

Title: What Influences the Implementation of Shared Decision Making? An Umbrella Review

Problem: In recent decades, Shared Decision Making (SDM) in healthcare has been increasingly advocated as an idealized form of clinical practice. Commensurately, research into this topic has also grown and the number of studies on this topic has increased over time. There is a wide diversity of studies from around the world on this topic from a myriad of different clinical settings. This presents a challenge to health professionals and managers seeking to implement SDM into their services. Consequently, there is a need for a cogent summation of the evidence base that clearly articulates the key barriers and facilitators to implementing SDM. We set out to address this through an umbrella review of existing systematic reviews on SDM

Approach: An umbrella review of systematic literature reviews reporting barriers and facilitators to shared decision making was conducted. Databases of MEDLINE via Ovid, PsycINFO via Ovid, CINAHL, Scopus, and Cochrane Library were searched from 1997 to December 2018. The search included other sources such as reference lists of included reviews, articles citing the included reviews, and Google Scholar. Studies were included if they performed a systematic review of barriers and facilitators to shared decision making.

Findings: Results: 7 eligible reviews were identified and most of the included reviews performed well on the CASP checklist. Themes and subthemes were identified from the findings. The six themes that emerged were: patient factors, professional factors, environmental factors, decision factors, relationship factors, and factors related to information provision.

Conclusions: The results of this review support the idea that there is a need for providing extra time to involve patients and clinicians in the process of SDM. The healthcare providers need to be supported and motivated to use SDM. On the other hand, healthcare providers should consider the importance of building a good relationship with their patients, which facilitates the exchange of information between them.

Implications: Most of the studies included in the reviews were conducted in developed Western countries, so there remains a need for further research on SDM to be conducted in non-Western settings, and in particular in developing countries where cultures, social contexts, and health care systems are different from developed countries. The generalisability of findings worldwide as well as its translation into practice is uncertain. Most of the studies focused at the clinician-service user/carer level. This highlights a paucity of research at a systems-level and further research is needed to understand factors perceived by organizational managers and policymakers that may facilitate the implementation of SDM.

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