Student Corner

Assessment of shared decision-making from the patient's perspective

Mashael A. Al-Askar, MHHA, Asmaa Alyaemni, PhD.

ABSTRACT

Objectives: To determine to which extent shared decision-making (SDM) is perceived in Saudi hospitals, and assess the willingness of the patients to participate in medical care decision making.

Methods: A cross sectional study using a non-probability technique (convenience sample) was carried out between March and April 2013 in a tertiary hospital among patients attending the Family and Community Medicine Department, and those who visited the Admission Office in the Surgery Department of Prince Sultan Military Medical City, Riyadh, Kingdom of Saudi Arabia. We distributed our questionnaires using a non probability technique. Out of 450 questionnaires distributed, 327 were valid and coded in the data. To assess the decision making process between the patient's and physicians we used a standardized international scale called shared decision-making (SDM-9) items. The data was then entered and analyzed using the Statistical Package for Social Sciences version 18 (SPSS Inc, Chicago, IL, USA). Verbal approval was obtained from the correspondents to participate in this study.

Results: The sample represents patients mostly from the middle age group, range between 26-45 years, well-educated, and from the middle socio-economic group. The study shows a high score of SDM, ranging between 4.40 ± 1.3 to the highest score of 4.60 ± 1.1 . The total dimension scores was 4.54 ± 0.84 . The results also show a high degree of willingness to participate in decision making (4.98 ± 0.9) , and a desire, expressed by patients, to be aware of their health condition (5.02 ± 0.91) . Almost all the participants agreed to utilize other communication facilities, such as mobile applications, Twitter, and others (5.16 ± 0.9) .

Conclusion: The level of SDM was highly fulfilled by the perception of patients in our sample. Additionally, the patients also look for other effective communication facilities, enhanced, and developed by the management of the hospital.

Saudi Med J 2015; Vol. 36 (1): 123. doi: 10.15537/smj.2015.1.10690

From the College of Business Administration, Department of Health and Hospital Administration, King Saud University, Riyadh, Kingdom of Saudi Arabia. Address correspondence and reprints request to: Ms. Mashael A. Al-Askar, College of Business Administration, Department of Health and Hospital Administration, King Saud University, Riyadh, Kingdom of Saudi Arabia. E-mail: malaskar@psmmc.med.sa

Disclosure. Authors have no conflict of interests, and the work was not supported or funded by any drug company. Mashael Al-Askar is a member of the Editorial Team, and was therefore excluded from any final editorial decisions regarding this paper.

Student Corner

We invite students from a variety of medical disciplines to submit original contributions based on their supervised research.

The Student Corner of Saudi Med J aims to help students explore research opportunities and network with other peers and mentors in the same field.

Submission Guidelines

Submitted Abstracts should include the following:

- Title should be descriptive
- Author's names and affiliation(specify college level/year, academic degree of Senior Author)
 - Abstract must be structured and not more than 300 words
 - The following are the typical headings:

Objectives (background, why the study was done, specific aims)

Methods (setting, date of study, design, subjects, intervention and analysis)

Results (findings, data and statistical tests) and

Conclusion (general interpretation of results)

General Information on Abstract Submission

Submitted Abstracts should be co-authored by a Senior Supervisor Abstracts will be reviewed by Student's Corner Section Editor

There is no fee to submit an Abstract Ethical Approval should provided

