

# Different stories play different roles in patients' health decision-making, researcher says

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Individuals often turn to others for advice when making choices. Perhaps, it seems fitting then, that individuals would seek out others when they are faced with important health decisions. Yet, health communicators have debated whether stories should be included in patient decision-aids (which are informational materials designed to help patients make educated choices about their health) because they worry stories are too biased. Now, an MU researcher has found that stories used in decision-aids don't necessarily bias patients' decision-making; rather, certain types of stories can help patients confidently make informed decisions that fit their individual health needs.

"Stories are not all the same, and they don't all have the same effect on patients' decision-making; therefore, calls to avoid using stories in patient decision-aids is not advisable," said Victoria Shaffer, an assistant professor of [health sciences](#) and [psychological sciences](#) at MU.

"Different types of narratives have different effects on patients' decision-making processes. The question isn't whether it's good or bad to include patient stories in decision aids; rather, the question is what type of stories should [health](#) communicators use to have the intended effect?"

Shaffer and her colleagues examined two types of stories in their study: process narratives and experience narratives. Process narratives are stories that include details about how a patient made a particular health care decision. Experience narratives include details about what it is like

to have particular treatments or procedures.

The researchers told more than 300 healthy women to imagine they had received diagnoses of early-stage [breast cancer](#). The women randomly were assigned to a process narrative condition, an experience narrative condition or a control condition with no patient stories. Participants in the narrative conditions then viewed four videotaped stories. Afterward, the women were asked to choose a [treatment option](#): [mastectomy](#), which includes complete removal of the breast tissue, or radiation and lumpectomy, which includes partial removal of the breast tissue.

"We found that neither type of story affected patients' treatment decisions," Shaffer said. "About two-thirds of the women chose lumpectomy and radiation and one-third of the women chose mastectomy regardless of which type of narrative they viewed."

In addition, the researchers found that women who viewed process narratives spent more time searching for information. Women who viewed experience narratives reported they could better envision what it would be like to undergo the treatments, and the women also evaluated their decisions more favorably.

Both early-stage breast cancer treatment options have similar survival rates, which means patients' treatment options really depend on the patients' individual preferences and lifestyles, Shaffer said.

"Previous research has shown that people make healthcare decisions based on their predictions about how these choices will affect their lives in the future," Shaffer said. "The problem is that most of us aren't very good at predicting how we'll feel in the future, which can lead us to make poor decisions or decisions that we later regret. Our results suggest that experience narratives increased patients' confidence in their treatment decisions. Perhaps, using experience narratives in future

decision-aids can help patients make more confident [health decisions](#)."

Most of the controversy related to using stories in patient decision-aids focuses on outcome narratives, which are stories that evaluate the results of individuals' decisions. Previous research has shown that outcome stories are persuasive. However, process and experience narratives can inform patients' decision-making without biasing their treatment decisions, Shaffer said.

"After receiving a cancer diagnosis, patients may focus on survival or recurrence while making their [treatment decisions](#) and don't always consider the long-term tradeoffs associated with different treatment choices," Shaffer said. "Process narratives, in these instances, might help [patients](#) consider other treatment attributes, such as appearance, they wouldn't have otherwise considered."

Shaffer is an assistant professor in the Department of Health Sciences in the MU School of Health Professions and in the Department of Psychological Sciences in the MU College of Arts and Science. The study, "The Effects of process-focused versus experience-focused narratives in a breast cancer treatment decision task," was published online earlier this month by *Patient Education and Counseling*. Co-authors included Lukas Hulsey from Wichita State University and Brian Zikmund-Fisher from the University of Michigan. The Informed Medical Decisions Foundation and the American Cancer Society funded the research.

Provided by University of Missouri-Columbia

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