P
atients differ in their knowledge of illnesses and their desire to be involved in the treatment process. Some patients may be informed and make active decisions about treatment procedures (Henwood, Wyatt, Hart, & Smith, 2003), but others tend to avoid involvement (Lupton, 1997). Some research indicated that patients who involve themselves in treatment enhance the potential for building partnerships with healthcare professionals (Fox, Ward, & O’Rourke, 2005; Koelen & Lindstrom, 2000; Willems, De Maesschalck, Deveugele, Derese, & De Maeseneer, 2005). However, other studies suggested that informed patients make healthcare professionals cling to power by controlling information and dismissing patients’ efforts to theorize or explain their condition (Henwood et al.). Healthcare professionals’ perceptions of patient knowledge and involvement influence the decision-making process, but little research has studied the dynamics between those aspects of treatment.

Background

Nurses affect the quality of care of patients with cancer (Ferrell, Virani, Smith, & Juarez, 2003). Quality of care is dependent, in part, on how patients are allowed to approach their illness. Patient involvement is based on patients’ knowledge of their illness and treatment opportunities (Donaldson, 2003). Most patients with cancer in palliative care prefer a collaborative role and want to share decision making with their physicians, but some prefer to make decisions alone. However, fewer than 20% want to leave decision making to physicians (Rothenbacher, Lutz, & Porzsolt, 1997). Other studies suggested that patients with life-threatening disease prefer a passive role in decision making (Stiggelbout & Kiebert, 1997); about half of patients with cancer aged 73 years or older favor a passive role in treatment decision making (Elkin, Kim, Casper, Kissane, & Schrag, 2007). However, whether patients are capable of informed decision making is unclear (Ferrell et al.). In addition, Gattelari, Buttow, & Tattersall (2001) suggested that few patients were