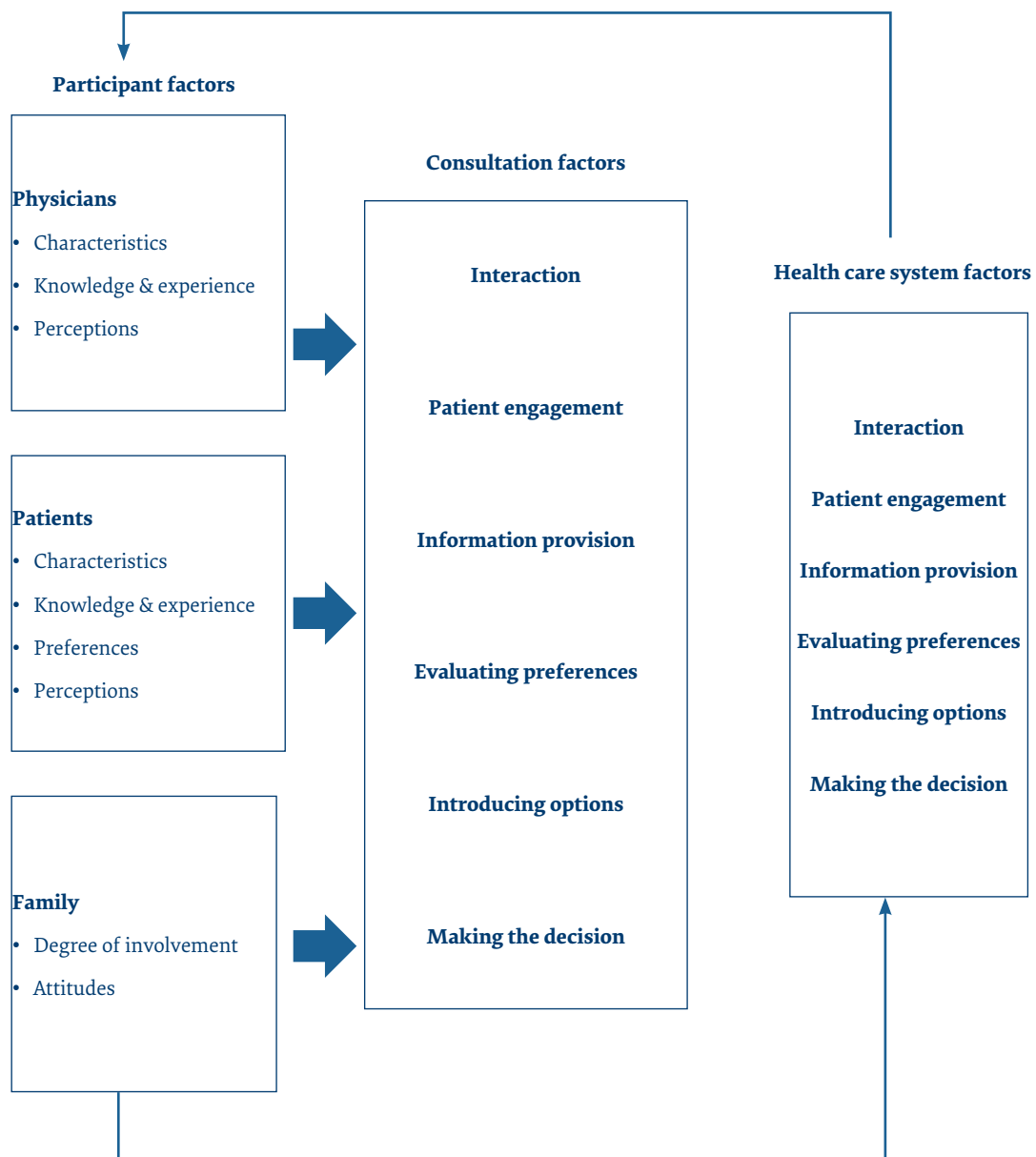


Figure 2 Relationship between the main themes



differs among patients, and physicians need to tailor what information is exchanged with their patients. Key considerations include: the amount of prior knowledge that the patient has; how much information is considered to be sufficient; and who should decide if this information is enough for decision-making (41). An assessment of the level of patient understanding of the information provided is needed as there are variations in patients' health literacy.

Family involvement can facilitate patient participation in SDM and enhance this process. Family involvement can increase the probability for patients to experience positive emotions, and decrease the likelihood of them experiencing stress and uncertainty when making decisions about their condition (42). There are commonalities in the culture in the Region which has a

collective nature and is family-centred. The families feel a moral responsibility for their members who are patients, and believe that they should be involved in the decision-making process (43,44). That said, this is not unique to the Region and has been reported in other cultures where family involvement in the decision-making process enhances patients' engagement and autonomy (45). However, family involvement can also be a barrier to patient participation when the family dominates the decision-making process. Family involvement may disrupt communication between patients and physicians, and may delay treatment decisions where there are conflicting views (46). This raises the question of how best to include family members in the decision-making process.