

**PATIENTS' PARTICIPATION IN MAKING HEALTHCARE DECISIONS AT  
AMINU KANO TEACHING HOSPITAL KANO**

**BALARABE Ibrahim Gaya**

Faculty of Nursing, Lincoln University College, Malaysia

**UMAR Aliyu**

Faculty of Nursing, Lincoln University College, Malaysia

**Dr. REGIDOR III Poblete Dioso**

Lincoln University College, Malaysia

**ADENIYI, Sarafadeen Diran (Ph.D)**

Lincoln University College, Malaysia

**Abstract**

Patient involvement is the conscious engagement of the patient in the planning, delivery, monitoring and evaluation of their own care. This research study was carried out to assess patient participation in healthcare decision making. The study was a cross sectional study that used two instruments for data collection. One of the instrument CPS was use to collect data from patients on their preference in participation in healthcare decision making while the second instrument PPOS was used to assess the perception of healthcare professionals on patient participation in healthcare decision making. Results from the study revealed that there was a statistical significant difference between the perception of nurses and medical doctors towards patient participation in healthcare decision making ( $t = 2.85$ ,  $p = 0.002$ ). Finding from this present study showed that there was a statistical significant relationship between years of working experience of healthcare professional and their preference for patient participation in healthcare decisions from a computed Pearson's correlation ( $r = 0.160$ ;  $p = 0.005$ ). It can be concluded that healthcare professionals (Nurses and medical doctors) have a good (positive) perception towards patient participation in healthcare decision making. It was recommended that there is need for patient education and information by healthcare professionals towards empowering patients on health issues that affect them as this can make them to be competent to participate in healthcare decisions that affect them.

**Keywords:** Patient's participation, Patient, Healthcare, Decision

**Introduction**

Over the course of the last forty years, the healthcare enterprise has been shifting towards more patient-centered healthcare which encourages patient participation in healthcare (Joseph-Williams et al., 2017). Patient-centered healthcare is care meant to solve the needs of patients and their preferences. Involving patients in decision making is a significant part of patient centered care (Agbonjinmi et al., 2022a).

Involvement of the patient in healthcare plans most prominently rests on a moral imperative based on a fundamental right to autonomy and is shown in the right to acceptance of medical intervention (Masters, 2014). According to Kvæl et al., (2018), “Patient-centered care is more related to seeing the human being as a biological, psychological, and social Being to deliver respectful, individualized, and empowering services that implied patient participation and a nurse-patient relationship based on trust, empathy, and shared knowledge”.

Patient involvement in decision making is right on moral grounds and is consistent with patient’s right to autonomy (Agbonjinmi et al., 2022b). Patient participation (involvement) is also the same with shared decision making (SDM) (Truglio-Londrigan et al., 2014). Though researchers, policymakers, healthcare professionals and patients all agreed that patient involvement in medical decisions is an appropriate, several unanswered questions remain concerning exactly what it means, how and when it should be applied, as well as for what purpose. For instance, doctors and nurses may not be willing to accept a patient's decision when a guideline favours a particular line of treatment. Other situations are emergency and general practice situations. Decisions are more likely to be shared in general practice than in emergencies (Osunmakinde & Gbenga-Epebinu 2020).

According to Joseph-Williams et al., (2017), health professionals frequently reports that some patients do not want to participate in healthcare decisions. While this may be true for some patients, others may desire different levels of involvement, and thus the decision-making process should respect the patient's preference. They go further saying the preference should itself be informed, rather than based on a clinician's assumption about what the patient wants. According to Kolovos, (2020), evidence suggests that the care setting impacts how the concept of patient participation is interpreted and implemented in practice. There is a dearth of researches on patient participation in decision making in this present study area. However, a study that looks similar to this present study by Abiola et al., (2014) in Kano was on physician-patient relationship and the study only involve the doctors as participants without involving the patients. But in these study patients, physicians, and nurses are involved to give a more all-inclusive perspective.

Today, Patient participation is considered the legal right of the patient and the benchmark of global healthcare systems (Orujlu et al., 2020). Hence, the need to find out, if patients participate in healthcare decisions and to what extent at Aminu Kano Teaching Hospital.

The study specifically examined;

1. patients' preference in participation in healthcare decision-making in Aminu Kano Teaching Hospital, Kano; and
2. health care professionals' perception towards patients' participation in health care decisions in Aminu Kano Teaching Hospital, Kano.

The research questions raised were;

1. What is patients' preference about participation in making healthcare decisions at Aminu Kano Teaching Hospital, Kano?
2. What perception do healthcare professionals have toward patients' participation in healthcare decisions?

The research hypothesis generated were;

1. There is no relationship between the years of working experience of Healthcare professionals and their preference for patient participation in healthcare decisions.
2. There is no difference in the relationship between Nurses and physicians in regards to patient participation in healthcare decisions.

### **Methodology**

The study population were medical doctors in the consulting clinics, nurses working in the medical-surgical and Obstetric and Gynaecological wards of the Aminu Kano Teaching hospital and patients' that attends the various clinics in the hospital. The sample size was calculated using Krejcie and Morgan (1970), with multi stage sampling technique, medical doctors were 95 out of the total population of 110, nurses were 240 out of the total of 504 while the patients were 405 out of the total 8940. Only patients above eighteen years of age, who are attending the out-patient

department and Speciality clinics during the period of this study of three months were included and all nurses working in the various department of the hospital and all medical doctors' working only at the Speciality clinics and Out-patient department of the hospital who meets the inclusion criteria were recruited. The Control Preference Scale (CPS) was used to collect data from patients on their preference for participation in their health care decisions.

The CPS includes five sets of questions in the form of cards that display the three decision-making roles in patient-physician interactions. In this study, the wording on the card was modified to focus on the relationship between the healthcare provider (nurse/physician) and patient and decision making. The map shows three decision-making roles: proactive roles (A and B), collaborative roles (C), and passive roles (D and E). A passive role means that the patient wants the healthcare professional to decide, while an active role means that the patient wants to make the final decision themselves, and a collaborative role means that the patient wants there is a joint decision between them and their medical professional. The instrument were validated and was also found reliable using Cronbach's alpha. With the aid of four research assistants, the questionnaire were administered to the respondents after their consent were sought. However, there was 94% retrieval rate. The second instrument was the Patient-Physician Orientation Scale (PPOS) that was administered to nurses and physicians in the study. PPOS consists of 18 items on a six-point Likert scale. The score is intended to measure the sharing and caring nature of the healthcare professional. Shared dimension was measured by nine items in the questionnaire. The maximum score for the PPOS is 108 and the minimum is 18. The maximum subscale score is 54 and the minimum is 18. Participants are asked to choose whether they agree or disagree with individual statements. Lower scores indicate paternalistic tendencies, whereas higher scores indicate greater patient involvement (Archer et al., 2014). Scores below 54 points are considered paternalistic behavior, while scores above 54 are considered sharing behavior on an overall 108-point scale.

**Results**

**Table 1: Patients preference in participation in decision making (n=405)**

Statement	F	%
A: I like to make decisions about the tests or treatments I receive.”	0	0
B: I want to make the final decision about any tests or treatments I receive after seriously considering the opinion of my nurse practitioner.	66	16.3
C: I want my doctor/nurse and I to share responsibility for deciding what tests or treatments I receive.”	96	23.7
D: “I want my doctor/nurse to make the final decision about any tests or treatments I receive after carefully considering my opinion.	156	38.5
E: I want to leave any decisions about tests or treatments I receive with my doctor/nurse.	87	21.5

Table 1 shows the choice of patients with regards to their preference on the control preference scale. Majority of the patients 158(38.5%) prefers the healthcare professionals to take the final decision on their treatment after considering the patient’s opinion. Similarly, 87 (21.5) prefers to entrust all health decision about their health to the physician/nurses. The table also shows that 96 (23.7%) of the patients prefers that they and the healthcare professional take a joint decision about their treatment and 66 (16.3%) prefers to take the final decision themselves after seeking the opinion of the healthcare professionals.

**Table 2; Summary results of patients preference of participation in decision making ( n=405)**

Nature of participation preferred by patients	F	%
Active participation	66	16.3
Collaborative participation	96	23.7
Passive participation	243	60
<b>TOTAL</b>	<b>405</b>	<b>100%</b>

Table 2 shows the summary of the control preference scale results as compressed into three categories. The table shows that more than half 243 (60%) of the patients prefers passive participation in healthcare decision making, about one-fourth 96(23.7%) prefers collaborative participation and 66(16.3%) only prefers active participation in healthcare decision making. This means that most of the patients prefer to play a passive role with regards to their healthcare choice and rely more on the healthcare professionals making healthcare decisions on their health.

### **Test of Hypotheses**

Hypothesis 1: states that there is no relationship between years of experience of Healthcare professionals and their preference with patient participation in healthcare decisions.

**Table 3: Pearson Correlation between working experiences and patient-practitioners orientation scale score of health professionals (PPOS)**

Correlations		working experience	PPOS
Working Experience	Pearson Correlation	1	.160**
	Sig. (2-tailed)		.005
	N	315	315
PPOS	Pearson Correlation	.160**	1
	Sig. (2-tailed)	.005	
	N	315	315

A Pearson product moment correlation coefficient was computed to assess the relationship between years of working experience of healthcare professionals and their orientation to patient participation in healthcare decision making. There was a weak, positive correlation between the two variables,  $r = .160$ ,  $N = 315$  which was significant ( $p = .005$ ). This reveals that there is a significant correlation between years of working experiences of healthcare professionals and allowing patients participation in healthcare decision making about their healthcare. This means that with increasing

years of experience a healthcare professional is likely to allow more patient participation in healthcare decision.

**Hypothesis 2:** There is no difference in relationship between Nurses and Physician in regards to patient participation in healthcare decisions.

**Table 4: T-test result comparing Nurses and Medical doctors' perception on patient participation on healthcare decision making**

Variable	N	Mean	SD	Mean difference	t (df)	P value	95% C.I.
Nurses	226	75.86	9.25	3.49	3.33 (313)	.001	1.42-5.56
Medical Doctor	89	72.37	7.99				

M = mean, SD = Standard deviation

An independent sample t-test was computed to compare healthcare professionals' perception on patient participation in healthcare decision for Nurses and Medical doctors. There was a significant difference  $DF=313$ ,  $t =2.85$ ,  $p = .002$  in the score with mean score for Nurses ( $M = 75.86$ ,  $SD = 9.25$ ), was higher than Medical doctors ( $M= 72.37$ ,  $SD = 7.99$ ). The magnitude of the differences in the mean, mean difference = 3.49, at 95% confidence interval (lower limit 1.42590 to upper limit - 5.55820). This means the null hypothesis is rejected showing that there is a significance difference between nurses and medical doctors' perception on patients' participation in healthcare decision making. This results showed that nurses are more allow more patient participation in healthcare decision making than the medical doctors.

### **Discussion**

Findings from this study revealed that 60% of the patients prefers passive participation in healthcare decision making, while one-fourth 23.7% prefers collaborative participation and 16.3% prefers active participation in healthcare decision making. This means that most of the patients in this study prefer to play a passive role with regards to their healthcare choice and rely more on the healthcare professionals to make healthcare decisions on their health. This finding is slightly similar to what was reported by Redley et al., (2019) that 30.8% of patient, 25% and

44.2% preferred active, shared (collaborative) and passive participation in healthcare decision respectively in a study carried out in Australia. However these findings are contrary to that of Seo et al., (2014) who reported 58% of patients preferred participation in decision making and Brabers et al., (2017) that reported that most patient preferred participation in making decision on issues that affect them. These differences may be due to differences in geographical location of this present study and the others.

On health professional's perception towards patient's participation, the findings reveal that 96.5% of healthcare professionals (Nurses and medical doctors) have positive perception towards patient participation in healthcare decision making. This is contrary to what was reported by Abiola et al., (2014) in a similar study carried out in Kano where 92.5% were paternalistic and 75.2% have the perception of not sharing decision with patients. This difference may be because this present study was carried out in one tertiary institution only while, the previous study involve four health institutions; two tertiary and two secondary. On the caring sub-scale 84.8% of healthcare professionals showed caring behaviour. Findings of individual healthcare professional group showed that Overall PPOS mean score for Nurses was  $75.9 \pm 9.3$  while that of medical doctors was  $72.4 \pm 8.0$  on a scale of 108 points. Finding also revealed that 96% of nurses have positive perception towards patient participation in healthcare decision making while, 84.1% showed caring behaviour towards patients on the two subscales of the PPOS. Similarly, 97.8% medical doctors had positive perception towards patient participation in healthcare decision, while 86.5% showed caring behaviour toward patients.

Finding from this present study showed that there was a statistical significant relationship between years of working experience of healthcare professional and their preference for patient participation in healthcare decisions from a computed Pearson's correlation ( $r = 0.160$ ;  $p = 0.005$ ). This finding is similar to what was reported by Malfait et al., (2017) that nurses with more years of experience are more likely to share decision with patients. Results from the study revealed that there was a statistical significant difference between the perception of nurses and medical doctors towards patient participation in healthcare decision making ( $t = 2.85$ ,  $p = 0.002$ ). It showed that nurses allow more patient participation in decision making than medical



doctors. This finding is contrary to what was reported by Ferla et al., (2023) that physicians have a higher score than nurses on the PPOS . They reported that the mean full scale score of physicians was  $4.77 \pm 0.56$  while that of nurses was  $4.49 \pm 0.58$  on a 6 point scale, showing that physicians have a better perception than nurses on patient participation in decision making.

### **Conclusion**

From the findings in this study. It can be concluded that healthcare professionals (Nurses and medical doctors) have a good (positive) perception towards patient participation in healthcare decision making. However, patients in these study are not ready for collaborative decision making as majority of patients preferred passive role in healthcare decisions that involve their health leaving all decisions on the healthcare professionals as they view them as experts with regards to their health.

### **Recommendations**

In view of the findings, the following recommendations were made;

1. There is need for healthcare professionals to identify decision need and decision supports that patient' needs towards developing more effective shared decision solutions that will facilitate patient participation in shared decision making in the healthcare setting.
2. There is need for patient education and information by healthcare professionals towards empowering patients on health issues that affect them as this can make them to be competent to participate in healthcare decisions that affect them.
3. Training and retraining of healthcare professionals on the skills of communication and the concept of patient-centered care and improvement of the curriculum of healthcare profession to include these concepts at all level.

### **References**

- Abiola, T., Udofia, O., & Abdullahi, A. T. (2014). Patient-doctor relationship: The practice orientation of doctors in Kano. *Nigerian Journal of Clinical Practice*, 17(2), 241–247. <https://doi.org/10.4103/1119-3077.127567>
- Agbonjinmi, L.A, Ayorinde, A.M, & Gbenga-Epebinu, M.A (2022). Assessments of Patients'

Satisfaction with Nursing Care in Babcock University Teaching Hospital, Ilshah-Remo, Ogun State, Nigeria. *International Journal of Nursing, Midwife and Health Related Cases* 8(3), 34-44. (United Kingdom)

Agbonjinmi, L.A, Ayorinde, A.M, Gbenga-Epebinu, M.A, & Oladejo-Alghazal, S.M (2022). Determinants of Inadequate Utilization of Nursing Process among Registered Nurses in State Hospital Abeokuta, Ogun State. *Euro Global Contemporary Studies Journal*, 2(3), 1-12. DOI:10.5281/zenodo.6872007

Brabers, A. E. M., Rademakers, J. J. D. J. M., Groenewegen, P. P., Van Dijk, L., &

Joseph-Williams, N., Lloyd, A., Edwards, A., Stobbart, L., Tomson, D., Macphail, S., Dodd, C., Brain, K., Elwyn, G., & Thomson, R. (2017). Implementing shared decision making in the NHS: lessons from the MAGIC programme. *BMJ (Clinical Research Ed.)*, 357, j1744. <https://doi.org/10.1136/bmj.j1744>

Kolovos, P. (2020). *Special Article A Scoping Review Protocol of Evidence on Patient Participation in Surgical Care*. 13(2), 1524–1530.

Kvæl, L. A. H., Debesay, J., Langaas, A., Bye, A., & Bergland, A. (2018). A Concept Analysis of Patient Participation in Intermediate Care. *Patient Education and Counseling*, 101(8), 1337–1350. <https://doi.org/10.1016/j.pec.2018.03.005>

Malfait, S., Eeckloo, K., & Van Hecke, A. (2017). The Influence of Nurses' Demographics on Patient Participation in Hospitals: A Cross-Sectional Study. *Worldviews on Evidence-Based Nursing*, 14(6), 455–462. <https://doi.org/10.1111/wvn.12254>

Masters, B. R. (2014). *Principles of Biomedical Ethics, Seventh Edition* Eds: Tom L. Beauchamp and James F. Childress Oxford University Press, 2013. XVI, 459 Pages, US\$66.95, ISBN-13: 978-0-19-992458-5. *Graefe's Archive for Clinical and Experimental Ophthalmology*, 252(9), 1523–1524. <https://doi.org/10.1007/s00417-014-2676-5>

Orujlu, S., Zamanzadeh, V., & Valizadeh, L. (2020). Nurses' experiences of patient participation in nursing care and its related factors: A qualitative content analysis. In *Hayat* (Vol. 25, Issue 4, pp. 401–414).

Osunmakinde, B.T & Gbenga-Epebinu, M.A (2020). Comparison of Nursing Care Satisfaction Among Orthopaedic Patients in Two Selected Teaching Hospitals in Osun State. *International Journal of Academic Research in Business, Arts and Science*, 2(6), 35 – 43. DOI: 10.5281/zenodo.5186427

Redley, B., Mctier, L., Botti, M., Hutchinson, A., Newnham, H., Campbell, D., &

Seo, J., Goodman, M. S., Politi, M., Blanchard, M., & Kaphingst, K. A. (2016). *Effect of Health Literacy on Decision-Making Preferences among Medically Underserved Patients*. May, 550–556. <https://doi.org/10.1177/0272989X16632197>

Truglio-Londrigan, M., Slyer, J. T., Singleton, J. K., & Worrall, P. S. (2014). A qualitative systematic review of internal and external influences on shared decision-making in all health care settings. *JBI Database of Systematic Reviews and Implementation Reports*, 12(5), 121–194. <https://doi.org/10.11124/jbisrir-2014-1414>