

DEVELOPING CROSS-CULTURAL MEASURES OF DESIRED MEDICAL DECISION MAKING INVOLVEMENT FOR THE ASIA PACIFIC REGION: A SEVEN COUNTRY STUDY

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Part of Session: LONG-FORM ORAL ABSTRACTS-2: IMPROVING PATIENT-PROVIDER DECISION MAKING

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Purpose:

Despite extensive study of patient-provider decision making (MDM) in Western countries, research on patient involvement preferences in non-Western cultures is limited. Researchers from 5 Asia-Pacific countries collaborated through multiple online meetings over two years to investigate antecedents to preferred MDM involvement in 7 cultures. Development of cross-culturally valid scales measuring desired level of individual and family involvement in MDM as well as perceived prevalence of physician SDM-related practices constitutes a crucial first step.

Method(s):

The multinational team generated 6 disease-related treatment consultation scenarios that varied in severity. Following outside expert evaluation in each culture, scenarios were revised to maximize validity across countries. In each country, an online panel sample of approximately 300 middle class, urban adults (30-44; 50% female) completed a double-back translated survey (China, Thailand, Malaysia, Korea) and or an English language survey (US, Australia, and India). Multi-group confirmatory factor analysis (CFA) tested validity, common method bias and measurement invariance. Structural equation modeling (SEM) examined relationships between factors.

Result(s):

CFA revealed that the 2 less severe scenario conditions did not load consistently well on their factors in all 7 countries. Three inconsistent SDM prevalence items were also deleted. CFAs were conducted on remaining items measuring desired individual/family level of involvement and perceived SDM practices prevalence. CFAs surpassed fit criteria and established convergent/discriminant validity in all countries. Metric invariance with the US as baseline was also found. Common method bias (CMB) varied from 8.5% to 22%. SEM analysis was undertaken and structural coefficients were adjusted post-hoc for CMB. Perceived level of physician SDM-related practices had limited effects in only 2 countries. In contrast, respondents' desired level of individual involvement in MDM positively predicted desired level of family MDM involvement in all 7 countries.

Conclusion(s):

Before expanding MDM research to non-Western cultures, cross-cultural validation of measures is critical to establishing scientific validity. Involving researchers from several countries, this project illustrates the value of multinational collaboration to MDM research. The team's findings also point to the importance of cross-cultural study of desired involvement in MDM. Researchers and providers should be aware that patients in diverse cultures who want to be involved in MDM also tend to want their families involved. Despite contrary theoretical predictions, this positive relationship was found in both collectivist and individualist cultures.