

# Communication processes related to shared decision making when commencing a new medication in the older person: a systematic review

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## Background

Attention on and demand for greater patient involvement in shared decision-making about their health care has increased. Decisions related to treatment choices should be in the patient's best interest and mutually agreed upon; however, the different perceptions of patients about the communication process can present a challenge. Guidelines and policies encourage health care providers to embrace the concept of shared decision making, the challenge is to promote change and engage both health care providers and patients in the process.

## Aim

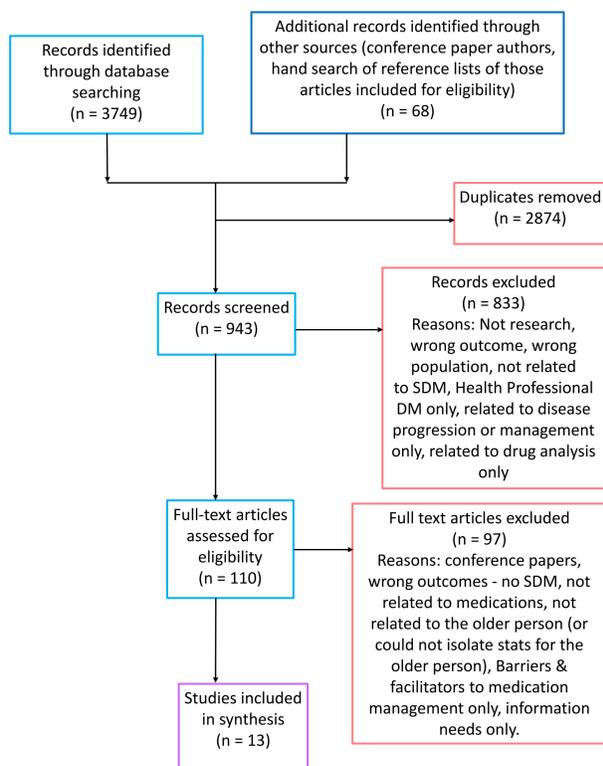
The aim of this review is to identify the communication practices of health care providers and older people in relation to shared decision making when prescribed a new medication. A secondary aim is to describe communication behaviours that enhance or detract from shared decision making between health care providers and older persons when prescribed a new medication.

## Methods

A systematic search was conducted of Medline, EMBASE, CINAHL and PsychINFO databases. Search terms associated with SDM and self-efficacy related to medication management in the older person and/or their caregiver were included. Included, were peer-reviewed articles in English, where shared decision making was evident in relation to the prescribing of a new medication. There were no restrictions on date or research design.

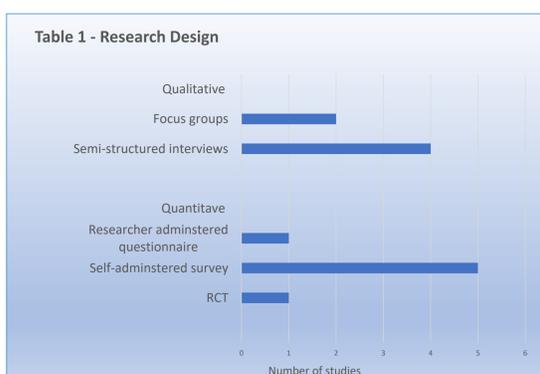
The PRISMA diagram in Figure 1 summarises the selection of papers included in the review.

Figure 1. PRISMA diagram of search

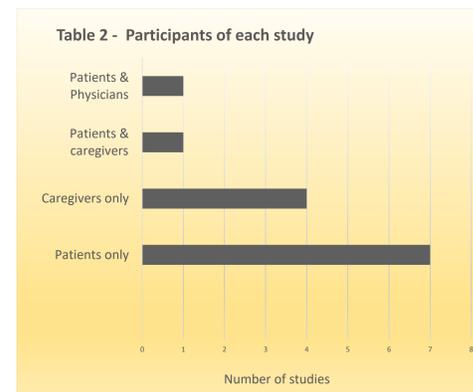


## Results

Thirteen papers (17,495 participants) met the inclusion criteria. The papers ranged from 1996 to 2018, and predominately coming from the United States (n=10), Ireland (n=2) and Sweden (n=1). Varying research designs (see Table 1) were utilised, including both quantitative and qualitative. Participants varied (see Table 2), with all patient participants (n=16,850) aged 65 years or over (range 65-94years), had one or more chronic conditions and were taking at least one regular medication.



## Results



One article explored the patient perspectives on being involved in the decision-making process<sup>1</sup>. One article explored the benefits of a medication consolidation tool on communication and decision-making outcomes<sup>2</sup>. Four articles exploring caregiver perceptions of managing medications were included as part of the research tools included aspects of communication and decision-making with the health care provider<sup>3,7,9</sup>. One article exploring caregiver and patient perceptions of barriers and facilitators of medication management was included as questions in the interviews and identified outcomes related to communication with the prescriber<sup>6</sup>. Three articles related to the pharmacy/patient relationship were included as prescriber/patient communication and decision-making were explored in the outcomes<sup>5,12,13</sup>. Two articles investigated communication behaviours between health care providers and patients linked to shared decision-making and medication adherence<sup>8,11</sup>. One record, an unpublished thesis was included as it explored patients managing medications with one domain in the designed theory on managing medications included prescriber/patient communication and decision-making<sup>4</sup>.

Findings from the review included:

- Communication between the health care provider and patient was often described as sub-optimal, in particular about patient wellbeing, medication non-adherence and changes made to medication regimens<sup>8,11</sup>.
- Health care provider and patient attitudes and behaviours can impede or enhance patient involvement in the shared decision making process<sup>1,3,4,6</sup>. (See Table 3 & 4)
- There is marked variability in the patients' desire to be involved in health care decision making<sup>3,4,6,9,10</sup>.
- Tools promoting self-efficacy in patients to question health care treatments, or coaching from other health care professionals, will have a direct positive effect on the patient to be more involved in the medication related decision making process<sup>1,2,5,12,13</sup>

Table 3 – Identified facilitators to patient involvement in shared decision-making process

Health care provider	Patient
<ul style="list-style-type: none"> <li>• Initiating discussions about patient desire for involvement</li> <li>• Sensitive to patient goals and preferences</li> <li>• Taking an interest in the patient</li> <li>• Question asking / answering questions</li> <li>• Receptive to and addressing concerns</li> <li>• Using appropriate language</li> <li>• Providing opportunity/time to exchange information</li> </ul>	<ul style="list-style-type: none"> <li>• Being Honest</li> <li>• Asking Questions</li> <li>• Confidence in health care provider ability</li> </ul>

Table 4 – Identified barriers to patient involvement in shared decision-making process

Health care provider	Patient
<ul style="list-style-type: none"> <li>• Not listening or paying attention to patient</li> <li>• Uncaring / unconcerned</li> <li>• Abrupt / intimidating / authoritative</li> <li>• Not asking questions</li> <li>• Reluctance to answer questions or provide information</li> <li>• Too technical language</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of trust</li> <li>• Perceived lack of knowledge</li> <li>• Low self-efficacy</li> <li>• Fear / powerlessness</li> <li>• Perception of not being listened to</li> <li>• Perception that health care provider does not want patient to participate or ask questions</li> <li>• Attitude towards taking medications</li> </ul>

## Conclusions

This systematic review provides an overview of the importance of effective communication between health care providers and patients (including caregivers) when a new medication is being prescribed. The evidence has shown that health care providers who are receptive to their patients' needs will promote patient involvement to engage in shared decision making. This can be done by asking questions and encouraging questions by the patient to promote positive outcomes.

## References

1. Belcher, V et al. (2006). *J. Gen. Intern. Med.*, (4), 298-303.
2. Fried, T et al. (2017). *J Am Geriatr Soc*, 65(10), 2265-2271.
3. McCloskey, B et al. (2018). *Palliat. Med.*, 32(6), 1114-1123.
4. Michaud, P. L. (1996). [PhD., Boston College].
5. Montgomery, A et al. (2010). *RSAP*, 6(3), 185-195.
6. O'Quin, K et al. (2015). *Health Educ. Res.*, 30(2), 323-335.
7. Roter, D et al. (2018). *101(5)*, 908-916.
8. Sarkar, U et al. (2011). *Patient Educ. Couns.*, 85(2), 173-179.
9. Sheehy-Skeffington, B et al. (2014). *Am J Hosp Palliat Med*, 31(2), 148-154.
10. Tjia, J et al. (2017) *J Am Geriatr Soc*, 65(1), 59-65.
11. Wilson, I et al. (2007). *J. Gen. Intern. Med.*, 22(1), 6-12.
12. Worley, M. (2006). *RSAP*, 2(1), 1-21.
13. Worley-Louis, M et al. (2003). *Patient Educ. Couns.*, 51(3), 229-238.