in decision making has significant implications for all health care systems and patient well-being. The failure to involve patients in their care might lead to wrong diagnoses, treatment failures, and or even mortality.

Health decision-making involves patients making choices about their treatment and participating in their diagnosis. It is a cognitive process that involves selecting a belief or course of action from various alternatives. The decision-making process is influenced by the values, preferences, and beliefs of the decision-maker. Medical decision-making or SDM is the process of considering patients' choices for diagnosis or treatment, incorporating available test information and patient preferences (Charles et al., 1997; Elwyn et al., 2000; Keij et al., 2023). It is a problem-solving activity involving both healthcare providers and patients, resulting in an optimal or satisfactory solution.

The model of SDM emphasized the importance of engaging patients in their healthcare, particularly in the management of chronic conditions. Shared decision-making (SDM) emerged as a framework for involving patients in healthcare

decisions, highlighting the need for bidirectional information exchange and patient participation in decision-making (Elwyn et al., 2000). Perceptions of patients regarding SDM may vary, with some desiring active involvement while others prefer a more passive role (Keij et al., 2023). It might be argued that patients' perceived role can influence their preferences for participation with factors such as demographics, diagnosis, health status, knowledge about their condition, and interactions with clinicians affecting patients' preferences for participation.

Shared decision-making involves several components, including identifying decision circumstances, gathering relevant information, identifying alternatives, weighing the evidence, choosing among alternatives, implementing the plan, and evaluating the decision (Charles et al., 1997; Elwyn et al., 2000; Gogovor et al., 2022; Keij et al., 2023). Therefore, one can suggest that SDM relies on accurate and unbiased medical evidence, effective communication between healthcare professionals and patients, patient expertise, informed preferences, and acceptance of treatment.

Methods

The present study utilized a descriptive cross-sectional survey design. The research was conducted at a secondary healthcare facility in Kano state, Nigeria. The target population consisted of patients in the medical and surgical wards of the hospital. The minimum sample size required was calculated to be 171 patients using the Taro Yamane formula, with a 5% non-response rate added. A systematic sampling technique was employed, with every fifth respondent selected on each ward until the required sample size was achieved.

The research instrument used in the study was a researcher-administered questionnaire consisting of four sections: socio-demographic characteristics, level of patient involvement in decision-making, factors influencing patient healthcare decision-making, and strategies for improving healthcare decision-making.

Data collection involved obtaining ethical clearance and permission from the Health Research Ethics Committee of the Ministry of Health Kano State, followed by seeking informed consent from the participants ensuring confidentiality and anonymity by numbering the questionnaires and excluding participant names.

The data obtained were analyzed using the Statistical Package for the Social Sciences (SPSS) software, version 25.0, and the results were presented using frequencies and simple percentages.

Results

Findings on the respondents' involvement in SDM (Table 1) reveal that 56.7% of the respondents have been involved in decision-making related to their health and care treatment. Among those who have been involved, 45.4% reported making decisions regularly, while 39.2% made decisions sometimes, and 15.5% made decisions mostly. Additionally, 52.6% of respondents reported using a prepared format for their decision-making, while 46.2% were allowed to express their ideas, fears, and expectations related to their care. However, a significant portion (53.8%) did not receive feedback regarding decision-making in their care. Interestingly, the vast majority (94.7%) of respondents believed it was important for patients to be involved in their healthcare decision-making. Furthermore, 85.4% of respondents stated that they would not feel

confident in health care decisions that did not involve their views.

In terms of the factors associated with healthcare decision-making according to the respondents' perspectives (Table 2), the data shows that a substantial proportion (58.5%) of respondents agreed that they had awareness related to their healthcare decision-making. In terms of the impact of various factors on healthcare decision-making, the majority agreed that demography, personal characteristics, emotions, and cognitive factors influence their healthcare decisions (76.7%). Similarly, a significant portion (55.6%) agreed that cultural beliefs about healthcare workers' perception of decision-making affected their health decisions. Respondents also recognized the importance of healthcare providers' knowledge, skills, and staff competency (92.4%). Additionally, the respondents agreed that diagnosis, patient knowledge, experiences, and prognosis of diseases (93.5%), as well as the meaning of diseases, stages, illness severity, and symptoms (79.6%), played a role in their decision-making. However, when it came to patient participation in the process, opinions were more divided, with 55.6% agreeing and 33.9% disagreeing.

Moreover, findings on the strategies that can be employed to improve healthcare decision-making (Table 3), the data demonstrate strong agreement (77.1%) on the importance of interdisciplinary communication in decision-making. Health education of patients about the importance of healthcare decision-making was seen as crucial by the majority (69.6%) of respondents. Keeping records and proper documentation received mixed responses, with 70.2% disagreeing and 14.6% agreeing. Providing patients with

maximum time to respond had significant support, with 40.4% strongly agreeing and 48.5% agreeing. However, the majority of respondents (52.0%) strongly disagreed with providing patients with consent forms to allow them to make proper decisions. In terms of training health workers, the majority (62.0%) agreed that appropriate training could improve healthcare decision-making. Additionally, developing consumer information (69.0%) and standards related to patient conditions and involvement in care (51.5%) were considered important. Lastly, respondents acknowledged the significance of clearing cultural beliefs and misconceptions (59.1%) regarding patient participation in health care delivery.

Discussion

This study shows that more than 50% were not allowed to express their ideas, fears, and expectations related to their care which resonates with the works of Iloh et al. (2019) and Abiola et al. (2014) both of which examined the nature of relationship in terms of care between healthcare professionals and patients. It also affirms the concerns of the work of Diouf et al. (2017) who emphasizes that SDM initiatives seem to be lacking in West Africa compared to other developed settings globally. However, one might argue that the nature of our healthcare professionals' training and practice has always been paternalistic (Abiola et al., 2014). This means the healthcare professional is seen and assumed to hold the power of both knowledge and decisions alone for the benefit of the patient. Despite this, the respondents (94.75) consider SDM important in the provision of healthcare and also want to be involved in decisions concerning their health.

Also, when exploring the factors associated with SDM, the majority of the respondents (69.0%) agreed that patient-staff interaction relationship and patient knowledge were influential factors, other factors include in terms of the impact of various factors on healthcare decision-making, the majority agreed that demography, personal characteristics, emotions, and cognitive factors influence their health care decisions (76.7%). Similarly, a significant portion (55.6%) agreed that cultural beliefs about healthcare workers' perception of decision-making affected their health decisions. Respondents also recognized the importance of healthcare providers' knowledge, skills, and staff competency (92.4%). This finding is consistent with studies conducted by Larson et al. (2019), which identified patient-staff interaction and patient knowledge as important sources of information for decision-making. However, it contrasts with a study by Harrison and Bakari, which found that factors such as patient knowledge and prognosis of diseases influenced decision-making. The study suggested that patients are more likely to participate in treatment decisions when the prognosis is favourable and may feel less engaged when facing conditions with a poor prognosis.

In terms of strategies for improving healthcare decision-making, the majority of respondents (77.1%) strongly agreed with interdisciplinary communication about decision-making. Respondents also emphasized the importance of creating linkages through communication and collaboration, promoting acceptance of healthcare decision-making systems, developing consumer information on the proper use of healthcare services, and addressing

cultural beliefs and misconceptions about participation in healthcare delivery. Similar findings were reported by Stiggelbout et al. (2015) suggested the establishment of an international framework for evaluating interdisciplinary communication and the provision of knowledge related to health practices.

In summary, the findings of this study hold significant implications for patient-centered care and health policy decisions. Having insights into patients' perceptions and improving their involvement in SDM will expectedly contribute to better care and treatment outcomes. The study results will serve as a basis for health policymakers to implement management practices that prioritize patient involvement. The findings highlight the age distribution, gender composition, ethnic background, educational status, and involvement of the respondents in healthcare decision-making. Factors such as patient-staff interaction, patient knowledge, prognosis of diseases, and demography were associated with decision-making. Strategies for improvement centred around interdisciplinary communication, collaboration, and addressing cultural beliefs. These findings are consistent with previous studies conducted in Nigeria and other regions, emphasizing the importance of patient participation in decision-making and the need for effective communication and education in the healthcare system.

References

- Abiola, T., Udofia, O., & Abdullahi, A. T. (2014). Patient-doctor relationship: the practice orientation of doctors in Kano. *Niger J Clin Pract*, *17*(2), 241-247.
<https://doi.org/10.4103/1119-3077.127567>
- Charles, C., Gafni, A., & Whelan, T. (1997). Shared decision-making in the medical encounter: what does it mean? *Soc Sci Med*, *44*, 681-692.
- Diouf, N. T., Charif, A. B., Adisso, L., Adekpedjou, R., Zomahoun, H. T. V., Agbadjé, T. T., . . . Garvelink, M. M. (2017). Shared decision making in West Africa: The forgotten area. *Z. Evid. Fortbild. Qual. Gesundh. wesen (ZEFQ)*, *123-124*, 7-11.
- Elwyn, G., Edwards, A., Kinnersley, P., & Grol, R. (2000). Shared decision making and the concept of equipoise: the competencies of involving patients in healthcare choices. *British Journal of General Practice*, *50*, 892-897.
- Gogovor, A., Fakhfakh, M., Bouba, D. A., Acakpo, O., Ayivi-Vinz, G., Musabyimana, A., & Garvelink, M. M. (2022). Shared decision-making and person-centred care approaches in three African regions. *Z. Evid. Fortbild. Qual. Gesundh. wesen (ZEFQ)*, *171*, 6-10.
- Harrison, T. & Bakari, B. (2014). *Assessment of datauses constraints in Tanzania: Decisionmakers 'perceptions.* .Chapel Hil, ,NC
- Iloh, G. U. P., Onya, O. N., Nwamoh, U. N., Onyemachi, P. E. N., Chukwuonye, M. E., & Godswill-Uko, E. U. (2019). Patientdoctor relationship in underserved environment: A cross-sectional study of attitudinal orientation, practice inclination, barriers and benefits among medical practitioners in Abia State, Nigeria. *Niger Postgrad Med J*, *26*(2), 87-93.

https://doi.org/10.4103/npmj.npmj_13_19
 Keij, S. M., Lie, H. C., Laidsaar-Powell, R., Kunneman, M., Boer, J. E. d., Moaddine, S., . . . Pieterse, A. H. (2023). Patient-related characteristics considered to affect patient involvement in shared decision making about treatment: A scoping review of the qualitative literature *Patient Education and Counseling*, 111.

Larson, S. A., Suprapaneni, S., Wack, K., & George, M. (2019). An Algorithmic Approach to Patients Who Refuse Care But Lack Medical Decision-Making Capacity. *J Clin Ethics*, 30(4), 331-337.

Stiggelbout, A. M., Pieterse, A. H., & De Haes, J. C. J. M. (2015). Shared decision making: Concepts, evidence, and practice. *Patient Education and Counseling*, 98(10), 1172-1179.

<https://doi.org/https://doi.org/10.1016/j.pec.2015.06.022>

Table 1: Showing the Distribution of Respondents on the Components of Health Caredecision- Making (N=171)

Variable		Frequency	Percent (%)
Have you everbeen involved indecision- making related to yourhealth/ care treatment	Yes	97	56.7
	No	74	43.3
If yes, howfrequently do you make decision	Regularly	44	45.4
	Some times	38	39.2
	Mostly	15	15.5
Was there a prepared format related to yourdecision- makin?g	Yes	90	52.6
	No	81	47.4
Were you allowed to express your ideas, fears, andexpectations of any treatment related to your car?e	Yes	79	46.2
	No	92	53.8
Were you given feedback related todecision- making regarding your care	Yes	76	44.4
	No	95	55.6
Do you think it is important for patient to be involved in theirhealthcare decision- making	Yes	162	94.7
	No	9	5.3
Do you feel confident inhealthcare decisions that did not involve your view	Yes	25	14.6
	No	146	85.4

Table 2: Showing the Distribution of Respondents in Relation to the Factors Associated with Health Care Decision Making

Variable	Frequency	Percentage
Do you think demography, personal characteristics e.g. age and gender, emotion and cognitive factors affect your health share decision?		
Strongly agree	69	40.4
Agree	62	36.3
Disagree	33	19.3
Strongly disagree	7	4.1
Do you think Cultural belief about the health careworkers' perception of health decision-making affect your health decision?		
Strongly agree	48	28.1
Agree	95	55.6
Disagree	19	11.1
Strongly disagree	9	5.3
Health care providers' knowledge of task procedures skills, psychomotor technical knowledge and staff competency		
Strongly agree	69	40.4
Agree	89	52.0
Disagree	7	4.1
Strongly disagree	6	3.5
Patients staff interaction relationship		
Strongly agree	43	25.1
Agree	118	69.0
Disagree	8	4.7
Strongly disagree	2	1.2
Diagnosis of the patients, patients' knowledge, last experience and prognosis of the diseases		
Strongly agree	71	41.5
Agree	89	52.0
Disagree	5	2.9
Strongly disagree	6	3.5

Meaning of the diseases, stage and illness severity, symptoms of the diseases		
Strongly agree	15	8.8
Agree	121	70.8
Disagree	23	13.7
Strongly disagree	12	5.0
Patients' participation in the process		
Strongly agree	12	7.0
Agree	95	55.6
Disagree	58	33.9
Strongly disagree	6	3.5

Table 3: Respondents Views on Strategies that Can be used to Improve Healthdecision-Making (N=171)

Variable	Frequency (n)	Percent (%)
Ensuring inter- disciplinary communication about decision-making with legal action		
Strongly agree	132	77.1
Agree	27	15.8
Disagree	3	1.8
Strongly disagree	9	5.3
Health education of patients about the importance of health decision- making.		
Strongly agree	33	19.3
Agree	119	69.6
Disagree	14	8.2
Strongly disagree	5	2.9
Keeping records and proper documentation.		
Strongly agree	20	11.7
Agree	25	14.6
Disagree	120	70.2
Strongly disagree	6	3.5
Giving patients maximum time to respond.		
Strongly agree	69	40.4
Agree	83	48.5
Disagree	12	7.0
Strongly disagree	7	4.1

Provide patients with consentforms to allow them to make properdecisions related to their care

Strongly agree	41	24.0
Agree	35	20.5
Disagree	6	3.5
Strongly disagree	89	52.0

Appropriate training of health workers in relation to sharing of health care information with patients

Strongly agree	17	9.9
Agree	106	62.0
Disagree	37	21.6
Strongly disagree	11	6.4

Developing consumer information onthe proper use of health shareddecision-making

Strongly agree	118	69.0
Agree	22	12.9
Disagree	22	12.9
Strongly disagree	9	5.3

Developing standards information to patient conditions, treatment choice and patientinvolvement in the care and drug regiment system.

Strongly agree	36	21.1
Agree	88	51.5
Disagree	17	9.9
Strongly disagree	30	17.5

Clearing the cultural beliefs and misconceptions aboutpatients' participation inhealthcare delivery system

Strongly agree	34	19.9
Agree	101	59.1
Disagree	25	14.6
Strongly disagree	11	6.4