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Shared Ethics Decision Making in Nursing Practice: A Systematic Review

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Abstract: Background. Shared decision-making is a process by which healthcare professionals (HCPs') and patients work together to make choices, taking into account the best clinical evidence and the patient's values. Currently, the level of shared decision-making (SDM) is still low. Some reasons were given such as time, knowlight, and skill but most of the reasons were not based on evidence and were often based on misconceptions. Most of the focus of decision-making is on the patient and physician, without involving the role of members. This study aims to analyze the act of involving shared ethical decision-making (SEDM) in nursing services. method. The database is systematically searched for the involvement of SEDM on data search engines, namely SCOPUS, PubMed, Mendeley, Scient Direct, and Google Scholar. Article reviews were by the inclusion criteria and extraction was carried out so that 25 articles were produced. Research studies use descriptive analysis that describes and explains research results that are explained in the literature. The risk of bias from the review results is identified to avoid cross-study bias. Results: Deep study approach SEDM in this systematic review, from 25 articles with qualitative study approaches (56%) and review studies (32%). Articles were written in America, Canada, Princess, the Netherlands, Norway, Sweden, Australia, and Korea. Respondents were family/parents with an average age of 37 years, HCPs respondents with an average age of 31 years with at least 5 years of work experience. The results of the study search were grouped based on two findings, namely the intervention of patient and family involvement and the involvement of health professionals in SEDM. Conclusions. Involving patients and families in SDM is very important, especially involvement in respecting the principle of patient autonomy. Patient autonomy is a benchmark in decision-making. Family or parents are sometimes more dominant in decisions. HCPs' involvement as an informant in SEDM. The involvement of nurses in interprofessional discussions is very beneficial for patients. The nurse's observation of the patient's condition is important both in clinical and ethical considerations. Research recommendations in SEDM for nurses should dig up a lot of information about patients and discuss it with other health interprofessional. And the use of decision aids can increase the suitability of value treatments and reduce decision conflicts.

Keywords: Shared Decision Making / SDM, Ethics, Nursing Practice

1. Introduction

Shared decision-making (SDM) is a process by which healthcare professionals (HCPs) and patients work together to make choices, taking into account the best clinical evidence and patient values. "Currently, the level of SDM in health care is still low, some of the reasons presented are not based on evidence and are often based on misconceptions [1]". The results of observations by researchers at various hospitals in Cirebon-West Java, Indonesia, show that decisions are made around patients and physicians/ specialists mostly without providing alternatives, and involving other professions.

Other articles mentioned "high patient orientation among physicians and nurses and lower patient orientation among surgeons [2]". This means that patient involvement is expected to be active even though the decision is made by a specialist. Although physicians recognize the importance of SDM, they deny the patient's ability to make rational treatment choices. They feel obligated to protect patients from wrong decisions.

Decision-making in health care can also be influenced by the Confucian culture in Asian society. Because family harmony is the most important social value. Revealing the

truth in health services is influenced by socio-cultural factors, where the family is very important in making medical-related decisions. “Medical staff must consider patient and family wish to guide clinical practice [3]”. Even though “doctors doubt the family's ability to make decisions about patient welfare [4]”. A review of the literature indicates that “nurse-led decision coaching using evidence-based information has the potential to increase patient participation in treatment decisions [5]”. Most female patients make decisions with the nurse. Because nurses spend more time with patients than other professional practitioners. And “practicing nurses have sufficient knowledge and skills to guide SDM processes and are also under specialist supervision [6]”.

2. Method

The summary of this research is in the form of a systematic review regarding shared ethical decision-making. The research study used the JBI systematic review protocol as an assessment. The systematic review evaluation uses the PRISMA checklist for the completion of studies that have been found and adapted to the objective of the systematic review.

2.1. Search Studies

Five electronic databases (SCOPUS, PubMed, ScienceDirect, Mendeley, and GoogleScoler) were used to systematically search for articles from March – December 2022. The keywords used in this article search were ethics and shared decision-making or HR, and nursing practice.

2.2. Inclusion Criteria

During the screening of titles and abstraction of inclusion criteria implementation involved shared ethical decision makers (SEDM) in health care were used.

Full-text articles were included if the authors explicitly described the SDM process involvement between the patient and one or more healthcare professionals and the outcomes of shared decisions. The focus is on the involvement of patients, families, and health professionals in SDM.

2.3. Selection Process

Two researchers (AF, Zi) searched for articles on a database search engine with the main keywords used in the study and obtained 277 articles which were then searched for duplicate titles, there were 3 articles with the same title.

The researchers independently screened eligibility by searching articles using the PICOS framework adjusted for inclusion and exclusion criteria. Then discuss the search results until the final article is found to be summarized thoroughly.

2.4. Data Extraction

Two researchers processed the selection of studies by reading the entire article and selecting articles that were not appropriate and recorded in the selection strategy using the PRISMA flowchart. Pay attention to the risk of bias with the JBI critical appraisal then do a chic list to assess, if the results meet the cut-off then the article can be included in the study.

2.5. Data Analysis

Articles that have been found based on the protocol and eligibility criteria are then analyzed one by one with the help of the NVIVO software for determining results and discussion in the study.

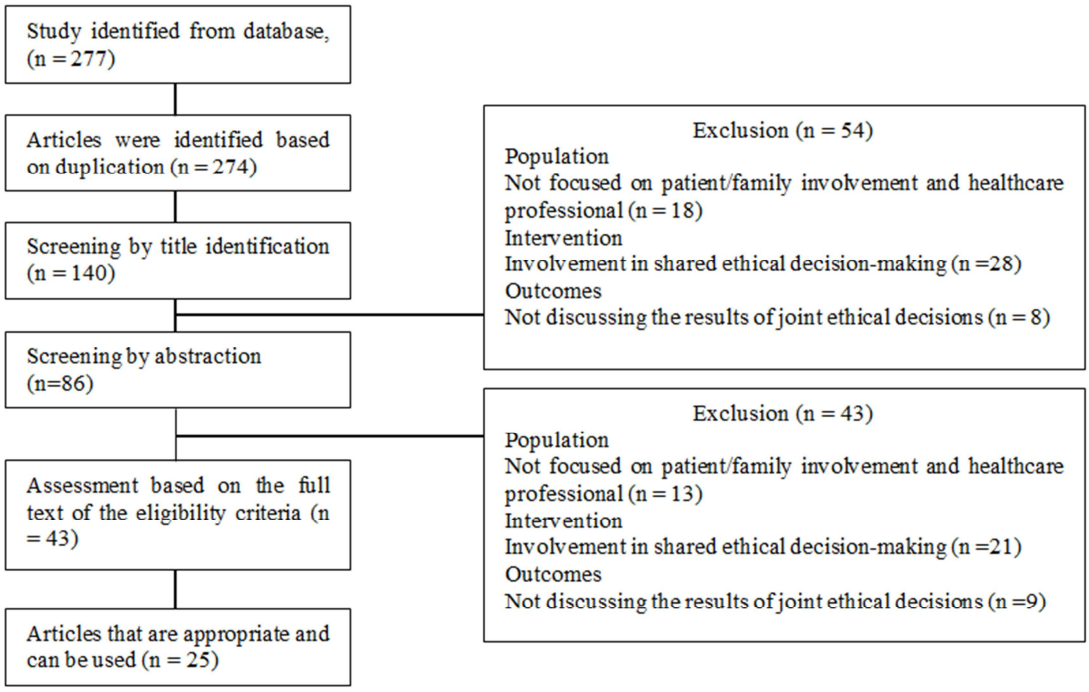

Figure 1. *PRISMA flow Diagram.*

2.6. Respondents and Public Engagement

This research was conducted without the involvement of direct respondents. Respondents were not invited to comment on the study design and were not consulted to interpret the results. Respondents were not invited to contribute to the writing or editing of this document.

3. Results

The results of the JBI analysis found 25 articles, there were the most qualitative studies of 14 articles and the fewest pre-experimental studies. Studies were reviewed from countries, America, Canada, Princess, the Netherlands, Norway, Sweden, Australia, and Korea. Respondents or participants in this systematic review are HCPs, Patients, and Families. The average age of the patient/family is 37 years, and 31 years with a minimum length of work of 5 years HCPs respondents.

3.1. Involvement of Patients and Families in SEDM

Involving patients and families in decision-making processes based on legal and ethical perspectives is essential for good care. “For patients to be actively involved in making treatment decisions, they depend on receiving information and understanding their choices for treatment from trusted sources such as nurses and physicians [7]”. “HCPs’ sometimes withhold information and do not recognize that sharing decision-making also involves sharing responsibility and risk with service users [8]”.

HCPs and parents are expected to exchange information and reach agreements during the SDM process. “HCPs facilitate sharing of information and discussing options [9]”. The process of developing an SDM intervention in clinical practice consists of three meetings. “(1) meeting about the choice, (2) meeting about the option / providing more detailed information about the options, and (3) meeting about the decision/discussion of decisions that support the preferences considered and decide what is best [10]”.

3.2. Involvement of Health Professions in SEDM

SDM is based on normative decision-making theory in which two people, with equal strengths, necessary knowledge, and skills, come together to make decisions in the context of a shared understanding of goals, problems, and processes. All of these criteria are impossible to meet in the real world of patient care. It, therefore, focuses on achieving the best possible outcome for the patient, “taking a more descriptive and realistic approach [11]”. Ethics discussions within the team can provide relevant support when facing difficult ethical issues in health care. “Deliberation and reflection can serve as a basis for ethical decision-making [12]”. Interprofessional shared decision-making (IPSDM) involves more than sharing information but requires the team to sift through all available information, weigh it, and identify options for consideration. “The end goal during this deliberation is to leverage the expertise of the team to come up with options [13]”.

4. Discussion

4.1. Involvement of Patients and Families in SEDM

Involve patients especially in respecting the principle of patient autonomy, following the international code of ethics regarding respect for human rights. Patient autonomy is a benchmark in decision-making, The patient's wishes are the main focus. “The patient's autonomy is also questioned when the patient's behavior threatens to harm himself or others [14]”.

For patients to be active in SDM, “information and choices are given to patients through supportive communication [15]”. “HCPs can communicate with a sense of empathy and maintain confidentiality [16]”. Kaldjian summarizes SDM into five “(5) basic elements, namely: (1) medical treatment or test; (2) treatment goals; (3) personal values and life values; (4) the concept of health; and (5) Human flourishing [17]”. SEDM, which is patient-centered, includes (1) empowerment. Respect for the patient as an individual, (2) SDM regarding disease treatment, and (3) partnerships in nursing care.

Sometimes decision-making centers on the family as a core value. “A more paternalistic decision-making approach [18]”. Therefore HCP and family/ parents discuss and exchange information to reach an agreement during the SDM process. “The use of decision-making tools is very helpful, although none are adequate [19]” but has been shown to “increase the suitability of value treatments and reduce decision conflicts and regrets [20]”. The use of decision aids can increase patient knowledge, reduce decision conflicts and improve human resources.

4.2. Involvement of Health Professions in SEDM

An interprofessional approach to SDM has the potential to help healthcare teams collaborate on decision-making and help improve the quality of decisions by promoting integrated healthcare and continuing care.

The Health Team acts as an information provider in SDM. SDM models Interprofessional designed by an interprofessional team to broaden perspectives. Deliberation of the team members involved leads to a shared understanding of each SDM process. “HCPs on a team involved in decision-making span two roles: (1) SDM process initiator, and (2) decision trainer [21]”. “The balance of values and strengths between health professionals facilitates patient-centered interprofessional SDM [22]”.

For this reason, in SDM Nurses dig up a lot of information about patients and discuss it with other health interprofessional. “This information is important even as a key factor in patient-centered SDM [23]”.

5. Conclusions

SDM is very important to involve patients in respecting the principle of autonomy. Patients expect to be actively involved in decision-making. The family also has an important SDM role because the family has a power position over individual control. Discussions/ meetings with family to provide information and agreement on goals, life values, and personal values.

Interprofessional decision-making discussions are very beneficial for patients because nurses' observations of patient conditions are important both in clinical and ethical considerations.

This study recommends that nurses can dig up as much patient information as possible to deal with interprofessional discussions in SDM. The use of decision aids can increase the suitability of value treatments and reduce decision conflicts.

Conflict of Interests

The author declares no potential conflict of interest concerning this research, the researchers, and/or the publication of this article.

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