

Elliott et al., Engaging Older Adults in Health Care Decision-Making: A Realist Synthesis

Ref ID	Author	Date	Focus/ Purpose of Article	Type of Evidence	Results	Setting	Population			Older Adult Focus	Engagement Strategy	Picker PCC Domains	Spectrum Level	Barriers	Facilitators	C	M	O	
							Culture	Sub group	Patient/ Disease										
25	Armstrong et al.	2013	Characterize patient involvement in three improvement projects and to identify strengths and weaknesses of contrasting approaches.	Qualitative (ethnographic approach)	Identified specific strategies that can be used to help ensure that patient involvement works most effectively:	Secondary care, primary care, community	UK	N/A	Lung cancer, abdominal aortic aneurysm, chronic kidney disease	No	Collection of patient experience data; focus groups; patient and service advisory group	Patients' Preferences	Involve	Acknowledge that barriers might exist, but did not mention what barriers might exist	1) Early involvement, 2) effective communication channels, 3) non-hierarchical structure, 4) a clearly defined role, 5) clarity on rationale for patient involvement, 6) identifying the right model to achieve the desired outcomes (no one-size-fits-all), 7) clear roles and responsibilities for patients, 8) involvement that is meaningful	patient level; clinic	clarifying roles; effective communication	engagement	
16	Muthalagappan	2013	Explore the ethical background behind shared decision-making and whether it is genuinely in the patients' best interests	Quantitative	Patients who are engaged in decision-making are more motivated and their clinical outcomes are greatly improved	Community	N/A	N/A	End stage renal disease and comorbidities	Yes	Shared decision-making	Patients' Preferences	Collaborate	Involve	1) Paternalistic physician practice, 2) lack of education skills, 3) difficulty assimilating complex information, 4) need to individualize the correct balance in the amount of information, 5) patients and families may feel abandoned if they are not supported after deciding not to have dialysis, 6) patients may prefer not to be involved (needs to be tailored), 7) language barriers, 8) low health literacy, 9) emotionally draining for patient and family, 10) time-consuming and 11) burdensome	Components of shared decision making are 1) truth telling, 2) sufficient information, 3) access to information, 4) physician-patient relationship, 5) good communication, 6) relevant evidence, 7) trust, 8) pros and cons, 9) all options presented, and 10) ideas, concerns and expectations. The 2 discussed in detail were truth telling and the physician-patient relationship	patient, provider, clinic	trust; communication	relationship