
Shared Decision Making

Effects of an online education session on knowledge, attitudes, adaptability, and communication skills among nurses

Andrea Warzyniec, DNP, AGNP-BC, Joseph D. Tariman, PhD, RN, ANP-BC, FAAN, and Shannon D. Simonovich, PhD, RN

BACKGROUND: Shared decision making (SDM) is beneficial for interprofessional teams but also challenging to implement correctly. Oncology nurses are at the forefront of patients' treatment and, therefore, one of the most essential components of the SDM process.

OBJECTIVES: The aim of this pilot study was to examine the effects of a one-hour web-based SDM education session on self-reported knowledge, attitudes, adaptability, and communication skills related to SDM among oncology nurses.

METHODS: Using the ADDIE (analysis, design, development, implementation, and evaluation) theoretical framework, this study used a post-test-only, single-group, nonexperimental design.

FINDINGS: This study provides preliminary evidence that a one-hour web-based SDM education session is acceptable and has positive effects on oncology nurses' self-reported knowledge, attitudes, adaptability, and communication skills. More research is warranted to validate these findings.

KEYWORDS

shared decision making; ADDIE model; nurse education; web-based education

DIGITAL OBJECT IDENTIFIER

10.1188/19.CJON.E93-E99

SHARED DECISION MAKING IS A MODEL OF HEALTHCARE DELIVERY for the 21st century and the crux of patient-centered care (Institute of Medicine [IOM], 2001). In a seminal article, Charles, Gafni, and Whelan (1997) defined SDM as a care delivery model that fundamentally requires patient-clinician collaboration. Although clinicians have gained better understanding of SDM, a study by Frerichs, Hahlweg, Müller, Adis, and Scholl (2016) found that SDM remains challenging to implement correctly because of a range of attitudes, experiences, and misconceptions among healthcare providers.

Oncology nurses are at the forefront of patients' shared cancer treatment decisions and, therefore, are active and essential members of the interprofessional team throughout the cancer treatment SDM process (Tariman et al., 2016). An SDM continuous quality improvement project involving oncology nurses can evaluate nurses' knowledge, attitudes, and skills concerning SDM, which are the foundation of competency (Chouhan & Srivastava, 2014). Because oncology nurses often are busy in practice, web-based education is a convenient and efficient training strategy to improve nurse SDM knowledge, attitudes, and skills. This study intended to examine the effects of a one-hour web-based SDM education session on oncology nurses' self-reported knowledge, attitudes, adaptability, and communication skills related to SDM, as well as whether web-based education is an acceptable education model.

Literature Review

According to IOM (2001), the national healthcare system must improve patient care by using SDM as the healthcare delivery model. IOM (2001) identifies SDM as evidence based; it is supported by patients' access to their own medical information and treatment options, as well as their understanding of healthcare delivery. Patients and providers benefit from viewing SDM as a comprehensive process.

In alignment with IOM (2001), the 2010 Patient Protection and Affordable Care Act has provisions encouraging the use of SDM in health care (Maughan et al., 2016). SDM ensures that patients' preferences and values are considered during the process of healthcare decision making (Oshima & Emanuel, 2013). SDM increases patient knowledge and, therefore, may improve healthcare outcomes. Because the plan of care aligns with the patient's personal