

INPLASY PROTOCOL

To cite: Li et al. Shared decision-making in healthcare in mainland China: a theory informed scoping review study protocol. *Inplasy protocol* 202130021. doi: 10.37766/inplasy2021.3.0021

Received: 07 March 2021

Published: 07 March 2021

Corresponding author:
Xuejing Li

hbbdlxuejing@sina.com

Author Affiliation:
Beijing University of Chinese
Medicine

Support: University level.

Review Stage at time of this submission: Preliminary searches.

Conflicts of interest:
None declared.

Shared decision-making in healthcare in mainland China: a theory informed scoping review study protocol

Li, X¹; Zhao, J²; Hao, Y³.

Review question / Objective: The objective of this scoping review is to systematically map the accessible research literature to answer the research question: 1) The research method of the SDM in mainland China. 2) The “decision needs” of Chinese patients, particularly, we need to pay attention to the decision-making situation of patients, including their disease type, disease stage, their decision type / decision timing / decision stage / personal&clinical needs, inadequate support / resources. 3) Methods and tools used in the SDM in mainland China. 4) Factors that influence the shared decision making of doctors and patients in mainland China (promotion factors and barriers). 5) And the “decision outcomes” of shared decision-making in mainland China.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 07 March 2021 and was last updated on 07 March 2021 (registration number INPLASY202130021).

INTRODUCTION

Review question / Objective: The objective of this scoping review is to systematically map the accessible research literature to answer the research question: 1) The research method of the SDM in mainland China. 2) The “decision needs” of Chinese patients, particularly, we need to pay

attention to the decision-making situation of patients, including their disease type, disease stage, their decision type / decision timing / decision stage / personal&clinical needs, inadequate support / resources. 3) Methods and tools used in the SDM in mainland China. 4) Factors that influence the shared decision making of doctors and patients in mainland

China (promotion factors and barriers). 5) And the “decision outcomes” of shared decision-making in mainland China.

Condition being studied: Shared decision-making (SDM) has been increasingly researched and practiced globally to improve patients’ decision qualities and health outcomes. Despite the global interest in studying and implementing SDM to improve the patients’ decision qualities and healthcare outcomes, little is known about its development status in China. The Ottawa Decision Support Framework (ODSF) has guided practitioners and patients facing difficult decisions for 20 years. It asserts that decision process includes three core elements: "decision needs", "decision support" and "decision outcomes". Therefore, this paper aims to synthesize literature to understand the research progress of SDM in mainland China using a scoping review methodology based on ODSF’s three core elements.

METHODS

Participant or population: Following execution of the search strategy, the first stage of the selection process will take place during which titles and abstracts of publications will be read independently by two members (HL and LXJ) of the research team and deemed eligible if inclusion and exclusion criteria are met. A primary screening and data extraction software called Covidence will be used (Covidence systematic review software, Veritas Health Innovation, Melbourne, Australia). This software supports research teams in tracking the number of duplicate articles, facilitating the independent screening of the articles by two research team members (HL and LXJ) and tracking the eligibility process. Studies that are duplicates, irrelevant or unrelated will be removed from the study at this time. If the relevancy of the publication is unclear from the title or abstract, the reviewer (HL and LXJ) will then read the publication in full to determine the eligibility of the publication. We will accept any form of Multi-component interventions.

Intervention: To understand the origin and development history of the shared decision-making in China, we need to make clear 1) the starting time of the research on the development of shared decision-making in mainland China, the number of related teams, the number of related research accumulated annually and the areas distributed. To compare the decision needs of shared decision-making in China and Western countries, we need to make clear 2) the types of diseases that are commonly focused by doctors and patients in mainland China, and the decision types / decision time / decision stage involved in different diseases. If an article mentions the need for medical information, clarification of personal values and more medical resources, we will also extract, analyze and classify them. To understand the decision support interventions of shared decision-making in mainland China, we should learn from previous studies 3) the implementation method and process of shared decision-making and the relevant tools used in the implementation.

Comparator: People who make healthcare decision without shared decision making method.

Study designs to be included: Inclusion criteria: 1) The research setting is located in the mainland China. 2) Study design: all. 3) Research topics: doctors and patients make medical decisions together, the development and use of patient decision-making aids, and patients and their families participate in medical decision-making. 4) Context: any place providing medical services. 5) There is no limitation on the research object and disease type. Exclusion criteria: 1) Non-empirical.

Eligibility criteria: This study is a scoring review. Due to the cost of manpower and time, the included articles are not eligible.

Information sources: With the help of an experienced research librarian, a preliminary search strategy has been developed using English electronic databases: Ovid MEDLINE, the Cumulative Index to Nursing and Allied Health

Literature (CINAHL), EMBASE, and JBI Evidence-based Practice Database. China National Knowledge Infrastructure, Wan Fang Database, The VIP Database, and China Biology Medicine will be searched from 1968 (this year was chosen as the starting year due to the prevalence of SDM publications since that time [47]) to present. These four Chinese databases are the largest and most commonly used Chinese databases, which can basically cover all the literature published in Chinese journals [48]. The search will not be limited to published peer-reviewed literature but also include unpublished grey literature. Grey literature will be searched using Google and Baidu search tools. In addition, experts in the field of SDM will be consulted. These strategies will ensure that competency documents about SDM in mainland China are identified in the search of grey literature.

Main outcome(s): This review is part of an ongoing expansive research into SDM in China. Scoping the existing literature will provide a foundation for further development of related patient decision aids tools and path for shared decision making. When we have completed the scoping review, we will consider a subsequent systematic review as preparation for a possible development of identify promoting factors and barriers of implementing shared decision making in China. We intend to publish the results and summary of the review in a relevant international journal as well as presenting the results in national and international networks on SDM and at conferences, following publication.

Quality assessment / Risk of bias analysis: It is still under high debate on whether to include quality assessment into scoping review. In our study, after discussion with team members, we recognized that it was necessary to conduct the quality appraisal on those included papers for the fact that currently there was no published paper describing the quality of SDM studies in China. It is valuable to gain understanding of the methodological quality and reporting quality of those published papers to inform

future SDM design and reporting. For each included paper, the methodological quality will be independently assessed by two reviewers (XL, JZ for English papers and MM, XZ for Chinese papers) using the MMAT. MMAT can be used to concurrently appraise qualitative, quantitative, and mixed-method studies for large and complex reviews. All the reviewers have received formal training on critical appraisal. To improve the consistency between reviewers, a pilot quality appraisal will be conducted with ten included papers. Each reviewer will independently assess the quality and discuss the discrepancies afterwards. During the formal assessment, disagreement on the quality appraisal results will be resolved by discussion or by a third reviewer (YH). Reviewers will also assess the reporting quality of those included.

Strategy of data synthesis: Data present in the chart will be used for both a qualitative and quantitative analysis, and to support data synthesis. Qualitative data from the data extraction table will be uploaded into QSR International's NVivo 11 qualitative data analysis software (Version 11, 2015) and coding them to synthesize the findings. Specifically, the list of decision needs, decision support interventions and decision outcomes will be thematically analysed using an inductive approach based on The Ottawa Decision Support Framework to identify what themes emerge. The influencing factors of shared decision-making will be classified according to the i-PARIHS framework [54] in order to provide a feasible reference for further system evaluation research. To enhance the rigour of the analysis process and the trustworthiness of the findings, two members (XL, LH) of the research team will complete data analysis independently. They will then meet to discuss and finalise the themes. Any discrepancies will be resolved through discussion and when agreement cannot be reached another member of the research team (JZ) will be consulted. The data will be summarised in diagrammatic or tabular form (numerical summary), and a descriptive format (narrative summary).

The strategy for data synthesis entails the use of qualitative methods to categorise the data based on the disease types group. Any commonalities between studies will be synthesised and presented. A qualitative descriptive synthesis of data will be undertaken in mapping the influencing factors of shared decision-making.

Subgroup analysis: Subgroup analysis will not be set up in this study.

Sensitivity analysis: Sensitivity analysis will not be set up in this study.

Language: No restriction.

Country(ies) involved: China.

Keywords: China; Shared decision making; Healthcare; The Ottawa Decision Support Framework; Scoping review.

Contributions of each author:

Author 1 - Xuejing Li.

Author 2 - Junqiang Zhao.

Author 3 - Yufang Hao.