Shared decision-making within goal-setting in intermediate care

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Background

Shared decision-making in goal-setting

Shared decision-making (SDM) in healthcare is an approach where 'clinicians and patients work together to decide on the best course of action' [1] and is heavily emphasised in recent government papers [1-4]. Involving patients in decisions about their care is important to improve quality of healthcare to one that is safe, effective, person-centred, timely, efficient and equitable [5]. However the latest National Inpatient Survey [6] highlights that patients are still not involved as much as they wish to be in decisions about their care. Within rehabilitation the goal-setting process is suggested to be a key forum for SDM so that patients and professionals collaboratively set rehabilitation goals. Sharing decisions about their goals with patients can increase patient satisfaction [7-8], motivation [9-12] and functional outcomes [8; 13]. Yet, recent empirical evidence suggests that rehabilitation patients have little involvement in making decisions about their goals [14-18].

The research gap

Studies measuring the extent of SDM have traditionally focussed on clinical consultations [19] and have explored clinician perceived barriers to SDM [20]. Further research is required to consider the patient views within community rehabilitation settings.

Therefore, aims of this study are:

(1) To measure the extent of shared decision making within goal-setting in an intermediate care set up
(2) To determine if there is variation in perceived involvement between staff and patients in a goal-setting meeting
(3) To explore the patient-reported barriers to participating in making decisions about their care and rehabilitation

Methodology

Mixed methods approach: explanatory sequential involving two phases:
Phase 1: goal-setting meetings with patients were observed and SDM within these meetings were scored using the MAPPIN'SDM questionnaire by patients, staff and a trained observer.
Phase 2: semi-structured interviews were conducted with a sub-group of patients involved in phase one to identify patient reported barriers to SDM.

Setting: two community healthcare teams. One team provided in-patient rehabilitation to patients in a community rehabilitation centre and the other provided rehabilitation in the patient's own home.

Sample strategy: *Phase 1 inclusion criteria* – patients with frailty syndromes and rehabilitation staff. Frailty syndromes [21] included falls, immobility, delirium, incontinence and susceptibility to side effects of medication. Rehabilitation staff included physiotherapists, occupational therapists and rehabilitation workers.
Phase 2 inclusion criteria - patients who had participated in phase one were considered for phase two if they had scored 0 or 1 (strongly disagree/ disagree) more than once, indicating lack of involvement in decisions about their goals on the MAPPIN'SDM questionnaire.

Ethical approval: granted by the North West NRES Committee (15/ NW/0688)

Data Analysis: Descriptive statistics for patient demographics and questionnaire data were calculated. Since the data was ordinal and patient data was skewed Welch tests were carried out on each sub question of the questionnaires to find out if there were overall differences in the responses between the three groups. If a significant difference was found, Games-Howell tests were undertaken to specifically show where these significant differences were found.
Thematic analysis was carried out for the qualitative data from interviews.

Demographics	Frequency
Sample size	40
Gender: male (female)	9 (31)
Age group	
60 - 69	2
70 - 79	10
80 - 89	17
90 - 99	11
Ethnicity: White British	40
Frailty Syndrome	
Falls	22
Immobility	17
Incontinence	1
Side effect medications	0
Delirium	0
Falls history (past 12 months)	
0	9
1	14
2	10
3	4
4	1
5+	2

Question Key Message	Welch significance (p=0.003)
1a. Patient's problems discussed	0.002
1b. Patient understands problems	0.510
2a. Patient told their opinion important	0.004
2b. Patient happy their opinion important	0.000
3a. Rehab options discussed	0.000
3b. Patient understands rehab options	0.000
4a. Advantages/disadvantages rehab discussed	0.000
4b. Patient understands advan/ disadvantages	0.000
5a. Patient's expectations/fears discussed	0.213
5b. Expectations/fears taken into account	0.499
6a. Staff check they understand patient	0.745
6b. Staff understand patient	0.010
7a. Language used made sense to patient	0.030
7b. Patient has opportunity to ask questions	0.000
8a. Goals decided in meeting	0.000
8b. Patient is clear on their goals	0.001
9a. Discussion of action plan	0.065
9b. Patient understands action plan	0.599

Welch test for significant difference between groups

Preliminary Findings

Phase 1: The Welch tests found significant differences between patient, observer and staff answers for MAPPIN questions 1a, 2b-4b and 7b-8b. Patient and staff only significantly disagreed on one out of eighteen questions i.e *about whether the patient's problems were discussed in the GSM.* The patient and observer disagreed on six out of the eighteen questions.

Phase 2: Pre-defined themes were used from a systematic review of patient-reported barriers and facilitators to SDM [22].

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