Patient participation in surgical treatment decision-making can be measured using a 16-item scale with four distinct dimensions

10.1136/eb-2014-101830

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Commentary


Implications for practice and research

- It should not be assumed that all patients want to be actively involved in decision-making.
- To enhance our understanding of patient participation and to support its implementation in practice, ethnographic research with patients, including interviews and observations, is required.
- An exploration of the sphere of informed consent is also required with a view to framing defensible decision-making in this complex area of practice.

Context

This paper describes and tests an instrument designed to measure clinicians’ perceptions of how they involve patients in surgical treatment decision-making. The researchers argue that in the context of the various forms of ‘new public management’ reforms in the EU, there has been a shift in policy towards recognising the importance of involving patients in treatment decision-making. However, the concept of patient participation remains vague. The paper aims to validate an instrument to examine this issue and to compare and contrast the perceptions of doctors and nurses in a Norwegian hospital.

Methods

This quantitative study used a cross-sectional self-completion survey to collect data. The instrument was developed from a qualitative study which identified four dimensions of patient participation in treatment decisions: information dissemination, formulation of options, integration of information and control. The instrument was tested on a total of 451 clinicians (119 doctors and 330 nurses—two respondents did not provide details of their occupation), giving an overall response rate of 73% (92% and 72% for doctors and nurses, respectively). Data were analysed for validity and reliability using various statistical tests. Cronbach’s α was above 0.66 for each item, suggesting that the questionnaire’s internal consistency and reliability were adequate.

Findings

Empirical testing of this instrument looked to demonstrate a reasonable level of construct validity and reliability. Overall, it appeared that surgeons and nurses were supportive of patient participation in decision-making. Surgeons appeared to be more positive than nurses about patient involvement. However, the only dimension that was statistically significant (0.001) was integration of information, which could be accounted for by the relatively small sample sizes.

Competing interests None.

References