Norwegian Healthcare Professionals' Perceptions of Patient Knowledge and Involvement as Basis for Decision Making in Hematology

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Purpose/Objectives: To investigate how healthcare professionals relate to patients with different levels of knowledge and involvement in their disease and treatment.

Design: Qualitative, exploratory approach based on semistructured interviews.

Setting: A hematologic outpatient clinic in Norway.

Sample: 5 nurses and 5 doctors.

Methods: Semistructured interviews were conducted, recorded on audiotape, transcribed, and analyzed with qualitative techniques.

Main Research Variables: Patient knowledge, patient involvement, and decision making.

Findings: Study participants perceived that they had stable, basic relationships with patients and were flexible toward patients with different levels of knowledge and involvement. Healthcare professionals grouped patients into four behavior types: passive, withdrawn, uncooperative, and expert. The perceived behaviors formed the basis for relationships involving shared or nonshared decision making.

Conclusions: Patients' perceived propensity in mastering medical knowledge affects how healthcare professionals involve them in decision making. Healthcare professionals' tendency to see relationships with patients as asymmetric and stable may inhibit patients' ability to involve themselves in their healthcare decisions.

Implications for Nursing: This study's findings can be used to raise awareness of how nurses' biases about patients influence shared decision making. Nurses should be aware of a tendency to exclude patients from decision making if they perceive that patients are incapable of involving themselves.

Patients 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