

Consultation Techniques Using Shared Decision Making for Patients With Cancer and Their Families

Yuko Kawasaki, PhD



© Jupiter Images/BananaStock/Thinkstock

This article elucidates the nursing consultation techniques in shared decision making (SDM) for patients with cancer and their family members. Descriptive data (207 records) from the nurse-led SDM consultation facility and content analysis were used to extract the nursing consultation techniques. In addition, the order in which these techniques were used to structure the SDM process for patients with cancer was identified. The author extracted eight categories pertaining to nurse consultation techniques for the SDM process: sharing feelings, helping to identify the focus of the consultations, helping to devise a personalized recovery plan, providing information in accordance with the patient's responses, supporting the patient to understand the information provided, ensuring continued treatment and care, strengthening the patient support system, and exploring possibilities on the basis of patient needs. The identified logical order in which these techniques were applied may be useful as a guide to systematic decision-making support.

Yuko Kawasaki, PhD, is an associate professor in the College of Nursing at the University of Hyogo in Japan. The author takes full responsibility for the content of the article. This study was supported, in part, by a grant from Grants-in-Aid for Scientific Research by the Japanese Ministry of Education, Culture, Sports, Science, and Technology. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the independent peer reviewers or editorial staff. Kawasaki can be reached at yuko_kawasaki@cns.u-hyogo.ac.jp, with copy to editor at CJONEditor@ons.org. (Submitted July 2013. Revision submitted March 2014. Accepted for publication March 15, 2014.)

Key words: decision making; shared decision-support techniques; oncology nursing consultation

Digital Object Identifier: 10.1188/14.CJON.701-706

Research on the support for decision making in cancer treatment has emphasized the concept of shared decision making (SDM), where patients participate in the process of making a decision with healthcare professionals. Counseling and support centers have been established in Japan for patients with cancer and their families at designated cancer care hospitals (407 locations as of August 2014). At these locations, nurses support the SDM process with patients and their family members. The role of the healthcare professional in this domain has been somewhat clarified, with specific methodologies and approaches having been previously reported (Elwyn et al., 2012; Gillies, Skea, Politi, & Brehaut, 2012; Stacey et al., 2011). However, insufficient information has been gathered on the optimal consultation techniques and approaches related to decision making during recovery from cancer. This article elucidates the nursing consultation techniques in SDM for patients with cancer and their families.

Literature Review

Research trends have divided the process of SDM into three stages: (a) The information exchange stage: The physician

presents the patient with treatment options that have different therapeutic effects and risks, and patient responses are based on their personal beliefs, values, and preferences (including cultural factors); (b) The deliberation stage: Treatment options are explored on the basis of evidence, patient preferences, and other factors; and (c) The decision stage: Healthcare professionals offer specialized support to patients to facilitate SDM with common objectives (Elwyn & Charles, 2009).

According to Legare et al. (2011), healthcare professionals involved in SDM must have several abilities, including respect for patients' opinions on treatment options and the ability to clarify the necessary details; the ability to provide evidence-based information; the ability to clarify uncertain elements within the clinical decision-making process; the ability to ensure that patients understand the information provided to them; the ability to identify patient choices, interests, and expectations; the ability to identify or re-examine patient preferences regarding the role of medical staff in decision making; and the ability to make follow-up arrangements in accordance with the action plan. Duncan, Best, & Hagen (2010) have detailed the intervention methods for SDM as follows: (a) involving the patient in the decision-making