

# Shared Decision Making Among Individuals With Cancer in Non-Western Cultures: A Literature Review

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Since the early 1990s, a transition in health care has occurred in the West toward adopting models of decision making where patient involvement and choice are emphasized (Edwards, Davies, & Edwards, 2009). The right of patients to have a role in their medical care in many Western countries was secured not only through professional ethical guidelines, but also through legislation (Sainio, Lauri, & Eriksson, 2001). Shared decision making, which emphasizes patient autonomy and empowerment in making treatment decisions, became the advocated approach in Western culture.

Research among Western patient samples supports the importance of bringing attention to patient preferences for and participation in decision making (Epstein & Street, 2007). Studies conducted in the United States and Canada show that promoting patient involvement in decision making about his or her cancer improves the patient's knowledge about cancer and treatment (O'Connor et al., 1999; Waljee, Rogers, & Alderman, 2007; Whelan et al., 2004), satisfaction (Frosch, Kaplan, & Felitti, 2001; O'Connor et al., 2003), adherence to treatment, and health-related quality of life (Andersen, Bowen, Morea, Stein, & Baker, 2009; Hack, Degner, Watson, & Sinha, 2006).

## Background

Shared decision making is a process in which physicians and patients share information with each other, contribute to the treatment decision-making process by expressing treatment preferences, deliberate together over alternative options, and agree on the final treatment to be implemented (Charles, Gafni, & Whelan, 1997; Charles, Whelan, Gafni, Willan, & Farrell, 2003; Sheridan, Harris, & Woolf, 2004). Charles, Gafni, and Whelan (1999) defined shared decision making as an interactional process in which the patient and physician have a legitimate investment in the treatment decision and share treatment preferences and rationale. Charles et al.'s (1999) definition of the shared decision-making

**Purpose/Objectives:** To examine the extent to which shared decision making is a concept addressed within the published, empirical oncology decision-making research originating from non-Western countries from January 2000 to January 2012 and provide an overview of the outcomes of this research.

**Data Sources:** MEDLINE®, CINAHL®, Google Scholar, PsycINFO, Web of Science, and PubMed were searched for oncology decision-making literature published in English from January 2000 to January 2012.

**Data Synthesis:** Charles's three-stage conceptual framework of shared decision making was used as an organizational framework for the 26 articles meeting the initial criteria and reporting on at least one decision-making stage.

**Conclusions:** Although most patients wanted to be informed of their diagnosis, patient preferences for information and participation in decision making differed from that of physicians and varied among and within cultures. Few studies in this review addressed all three stages of shared decision making. Physician and patient attitudes, preferences, and facilitators and barriers to potential successful adoption of shared decision making in non-Western cultures require additional study.

**Implications for Nursing:** Nurses should assess patients from non-Western countries regarding their knowledge of and desire to participate in shared decision making and provide decision support as needed.

**Knowledge Translation:** Shared decision making may be new to patients from non-Western cultures, necessitating assessment, education, and support. Non-Western patients may value having family and friends accompany them when a cancer diagnosis is given, but assumptions based on culture alone should not be made. Nurses should determine patient preferences for diagnosis disclosure, information, and participation in decision making.

process included three stages: information exchange, deliberation about alternative options, and reaching agreement on a final decision. The stages may occur separately or simultaneously.

Because the concept of shared decision making originated within Western ideals of patient autonomy and empowerment, the concept may not be applicable