

ORIGINAL ARTICLE

Patient Involvement in Decision-Making of Nursing Care from the Nurses' Perspectives

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ABSTRACT

Introduction: High-quality care renders patients to be fully informed and involved in the decision-making process. A literature review also reveals that the involvement of patients in healthcare has been associated with improved clinical outcomes. However, it rarely happens as several studies demonstrated that patient involvement in decision-making is lacking worldwide. Hence, health professionals, especially nurses, play an important role in patient involvement in decision-making as they are mostly engaged with patients during the care plan. This study aimed to assess the nurses' perceptions and their role on patient involvement in nursing care decision-making. **Method:** A cross-sectional descriptive study was conducted at one of the university hospitals in Malaysia. About 105 nurses from 3 major departments (internal medicine, general surgery, and orthopaedic) were involved in this study. The data were analysed using IBM SPSS Statistics version 25. **Results:** The result showed that most of the nurses agree their patient involvement in decision-making relates to their encouragement to participate as well as having opportunity and enough information to participate. However, many of the nurses believe that they have to decide for their patients. Besides, a significant association between nurses' years of service and their perception of patient's involvement in decision-making ($p = 0.01$) was noted. Similarly, there is a significant association between the nurses' department and their preferred role with p -value of 0.001 ($p < 0.05$). **Conclusion:** This study indicates the need to further improve nurses' awareness of the importance and benefits of patient involvement in decisions related to their nursing care. *Malaysian Journal of Medicine and Health Sciences* (2022) 18(4):156-162. doi:10.47836/mjmh18.4.22

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INTRODUCTION

In the healthcare setting, the concept of patient involvement is widely encouraged in promoting safety and ensuring high quality of patient care (1). In another view, patient involvement making the health decision means the patients are participating in the decision-making by offering their viewpoints about various treatment options, including sharing information, as well as communicating their feelings, beliefs and needs (2). High quality healthcare is substantial in providing safe, cost-effective, patient-centred, and effective care to meet patients' goals and improve their quality of life. This calls for the patient to be adequately informed and take part in the decision-making process.

Involving patients in decision-making can increase their understanding and awareness regarding their

health problems. Besides, due to the growing concerns of patients' autonomy in biomedical ethics, patient involvement in making decisions about their health and medical management have been broadly emphasised (1). Over the past decade, the recognition of this ethical principle has outperformed beneficence in the clinical field due to the solid contention made by legal counsellors, and medical ethicists in regard to patients' right to decide what will be done to their bodies (3). Patient autonomy has increasingly acquired the public's consideration in accordance with the ascent of commercialisation, liberalism, and individualism, which are all interrelated inside the current more extensive global socio-economic framework (4,5).

However, this rarely happens as several studies revealed that patient involvement in decision-making is poor worldwide (6). A previous review also demonstrated the lack of emphasis in Malaysia concerning the idea of patient involvement in health decisions in current practice (7). Nonetheless, medical information is easily accessible, with patients easily acquiring knowledge on their health status online nowadays (8). This matter can

be unfavourable as it may prompt medical disagreement between nurses and patients. Besides, a study found that health professionals often did not provide enough knowledge to the patient about the treatment which further impeded their opportunities to be involved in their care (9). On top of that, the issues of power imbalance with the health professionals are highlighted by the patients as one of the challenges in involving patient in making health decision (10). Some patients perceived that they are being judged, patronised and dismissed by their health professionals instead of being addressed as the experts in their own health conditions.

Evidence shows that people involved in the decision-making by the health professionals tend to express greater satisfaction and make fewer complaints regarding the quality of care they received (11). Therefore, to ensure high quality healthcare, healthcare professionals including nurses constantly empower and encourage their patients to participate in making decisions regarding treatment, as they are also the experts with a unique understanding of their well being and with their own needs, beliefs, values and preferences in choosing for treatments to achieve the best outcomes (12). Nurse's perception of patient involvement in decision-making is vital as they are considered a direct care provider. Hence, a study exploring the nurses' perspective needs to be conducted, as their insights are closely linked to their awareness and actions that may impact their engagement with patients in making decisions in healthcare settings.

MATERIALS AND METHODS

Study Setting and Design

A cross-sectional quantitative study was conducted in one of the university hospitals in Malaysia. The total population of nurses working in internal medicine, general surgery and orthopaedic wards was 200 nurses. The recommended sample size based on Raosoft sample size calculator was 132 nurses with margin error 5%. The inclusion criteria were nurses working in the selected wards and consented their participation in the study. Nurses from other wards and refused informed consent were excluded from this study. Convenience sampling method was used and 105 participants were successfully recruited.

Material

The questionnaire, which was adapted from the previous studies (13,14,15), was prepared in English and consisted of four sections. Approval to use the questionnaire was sorted prior to the data collection. Section A included sociodemographic questions, while Section B comprised 12 items related to the nurses' perceptions on patient involvement. Section C was designed to evaluate nurses' preferred role in patient involvement. This part consisted of 10 items of nursing care that required the participants to answer using the Control Preference Scale (CPS)

adapted from a previous study (15). Participants need to answer using the CPS ranging from a more passive role (1 and 2), collaborative role (3), and more active role (4 and 5). Lastly, Section D consisted of 26 items related to the factors that influence patient involvement in decision-making. A Likert-type scale from 1–5; 1 = strongly disagree (SDA), 2 = disagree (DA), 3 = not sure (NS), 4 = agree (A), and 5 = strongly agree (SA) is used for Sections B and D.

Before data collection, two experts in the nursing field were consulted for content validity of the questionnaire. Furthermore, a pilot study was conducted among 20 nurses with the same criteria as the participants in this study. The Cronbach's alpha results of the pilot study for Section B, C, and D ranged from 0.68 to 0.89.

Ethical consideration

The approval for this study was granted by the Kulliyah of Nursing Postgraduate Research Committee (KNPGRC) and IIUM Research Ethics Committee (IREC) No IREC 2020-KON2/31. Likewise, permission was acquired from the Clinical Research Committee (CRC) to assess participants in the hospital. Consent was also obtained from each participant to be part of this study.

Data collection

The nurse in charge of each ward was informed. The nurses were approached by the researcher and invited voluntarily to answer the questionnaire. Those who were not willing to participate were excluded. A consent form was attached to the questionnaire, and the purpose of the research was explained to the participants. The incomplete questionnaires were excluded from the data analysis. All the information given by the participants is kept confidential throughout the study process. The data collection was conducted from December 2020 to January 2021.

Data analysis

Data analysis was performed using the statistical analysis program, SPSS version 25. Descriptive analysis was conducted to describe the sociodemographic background, the prevalence of nurses' perceptions and preferred role on patient involvement, and the factors of patient involvement. As the data was normally distributed parametric statistical analyses such as independent t-test, and one-way analysis of variance (ANOVA) test were used to analyse the association between sociodemographic data and nurses' perceptions as well nurses' preferred role. P-value < 0.05 is categorised as statistically significant.

RESULTS

Sociodemographic characteristic

Table I illustrates the sociodemographic backgrounds of the participants. The mean age of the participants is 27.78 years old. Most of the respondents are female

Table I: Sociodemographic background (n=105)

Variable	Frequency (%)	
Age	≤27	58 (55.2)
	>27	47 (44.4)
Gender	Male	23 (21.9)
	Female	82 (78.1)
Race	Malay	104 (99.0)
	Others	1 (1.0)
Educational level	Diploma	103 (98.1)
	Degree	2 (1.9)
Department	Internal medicine	34 (32.4)
	General surgery	42 (40.0)
	Orthopaedic	29 (27.6)
Years of service	≤2 years	34 (32.4)
	>2 years	71 (67.6)

(78.1%), Malay (99.0%), with diploma qualification (98.1%). Approximately 40.0% of the respondents worked in the general surgery ward, followed by 32.4% in the internal medicine ward, and 27.6% in the orthopaedic ward. Most respondents have more than 2 years of work experience (67.6%).

Nurses' Perceptions on Patient Involvement

Table II shows the prevalence of nurses' perceptions on patient involvement in decision-making. Most nurses in this study agree that patients are encouraged to be involved in their care (98.1%). 98.1% of the nurses also acknowledge that patients should have the opportunity to express their views. Majority of them (97.2%) also agree that patients are given with explanation about the decision taken during the decision-making process and usually, patient consent is requested for each decision taken (83.8%). On the other hand, most nurses disagree that patients do not have the opportunity to choose between alternatives of care given (79.0%)

Table II: Nurses' perceptions on patient involvement (n=105)

Items	Frequency (%)					Mean (SD)
	SDA	DA	NS	A	SA	
1. Patients involved in discussions about the nursing care	0 (0)	6 (5.7)	1 (1.0)	82 (78.1)	16 (15.2)	3.03 (0.63)
2. Patients have the opportunity to express their views about their care.	0 (0)	0 (0)	2 (1.9)	83 (79.0)	20 (19.0)	3.17 (0.43)
3. Patient's views are not considered.	11 (10.5)	74 (70.5)	17 (16.2)	2 (1.9)	1 (1.0)	1.12 (0.65)
4. Patients are requested for a consent.	0 (0)	2 (1.9)	15 (14.3)	50 (47.6)	38 (36.2)	3.18 (0.74)
5. Patient are provided with the alternative care options.	0 (0)	0 (0)	5 (4.8)	81 (77.1)	19 (18.1)	3.13 (0.46)
6. Patients are given an explanation about the decision taken.	0(0)	1(1.0)	2 (1.9)	68 (64.8)	34 (32.4)	3.29 (0.55)
7. Patient are encouraged to participate in their care.	0 (0)	1 (1.0)	1 (1.0)	72 (68.6)	31 (29.5)	3.27 (0.52)
8. Patients do not have the opportunity to choose between alternatives of the care given.	16 (15.2)	67 (63.8)	14 (13.3)	8 (7.6)	0 (0)	1.13 (0.76)
9. Patients' preferences are considered in choosing their care.	0 (0)	5 (4.8)	9 (8.6)	79 (75.2)	12 (11.4)	2.93 (0.62)
10. Patients make decisions with the nurse about their nursing care.	2 (1.9)	8 (7.6)	10 (9.5)	73 (69.5)	12 (11.4)	2.81 (0.81)
11. Patients make decisions on nursing care.	6 (5.7)	26 (24.8)	19 (18.1)	47 (44.8)	7 (6.7)	2.22 (1.07)
12. Nurses make decisions about patients' nursing care.	3 (2.9)	9 (8.6)	7 (6.7)	73 (69.5)	13 (12.4)	2.80 (0.87)

and do not consider patients' view on their care (81.0%). However, about one-third of the nurses (30.5%) disagree that patients make the decisions, while most (81.9%) reported that they agree to decide on their patients' care.

Nurses' Preferred Role on Patient Involvement

Table III portrays the prevalence of nurses' preferred role in patient involvement in the decision-making of nursing care. Most nurses prefer the patients to be active in nursing care related to their daily routine activity, i.e., rest and sleep (63.8%). On top of that, nurses prefer the patients to be collaborative on personal hygiene (45.7%) and the presence of companions during treatment (43.8%). Nevertheless, most nurses favour passive patients when it comes to medical management, i.e., medication administration (81.9%), the timing of treatment (77.1%), planning for hospital discharge (61.9%), and schedule of laboratory and clinical examination (78.1%).

Factors Related to Patient Involvement

From Table IV, the most significant factor related to patient involvement in decision-making of nursing care that was identified by the participants in this study is the communication between the nurses and patient 3.34 (0.49) out of 5. This is followed by a comfortable and friendly environment 3.25 (0.49) and encouragement by the nurses themselves 3.24 (0.51). Next, patients who have more information 3.13 (0.57) and who are naturally active 3.12 (0.53) are more involved in their care. Furthermore, nurses who provide several explanations on patient care 3.10 (0.55) tend to attract patients to involve in the decision-making process. Moreover, the patient's emotional and physical distress also will affect their involvement 3.08 (0.51). On top of that, when nurses believe in the idea of involvement 3.06 (0.6) and trust the benefit and value of patient participation 2.99 (0.63), they will put it in practice thus, patients will have

Table III: Nurses' preferred role on patient involvement (n=105)

Items	Frequency (%)			Mean (SD)
	Passive role	Collaborative role	Active role	
1.For administration of medicines (e.g., pain medication)	86 (81.9)	12 (11.4)	7 (6.7)	1.9 (0.92)
2.For personal hygiene	18 (17.1)	48 (45.7)	39 (37.2)	3.17 (0.95)
3.For rest and sleep	7 (6.7)	31 (29.5)	67 (63.8)	3.69 (0.80)
4.For following diet	65 (61.9)	26 (24.8)	14 (13.4)	2.34 (1.01)
5.For the timing of treatment	81 (77.1)	15 (14.3)	9 (8.6)	1.96 (0.92)
6.For schedule of laboratory and clinical examination	82 (78.1)	17 (16.2)	6 (5.8)	1.85 (0.93)
7.For the bed placed in the hospital room	53 (50.5)	31 (29.5)	21 (20.0)	2.51 (1.19)
8.For the room placed in the hospital	50 (47.7)	37 (35.2)	18 (17.1)	2.50 (1.10)
9.For planning - preparation for hospital discharge	65 (61.9)	24 (22.9)	16 (15.2)	2.20 (1.17)
10.For the presence of companion during treatment/ surgery (friend, child)	34 (32.0)	46 (43.8)	25 (23.8)	2.89 (1.13)

more opportunities to be involved.

The association between sociodemographic backgrounds with nurses' perceptions on patient involvement

Table V shows a significant association between the years of service with nurses' perception on patient involvement (p-value < 0.05). However, no significant association is noted between other sociodemographic backgrounds (age, gender, and department) with nurses' perceptions (p > 0.05).

Association between sociodemographic backgrounds with nurses' preferred role on patient involvement

Table VI displays no significant association between age, gender, and years of service with nurses' preferred role (p > 0.05). Nevertheless, a significant association between the nurses' department and their preferred role is observed. The results of Bonferroni post-hoc indicate that nurses who worked in the general surgery wards showed a significantly higher mean of 27.64 (SD 5.91) than nurses who worked in medical wards (23.29, SD 5.62) and orthopaedic wards (23.21, SD 5.20). The difference between nurses from the medical wards and orthopaedic wards is not statistically significant.

Table IV: Factor of Patient Involvement in Decision Making of Nursing Care (n=105)

No	Details	Strongly disagree [n (%)]	Dis-agree [n (%)]	Not sure [n (%)]	Agree [n (%)]	Strongly agree [n (%)]	Mean (±SD)
1	Patients' state of health affects the extent of their involvement in nursing care	0 (0.0)	4 (3.8)	10 (9.5)	82 (78.1)	9 (8.6)	2.91 (0.57)
2	Patients' personality does not affect their involvement	3 (2.9)	49 (46.7)	22 (21.0)	28 (26.7)	3 (2.9)	1.80 (0.96)
3	Younger patients are more involved in the problem related to their nursing care	1 (1.0)	13 (12.4)	28 (26.7)	56 (53.3)	7 (6.7)	2.52 (0.83)
4	Patients are more involved in their care when encouraged by the nurses	0 (0.0)	0 (0.0)	4 (3.8)	72 (68.6)	29 (27.6)	3.24 (0.51)
5	Involvement requires communication between the patients and the nurses	0 (0.0)	0 (0.0)	1 (1.0)	67 (63.8)	37 (35.2)	3.34 (0.49)
6	The degree of interpersonal relationship between the patients and the nurses do not affect the involvement	2 (1.9)	28 (26.7)	36 (34.3)	34 (32.4)	5 (4.8)	2.11 (0.92)
7	Patients will have more opportunities to be active and responsible when the nurses believe in the value and benefit of the involvement	0 (0.0)	3 (2.9)	12 (11.4)	73 (69.5)	17 (16.2)	2.99 (0.63)
8	The more information the patients have, the more they can make decision about their care	0 (0.0)	2 (1.9)	5 (4.8)	75 (71.4)	23 (21.9)	3.13 (0.57)
9	Content of the decision does not affect patient involvement	2 (1.9)	38 (36.2)	34 (32.4)	28 (26.7)	3 (2.9)	1.92 (0.91)
10	Nurses should have sufficient time each time she communicates with the patient about the nursing care	1 (1.0)	4 (3.8)	12 (11.4)	77 (73.3)	11 (10.5)	2.89 (0.67)
11	Nurses are more concerned with routine activities and less with the patients' needs	8 (7.6)	31 (29.5)	13 (12.4)	48 (45.7)	5 (4.8)	2.10 (1.12)
12	The way care is organized does not affect patient involvement in making decision about their nursing care	7 (6.7)	30 (28.6)	29 (27.6)	38 (36.2)	1 (1.0)	1.96 (0.98)
13	Patients may involve in any complex issues related to their nursing care	0 (0.0)	13 (12.4)	27 (25.7)	57 (54.3)	8 (7.6)	2.57 (0.81)
14	Elderly patients do not want to take care of themselves	1 (1.0)	51 (48.6)	20 (19.0)	23 (21.9)	10 (9.5)	1.90 (1.06)
15	Comfortable and friendly environment encourages and motivates the patient to involve in their care	0 (0.0)	0 (0.0)	3 (2.9)	73 (69.5)	29 (27.6)	3.25 (0.49)
16	Nurses must believe in the idea of patient involvement to put it into practice	0 (0.0)	2 (1.9)	10 (9.5)	73 (69.5)	20 (19.0)	3.06 (0.60)
17	Nurses give the patient several explanations regarding their care	0 (0.0)	1 (1.0)	8 (7.6)	75 (71.4)	21 (20.0)	3.10 (0.55)
18	Patients' physical and emotional distress affect their involvement	0 (0.0)	1 (1.0)	7 (6.7)	80 (76.2)	17 (16.2)	3.08 (0.51)
19	Patients who are naturally active are more involved in their care	0 (0.0)	1 (1.0)	6 (5.7)	77 (73.3)	21 (20.0)	3.12 (0.53)
20	Nurses must be familiar with the concept of involvement	0 (0.0)	1 (1.0)	8 (7.6)	78 (74.3)	18 (17.1)	3.08 (0.53)
21	Modern Health Policy promotes patient involvement	0 (0.0)	1 (1.0)	19 (18.1)	67 (63.8)	18 (17.1)	2.97 (0.63)
22	Nurses should be given the opportunity to know the meaning and content of the patient involvement	1 (1.0)	1 (1.0)	3 (2.9)	79 (75.2)	21 (20.0)	3.12 (0.58)

Table V: The association between sociodemographic backgrounds with nurses' perceptions on patient involvement

Sociodemographic background	Mean (SD)	p-value
Age		
≤27	31.62 (4.02)	0.147*
>27	32.66 (3.07)	
Gender		
Male	31.91 (2.77)	0.799*
Female	32.13 (3.87)	
Years of service		
≤2 years	30.44 (3.84)	0.01*
>2 years	32.87 (3.29)	
Department		
Internal medicine	31.71 (4.43)	0.712*
General surgery	32.40 (3.26)	
Orthopaedic	32.07 (3.65)	

*Independent t-test

Table VI: The association between sociodemographic backgrounds with nurses' preferred role on patient involvement

	Mean (SD)	p-value
Age		
≤27	25.24 (6.28)	0.661*
>27	24.72 (5.64)	
Gender		
Male	25.78 (5.63)	0.486*
Female	24.79 (6.09)	
Years of service		
≤2 years	24.76 (5.78)	0.773*
>2 years	25.13 (6.11)	
Department		
Internal medicine	23.29 (5.62)	0.001**
General surgery	27.64 (5.91)	
Orthopaedic	23.21 (5.20)	

*Independent t-test

** One-way Anova test

DISCUSSION

The majority of the nurses involved in this study agree that patient involvement can be facilitated if the patients are encouraged to participate in nursing care, have the opportunity to express their views in making decisions, are given explanations on the decision, and are requested for consent. These results indicate that they agree that patients need to be involved in making decision and corresponded with previous studies (8,16,17). However, most (81.9%) of the nurses agreed with item number 12, i.e., 'nurses make decisions on patient's nursing care'. This is one example that indicates the nurses wanted to decide for the patient, although they value patient involvement. This might be due to the nurses' concern of the effects of involving their patients to their workloads and the time that they have to spend to provide care for each patient (18). However, it is important that the patients are involved in making decisions as they understand better about their condition. Through their involvement, they also can ask questions and ultimately prevent avoidable errors (19).

Moreover, nurses in this study prefer the patient not to be involved in decisions related to medical management such as medication administration, the timing of treatment, laboratory and clinical examination schedule, and discharge planning. Meanwhile, for

non-medical management, nurses prefer patients to be passive in following the diet and bed and room placed in the hospital. This is possible because the hospital has already set up the bed according to the patients' conditions and needs of care. On top of that, nurses preferred patients to be active on rest and sleep matters. This is in line with the previous studies that reported patients became more active in decisions regarding health and sleep (16). This result could be because nurses realise that the patients would manage decisions more effectively related to their daily routine activity. Besides, nurses also favour the collaborative role of patient involvement in personal hygiene and companion during treatment. These preferences by the nurses further highlighted the issue of power imbalance as one of the most common factors that hinder patient involvement in the healthcare setting especially in the decisions where technical knowledge matters (19,20). On the other hand, the nurses' preference patient involvement may be due to their views on that it as a method to share their responsibilities of making decisions with their patients (18).

In this study, most nurses regard communication as the most important component of patient involvement. The study finding corresponds to the previous studies as mutual communication between nurse and patient constitutes a major aspect of nursing care planning (15,21). Effective communication between nurse and patient develops mutual trust and respect among them as it enables both parties to address each other needs, concerns, and preferences which is in line with the objective of patient involvement in decision-making as general (22). The nurses also believed that patient involvement can be further facilitated if they encourage their patients to do so. Encouragement by the nurses can be done by listening to their patients' goals, plans and preferences as well as engaging them in decision-making process by portraying a welcoming attitude, asking questions while allowing the patients to ask question and sharing their opinions on the related matters (18, 23). Another factor that was identified as important in encouraging patient involvement is a comfortable and friendly environment. Lack of private area as well as crowded and noisy ward environment was reported by previous study as the possible organisational related issues that hinder patient involvement (24).

Nurses with more than two years of work experience found to have better perceptions of patient involvement in making decisions than novice nurses. This could be because nurses with more experience realised the advantages of involving patients in decision-making, as they could appraise their patients' problems better, provide appropriate information, facilitate obtaining patient trust, allow them to deliver optimal healthcare services, and improve job satisfaction (25). Besides, nurses who worked in the general surgery wards show significantly higher preference towards active patient

participation than the nurses who worked in internal medicine and orthopaedic wards. This may be due to surgical wards often related to preparation before and after surgery. Hence, patients often need assistance in recalling information and in the pre- and post-operative arrangement, as well as in reducing complications and unwanted events (26).

This study had several limitations. Convenience sampling does not allow generalisation to all study population. The study was also limited to nurses from medical, surgical and orthopaedic wards.

CONCLUSION

In conclusion, this study provides insight into the value of patient involvement in the decision-making of nursing care from the nurses' perspective. Most of the nurses in this study agreed that the patients are involved in making the decision. Nonetheless, majority of them agreed that they need to decide for their patients. This study indicates the need for training among the nurses in order to improve their understanding, attitude and practice related to patient involvement in nursing care.

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