Patients with cancer can experience uncertainty when making treatment decisions. When unaddressed, patient uncertainty can result in decisional conflict and decisional regret. Providers can assist in decreasing these factors by involving patients in the decision-making process. Patients who agree to participate should be informed about their diagnosis, prognosis, and treatment options, including the benefits, the risks and harms, or the option of no treatment. Providers also can help patients to clarify their values, which reveal patient preferences and inform tailoring of care for each patient. When an informed patient’s personal preferences align with care decisions, decisional quality is achieved.

**AT A GLANCE**

- Each patient needs to be carefully assessed to determine his or her desired level of participation in decision making and the amount of information wanted.
- Patients who are involved, informed, and clear on their personal values tend to achieve quality decisions.
- Obtaining decisional quality helps to decrease decisional conflict and future decisional regret.

**KEYWORDS**

shared decision making; decisional quality; decisional conflict

**DIGITAL OBJECT IDENTIFIER**

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**Reducing Patient Uncertainty**

Implementation of a shared decision-making process enhances treatment quality and provider communication

**Annika Gustafson, MHA, BSN, RN**

P atient-centered care is a value held among all healthcare organizations. The Institute of Medicine (2001) highlighted the importance of patient-centered care in *Crossing the Quality Chasm: A New Healthcare System for the 21st Century.* However, alarming issues in health care persist, such as medically uninformed patients, which may be caused by lack of health literacy and numeracy, lack of information, lack of retention, or denial of disease. An ongoing effort has been made to improve care by ensuring that the patient is at the center of care, and this has been demonstrated through increasing the practice of shared decision making (SDM). SDM is a collaborative practice between the patient and provider in which they make medical decisions together for the patient, using the provider’s expertise, the best scientific evidence available, and input from patients, such as their values, needs, and preferences.

Research on SDM in oncology has revealed promising evidence on effective communication and decision aids to bolster SDM (Levit, Balogh, Lighter, Nass, & Park, 2013). These aids help patients make quality decisions by improving patient knowledge, clarification of personal values, and patient–provider communication (Stacey et al., 2014). Cancer care’s complexity can easily overwhelm patients faced with difficult decisions that may have serious consequences for their health and well-being. Caring for patients with cancer requires an acute awareness of patient status and role flexibility (Tariman et al., 2016).

Patients with cancer face unique aspects of decision making. Nurses must consider these aspects of decision making to support patients in their struggle with uncertainty.

**Decisional Conflict**

Internal conflict commonly comes from the element of uncertainty. Most people at one time or another are faced with making decisions in which they have incomplete information, such as deciding whether to marry somebody, buy a house, or accept a new job position. Patients with cancer experience uncertainty on a much more intense level than what many people face with the usual milestones of life. Many patients with cancer feel conflicted when trying to make a decision about treatment. This can result from not having enough information, support, or perhaps they feel unclear about their values and/or feel uncertain about which choice is best (Fiset et al., 2000). All of these factors contribute to indecision, making treatment choices difficult with the potential of causing patient distress and poor health outcomes. Nurses have a role in resolving decisional conflict by making sure that patients are assessed for decisional conflict and that patient concerns are uncovered through therapeutic communication. The Decisional Conflict Scale (DCS) is a valid and reliable tool for assessing decisional conflict (O’Connor, 1995). The DCS helps identify the potential causes of decisional conflict, such as lack of certainty, lack of information, lack of clarity.
of values, and lack of support. Recognition of these factors can direct care to address causes of decisional conflict. Also, nurses can implement evidence-based methods for alleviating patient uncertainty, such as the use of decision aids. Patients find decision aids helpful, and they have been shown to improve patient knowledge about diagnosis, treatment options, and prognosis while helping patients clarify their values to determine what is most important to them (Fiset et al., 2000).

**Decisional Quality**

Patient preferences are one of the driving forces in SDM that set the individual care parameters for each patient. Care decisions that closely mirror the needs and values of a knowledgeable patient reveal the quality of medical choices with the intent of tailoring care to suit each patient (Sepucha, Fowler, & Mulley, 2004). This requires that providers equip patients with as much information as needed and tolerated, such as diagnosis; the benefits, risks, and harms of different treatment options or no treatment; side effects; and prognosis information. Many patients do not receive the amount of information that they desire. However, Epstein and Street (2007) caution that patient preferences vary and can change during the treatment trajectory; therefore, a reassessment of patients' need for information and participation over time is necessary.

Patients often do not volunteer their preferences, and many simply are unaware of how their preferences may inform their care. Nurses can help solicit patient preferences through use of effective communication skills (Levit et al., 2013). These skills help establish patient preferences with the intent of aligning preferences with treatment received (Sepucha & Ozanne, 2010). Nurses can also use decision aids, such as the Ottawa Personal Decision Guideline, to obtain various patient preferences (Ottawa Hospital Research Institute, 2015) and the Information Styles Questionnaire, which is helpful in assessing patients for how much and what information they would like to receive (Cassileth, Zupkis, Sutton-Smith, & March, 1980).

**Decisional Regret**

According to Brown et al. (2012), greater patient involvement leads to greater patient satisfaction with treatment decisions. Another study showed that when patients do not feel they fully understand the implications of their treatment choices, they are more susceptible to future regret (Stryker, Wray, Emmons, Winer, & Demetri, 2006). A third study showed that when a misalignment occurs between the patient’s desired role and actual role in decision making, the chance for decisional regret increases (Nicolai et al., 2016). All of these findings are important and echo the importance of carefully assessing a patient’s desired level of information and participation, once again emphasizing patient preferences.

The use of decision aids has been shown to assist in assessing patients’ desired level of participation (Stacey et al., 2014). Nurses can assess patients at the

"Greater patient involvement leads to greater patient satisfaction with care."

**FIGURE 1.**

RELATIONSHIP BETWEEN DECISIONAL CONFLICT, DECISIONAL QUALITY, AND DECISIONAL REGRET

<table>
<thead>
<tr>
<th>PATIENT UNCERTAINTY</th>
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<tbody>
<tr>
<td>Unclear on personal values</td>
</tr>
<tr>
<td>Lack of information</td>
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<tr>
<td>Do not know best choice</td>
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<tr>
<td>Lack of support</td>
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<table>
<thead>
<tr>
<th>PATIENT PREFERENCE DOES NOT ALIGN WITH CARE DECISIONS, NOR INFORM CARE RECEIVED.</th>
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<tbody>
<tr>
<td>Patient role</td>
</tr>
<tr>
<td>Information</td>
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<tr>
<td>Decisional control</td>
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<tr>
<td>Benefits/risks/harms of treatment options</td>
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<tr>
<td>Other preferences</td>
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<tr>
<th>PATIENT REGRET</th>
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<tr>
<td>Misalignment of preferred patient role and actual patient role</td>
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<tr>
<td>Feeling uninformed, do not fully understand implications of treatment choice</td>
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desired level of participation using the Decisional Control Scale (Degner & Sloan, 1992), which may improve patient-provider communication. With enhanced communication, active listening by nurses can help patients express their decision-related anxiety and reveal the patient perspective and the potential need for further patient education to help lessen the probability of decisional regret.

**An Uncomplicated Relationship**

Decisional quality consists of patient preferences informing patient care, and in the absence of patient preferences, decisional quality may decrease. Decisional conflict and uncertainty in patients increases when there is a lack of information and clarity of personal values. In addition, the exclusion of patient preferences from decision making increases the probability of future regret about these decisions. Figure 1 demonstrates this relationship.

**Conclusion**

Issues in the quality of patient care persist, such as patients not feeling as involved or informed as desired, which shows a lack of patient-centeredness. Patient-centered care is individualistic in design and must be informed by the specific preferences of each patient. Nurses are in the strategic position to advocate for and implement an improved patient-centered approach to cancer care. SDM and the use of tools described in this article have shown to be effective in closing the gaps between usual cancer care and patient-centered and preference-based cancer care.

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**REFERENCES**


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