BARRIERS AND FACILITATORS OF SHARED DECISION MAKING IN CLINICAL PRACTICE: AN UMBRELLA REVIEW

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BACKGROUND & OBJECTIVE

Shared decision making (SDM) is seen as the pinnacle of patient-centered care and is increasingly advocated as an ideal model of treatment decision-making. However, SDM **implementation in clinical practice remains low**. Understanding factors that impede or facilitate the use of SDM will provide insights into its further implementation.

Objective: To synthesize the available evidence on barriers and facilitators to SDM.

METHODS

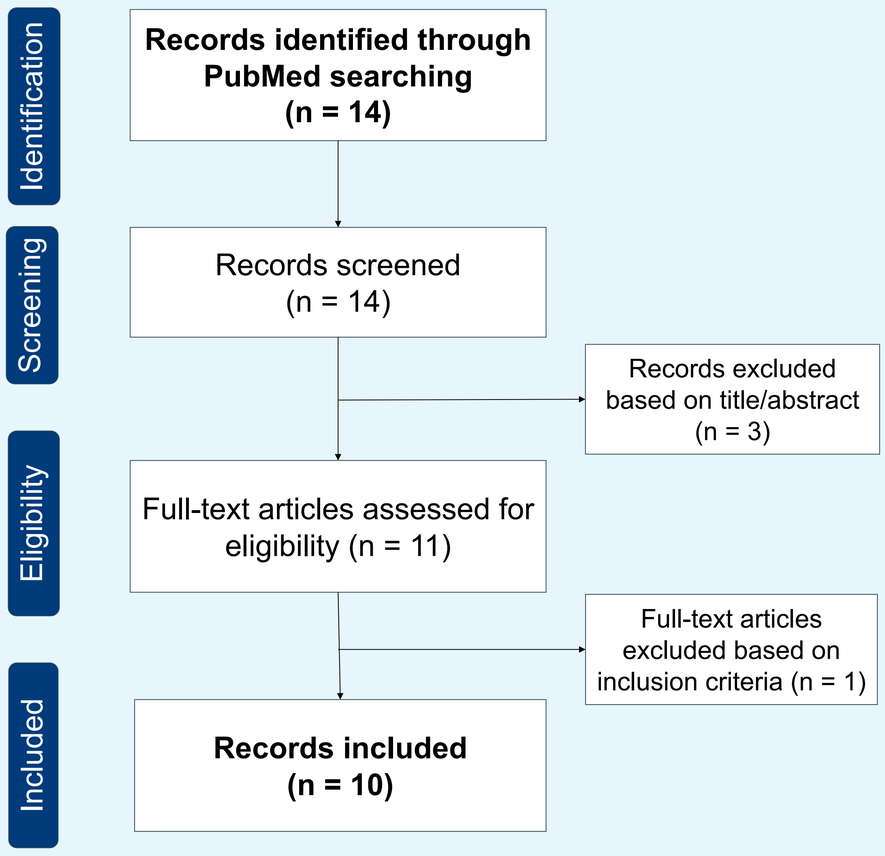
An umbrella review using an electronic search of Pubmed from year 2007 to June 2022. Study title, author, year, and identified barriers and facilitators of SDM were extracted.

INCLUSION CRITERIA

- ✓ Systematically conducted reviews in English
- ✓ Reporting barriers and facilitators of SDM
- ✓ Reporting perspectives of health care professionals, patients, caregivers, or regulatory actors

RESULTS

Document inclusion



Characteristics included documents

- Studies included in literature reviews were **mostly performed in Europa, the United States of Amerika, or Canada**
- **Perceptions of patients and clinicians are mostly investigated**. Less is known about the perceptions of regulators or management teams of hospitals

Commonly cited barriers and facilitators

Barriers	Facilitators
1. ORGANIZATIONAL	
⊖ Lack of training in SDM	⊕ Supportive policy
⊖ Lack of time to include SDM in current clinical practice	⊕ Inclusion of SDM in clinical guidelines
⊖ Lack of interprofessional team	
2. CULTURAL	
⊖ Perception that patients do not want to participate in SDM	⊕ Recognizing there are 2 experts in the clinical encounter
⊖ Power imbalance in the patient-clinician relationship (‘doctor knows best’ and ‘patients have inferior knowledge’)	⊕ Patients accepting responsibility to be involved in decision-making
	⊕ Agreement that SDM will lead to improved health outcomes
3. METHODOLOGICAL	
⊖ Poor communication skills	⊕ Good communication skills and use of tailored information
⊖ Bad therapeutic relationship between the patient and the clinician	⊕ Trust between the patient and the clinician
4. FINANCIAL	
⊖ Lack of incentives to change the way clinicians work and to implement SDM in current clinical practice	⊕ Reimbursement for clinicians undertaking SDM

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CONCLUSION

- There are **diverse organizational, cultural, methodological, and financial barriers** that hamper systematic implementation of SDM
- Most **barriers are modifiable** and can be addressed **by attitudinal changes** at the level of the patient, clinician/healthcare team, and the organization.
- A **multi-stakeholder concerted approach**, as well as **implementation research and policy efforts** are needed to increase implementation of SDM