Received: 16 August 2021 | Revised: 11 September 2022 | Accepted: 14 September 2022

DOI: 10.1111/opn.12507

REVIEW ARTICLE

International Journal of Older People Nursing WILEY

Sharing decision-making between the older person and the nurse: A scoping review

Kelly Marriott-Statham RN, PhD Candidate, Lecturer[1,2] | **Caroline A. W. Dickson RN, D HSSc, MSc, PG Cert Prof & Higher Ed, Dip DN, Senior Lecturer**[1,3] | **Michele Hardiman PhD, MA, HDip, RGN, RPN, FFNMRCSI, Practice Development, Education and Research Facilitator, Honorary Lecturer**[1,4]

[1]Centre for Person-centred Practice Research, Queen Margaret University, Edinburgh, UK

[2]School of Nursing, University of Wollongong, Wollongong, Australia

[3]Division of Nursing and Paramedic Science, Queen Margaret University, Edinburgh, UK

[4]Galway Clinic, Galway, Ireland

Correspondence
Kelly Marriott-Statham, Centre for Person-centred Practice Research, Queen Margaret University, Edinburgh, UK.
Email: kmarriottstatham@qmu.ac.uk

Abstract

Background: Sharing decision-making is globally recognised as an important concept in healthcare research, policy, education and practice which enhances person-centred care. However, it is becoming increasingly evident shared decision-making has not been successfully translated into everyday healthcare practice. Sharing decision-making has strong links with person-centred practice. Core to person-centredness and shared decision making, is the need to recognise that as we age, greater reliance is placed on emotion and life experience to inform decision making processes. With the world's ageing population, older persons facing more complex decisions and transitions of care, it is more important than ever it is understood how shared decision-making occurs.

Objectives: This scoping literature review aims to find out how sharing decision making between nurses and older persons in healthcare settings is understood and presented in published literature.

Methods: This scoping review utilised the Arksey and O'Malley methodological framework, advanced by Levac et al. Electronic databases and grey literature were searched, returning 362 records which were examined against defined inclusion criteria. Reporting followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).

Results: Twenty-two records met inclusion criteria for the review. Results indicate while shared decision-making is included in research, education and policy literature, it has not been effectively translated to inform practice and the relationship between a nurse and an older person. The records lack definitions of shared decision-making and theoretical or philosophical underpinnings. There is also no consideration of emotion and life experience in decision-making and how nurses 'do' shared decision-making with older persons.

Conclusions: The findings demonstrate sharing decision-making between nurses and older persons is not well understood in the literature, and therefore is not translated into nursing practice. Further research is needed.

KEYWORDS
nursing, older persons, person-centred practice, person-centredness, shared decision-making

1 | INTRODUCTION

Sharing decision-making is recognised as an important concept in health care resulting in increased autonomy, person involvement in care and positive care experiences which enhances person-centredness. It is a concept embedded in healthcare quality standards, policy, guidelines and best practice recommendations globally. Nurses are well placed to facilitate shared decision-making processes across all healthcare settings to influence positive care outcomes, which is especially important in the care of older persons (Stirling, 2021; Truglio-Londrigan & Slyer, 2018). Despite this, international evidence would suggest that sharing decision-making has not been effectively translated into healthcare practice (Elwyn, 2021; Elwyn et al., 2016; Légaré et al., 2018; Légaré & Thompson-Leduc, 2014). The difficulty related to shared decision-making has been attributed to the process and concepts not being well understood by healthcare practitioners, due to the shared decision-making process being iterative, complex and relationship based (Elwyn, 2021; Elwyn et al., 2016; Légaré & Thompson-Leduc, 2014; Stears & Jansch, 2021). Furthermore, how shared decision-making occurs between a nurse and an older person is not well understood.

Implications for Practice

What does this research add to existing knowledge in gerontology?

- Despite an implied understanding internationally, little is known about how shared decision-making occurs between a nurse and an older person in any healthcare setting.
- Sharing decision-making processes are founded upon effective relationships and is a dynamic and iterative process, which leads to improved health outcomes for older persons.

What are the implications of this new knowledge for nursing care with older people?

- Defining shared decision-making and the impact of empowering older persons to maintain self-determination, will further emphasise the key role of the nurse in this process.
- Sharing decision-making with older persons needs to take emotions into consideration.

How could the findings be used to influence policy or practice or research or education?

- Creating a collective definition of shared decision-making will assist policy makers, educators and researchers share an embodied understanding of the needs of older persons.
- Utilising consistent theoretical underpinnings for research on shared decision-making will assist in the creation of knowledge and translation into practice for nurses.

2 | BACKGROUND

The concept of shared decision-making was first formally termed and published in the United States by the President's Commission report in 1982 in the context of health care (Elwyn et al., 2016). The report acknowledged the term was already in use from Katz's work in 1977, where he described consent as a 'fairy tale' and was advocating for healthcare interactions to be more considered and dynamic (Elwyn, 2021; Katz, 1977). The President's Commission (1982) report described shared decision-making as a high ideal for the patient and physician relationship but believed it to be ethically essential for informed consent and autonomy. Despite shared decision-making having its roots in the physician and patient relationship, it is now recognised that many healthcare practitioners undertake sharing decision-making processes with persons in care, and those considering treatment options.

Nurses are becoming increasingly involved important in shared decision-making processes, and persons in care perceive nurses to be valuable and integral to decision-making processes (Bos-van den Hoek et al., 2020; McCarter et al., 2016; McCullough et al., 2010). Truglio-Londrigan and Slyer (2018) and Clark et al. (2009) identified that nurses are uniquely placed to work with and develop relationships with persons across a range of services and are therefore ideally placed to facilitate shared decision-making. This becomes especially important in the care of older persons because as they face decisions about their changing health, well-being and quality of life, which may be complex in nature, and involve changing contexts and transitions of care (Stirling, 2021). For some older persons, cognitive impairment, and difficulty in communicating adds another layer of complexity in achieving good healthcare outcomes and

experiences for older persons (Daly Lynn et al., 2021; Stirling, 2021). Sharing decision-making with the older person is a way of ensuring autonomy, and a person's fundamental right to self-determination (Daly Lynn et al., 2021; Elwyn, 2021). Bridges et al. (2010) found relational approaches to care are the key to a more positive care experience for older persons and enhances the shared decision-making process. These points call upon the further need for a greater understanding of the process of shared decision-making between older persons and nurses.

This scope of the literature sets out to determine how shared decision-making is understood in the literature between nurses and older persons in healthcare settings around the world, and how it is achieved with older persons. A scoping review has been chosen as it will help to systematically synthesise the evidence present in the literature, as the topic of shared decision-making between nurses and older persons has not yet been extensively reviewed (Arksey & O'Malley, 2005; Pham et al., 2014). The approach of a scoping review will also facilitate a broader lens to examine the literature as to the nature, extent and range of literature available on shared decision-making between nurses and older persons, organise the evidence into groups and identify any gaps in the literature (Arksey & O'Malley, 2005; Pham et al., 2014; Pollock et al., 2021; Tricco et al., 2018).

3 | THEORETICAL FRAMEWORK

Sharing decision-making from a person-centred perspective is about actively involving and placing the person at the centre of their care. The concept of person-centredness has origins dating back to Ancient Greece, when Aristotle described the concept of *eudaimonia* and how to live a 'good' life (McCormack et al., 2017; Torchia, 2008). Person-centredness has many definitions throughout the literature, and therefore practice, within health care. The myriad of definitions, most which are not underpinned by research evidence or theory, has led to a difficulty in the understanding of person-centredness, and therefore the translation of person-centredness into practice (Dewing & McCormack, 2016). McCormack and McCance (2010, 2017) and McCormack et al. (2021) have been leaders in the development of person-centredness over the last 20 or so years with a strong body of empirical research and underpinning theory for person-centred practice. Yet there is still much confusion about the difference between '*patient*' and '*person*' centredness (Dewing & McCormack, 2016; McCormack et al., 2021). Patient-centredness puts the person within the context of being sick and does not take the whole person into consideration, as person-centredness does (McCormack et al., 2021). McCormack et al. (2021) define person-centredness as 'the formation and fostering of healthful relationships with service users and others significant to them in their lives, as well as between all health care providers. It is underpinned by values of respect, for persons (personhood), individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development' (p. 17).

McCormack and McCance (2010, 2017) and Daly Lynn et al. (2021) describe sharing decision-making as its own process—but also one which permeates and enhances all areas of person-centred practice. It is defined as 'the facilitation of involvement in decision making by patients and others significant to them by considering values, experiences, concerns and future aspirations' with the aim of 'transform[ing] the person's experience and enable[ing] them to consider a variety of perspectives that can help shape perceptions and understandings.... [and] enabling the patient to follow the path of their own choosing and in their own way' (McCormack & McCance, 2017, pp. 54–55). The process of sharing decision-making between a healthcare practitioner and person in care must be underpinned by an effective relationship (built on trust, honesty and mutuality), recognising and valuing both perceptions of the healthcare experience; and the healthcare practitioner being *with* and doing *with* the person (Daly Lynn et al., 2021; McCormack & McCance, 2010, 2017).

McCormack and McCance draw on Gadow (1980) and Gilligan (1982) for their theoretical and philosophical underpinnings when it comes to shared decision-making. Gadow (1980) and Gilligan (1982) say all effective person-centred decision-making requires the foundation of an interdependent, interconnected relationship, where beliefs, values and perspectives are shared, and the whole person is taken into consideration. How effective the process of shared decision-making is, will be dependent on the knowledge and experience of the healthcare practitioner, the use of effective communication skills, the older person's knowledge, experience and personality and the time available for the decision to be made (McCormack & McCance, 2010). Gulbrandsen et al. (2016) believe shared decision-making can restore the 'autonomous capacity' of a person who is feeling 'fundamental uncertainty, [a] state of vulnerability, and lack [of] power' (p. 1509), and in turn recognise and respect personhood. Shared decision-making is achieved by relationship building but must be underpinned by inherent respect for the person and their autonomy (Elwyn, 2021; Gulbrandsen et al., 2016; McCormack & McCance, 2017). Gulbrandsen et al. (2016) also goes further to say 'the emotional and relational dimensions' of shared decision-making requires further attention (p.1509).

Sharing decisions with older persons is considered different to other age groups because as we age, more reliance is placed on emotion, experience and values to inform the decision-making process. Nussbaum (2001, 2016), an influential American philosopher who has written extensively on emotions for decades, describes emotions as a person's response to value judgements and are important for a person to attain meaning from the world. Emotions are what we use to inform the decisions we make. Nussbaum believes emotions have a reflective and retrospective nature—referring to these as 'backward looking emotions' (Nussbaum & Levmore, 2017). A person can look back on their life experiences to share with another person who they are, what they have done and the things they have been committed to throughout their life (Nussbaum & Levmore, 2017). The process of 'backward looking' brings about new meaning for a person and shapes future decisions. Mikels et al. (2015) support

shared sharing	AND	decision-making decision-making	AND	old* geriatric* elder* aged older adult	AND	nurs*

TABLE 1 Search terms

this further by stating emotional processes play a larger, and more significant part, in decision-making as we get older, and 'emotional functioning is well maintained or even improved with age' (p. 170). Emotions aid in making sense (logic) of choices concerning a decision, and therefore actually aid in a person making rational decisions; and so rational decisions are the compatibility between a choice offered and personal value.

4 | METHODS

The scoping review was guided by Arksey and O'Malley (2005) methodological framework and further advanced by Levac et al. (2010). The five-stage framework outlined by Arksey and O'Malley (2005) (including scoping, searching, screening, data charting and data analysis) was completed, and the reporting for this scoping review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) authored by Tricco et al. (2018).

4.1 | Aims and objectives for the review

The aim of this scoping review was to identify what is already in the literature to address the research question 'how has shared decision making between older persons and nurses in health settings been presented and discussed in research literature?'. The first objective of the review was to determine whether there has been any published research using McCormack and McCance (2010, 2017) Person-centred Practice Framework or person-centred principles in relation to shared decision-making, specifically with older persons (Daly Lynn et al., 2021; Stears & Jansch, 2021), and to understand how shared decision-making is featured in the literature within the context of person-centredness. A second objective was to discover the theoretical and philosophical underpinnings of shared decision-making in records

4.2 | Search strategy and information sources

The keywords used in the search strategy were drawn from the three key concepts in the research question: shared decision-making, older persons and nurses. These key terms were then expanded by the authors to include alternate terms. Boolean and truncations (*) were also used to simultaneously search for variations of the same word and further expand the search results (see Table 1 for search terms). The search strategy was used to search electronic databases. Six electronic databases were searched, which included CINAHL Plus with Full Text, Medline Full Text, Cochrane, ProQuest Central, APA PsychInfo and Scopus (see Appendix S1 for search strategy documentation). Searches within the databases were limited to abstract. Records identified while hand searching were also included for review. Other records sent to, or recommended to, the authors were also included for review.

4.3 | Citation management

All records used in the review were imported and documented in RefWorks (web-based reference management software). The first stage of the process involved removing all the duplicate records generated by searching the databases and from the other sources of information identified. Once duplicates were removed, each record was exported to a Microsoft Excel spreadsheet and examined against the inclusion criteria, to identify them as included or excluded from the review.

4.4 | Eligibility/inclusion criteria

The titles and abstracts of the records were screened to determine the relevance of the records to the research question and objectives of the review. Included records needed to be written in English, with full text available and describe shared decision-making between a nurse and an older person (older person being defined as over the age of 65 years). All records of original research and grey literature (guidelines, reports, policies) were included for review, which were published after the mid 1990s when person-centredness was starting to emerge in healthcare practice. The first author and second author decided upon the records which met the inclusion criteria, and any records that consensus was not achieved, the third author aided in the process and made the final decision.

4.5 | Information extraction and synthesis

To extract all the information from the included records, a table was developed in Microsoft Excel based upon Arksey and O'Malley (2005) methodology and Levac et al. (2010) recommendations. Headings were deliberated and decided upon by all the authors to ensure the information being extracted met the aims and objectives of the review. From each record, information was collected under the following headings: full citation (including year of publication), source of information,

study aim, study setting (healthcare setting type, and geographical location), philosophical/theoretical underpinnings, definition of shared decision-making, study methodology/methods, how the nurse was involved in the research, how the older person was involved in the research, key findings/messages, limitations/bias/assumptions, and implications for practice (please see Appendix S2: *Table of characteristics of included articles*). After the information was collated in the table and grouped under the headings, the gaps in the literature were easily identified by the authors (Arksey & O'Malley, 2005; Pham et al., 2014; Pollock et al., 2021; Tricco et al., 2018).

5 | RESULTS

A flowchart of the search of the records is presented in Figure 1, following the PRISMA-ScR reporting guidelines (Tricco et al., 2018). Twenty-two records met the inclusion criteria set for this scoping review. These records included 18 journal articles, two books, one report and one thesis.

5.1 | Findings from the records

Results of the scoping review will be presented as described in the 'Information Extraction' section, using Arksey and O'Malley (2005) methodology and Levac et al. (2010) recommendations and the information relevant to the aims of this scope of the literature. The information extracted in the table (aligning with the aims of this scope of the literature) include the following: (1) shared decision-making was not always defined; (2) person-centredness and patient-centredness both feature in the records; (3) there is little description about the 'doing' of shared decision-making; (4) differing philosophical and theoretical underpinnings in records; and (5) older persons were not always included in the research. These findings are further explored in this section.

5.1.1 | Shared decision-making was not always defined

Within the records, shared decision-making was not defined by the authors in most of the records. From the 22 records included, 15 records did not define or describe shared decision-making. Three records definitively defined the term (shown in Table 2), and four records described some elements of shared decision-making.

The four records which described some elements of shared decision-making (McKinnon, 2014; Owen et al., 2012; Siouta et al., 2015; Stirling, 2021), each had quite differing descriptions about shared decision-making.

McKinnon (2014) makes use of Cribb and Entwistle's (2011) work on shared decision-making and their 'broader concept' of the term—putting relationships between the healthcare practitioner and person in care at the forefront and finding the middle point between paternalistic and consumerist models of care. Owen et al. (2012) does not make use of the term shared decision-making; however, the report describes enabling voice, choice and control for older persons living in residential care, and the shifting of power and governance roles to older persons through purposeful dialogue will enable authentic shared knowledge and information.

In the record by Siouta et al. (2015), the authors describe '… patient involvement is essential in the attempt to incorporate the patient's beliefs, values and preferences so as to make nurses and physicians truly responsive to patients' subjective needs' in relation to shared decision-making (p. 536). However, the authors do not view shared decision-making from a relationship-based perspective and go on to describe 'patient involvement' in preference to the term shared decision-making (Siouta et al., 2015, p. 536). Stirling (2021) describes shared decision-making to be between at least a healthcare practitioner and patient, and is made up of three components: choice, capacity and consent—and nurses need to understand these three key elements, as well as the legal and ethical responsibilities to facilitate shared decision-making with older persons.

5.1.2 | Person-centredness and patient-centredness both feature in the records

The terms person and patient-centred care both appear the most within the records included. Six records use person-centredness or person-centred care (Cranley et al., 2020; Holmberg et al., 2020; McKinnon, 2014; Nicholson, 2017). Five records use patient-centred care (de Angst et al., 2019; Doekhie et al., 2020; Eloranta et al., 2014; Hallock, 2014; Siouta et al., 2015). One record (Bunn et al., 2018) uses both person-centred and patient-centred care, but also states 'family-centred approaches for older persons with complex needs' are preferred (p. 9). One record described 'user-centred' (Lawani et al., 2021), and another record described 'relationship centred' (Owen et al., 2012) care. The remaining eight records do not use any of these terms.

Patient-centred care is defined by McCormack et al. (2021) as care which 'seeks to ensure that the needs of individuals requiring care are met with respect and responded to as persons, through respect for their values, preferences, choices and relationships and is inclusive of the individual's family' (p. 16). Patient-centredness puts the person in care within a healthcare context and does not include any consideration to workplace culture, like person-centredness does (McCormack et al., 2021).

Two records refer to McCormack and McCance's work on person-centredness (Nicholson, 2017; Stirling, 2021), one record refers to McCormack's early work on person-centredness (McKinnon, 2014) and a further one of the records using the term *person-centred* is authored by McCormack (2001) himself. Cranley et al. (2020) and Holmberg et al. (2020) do not cite McCormack and McCance's work on person-centredness but do use the term.

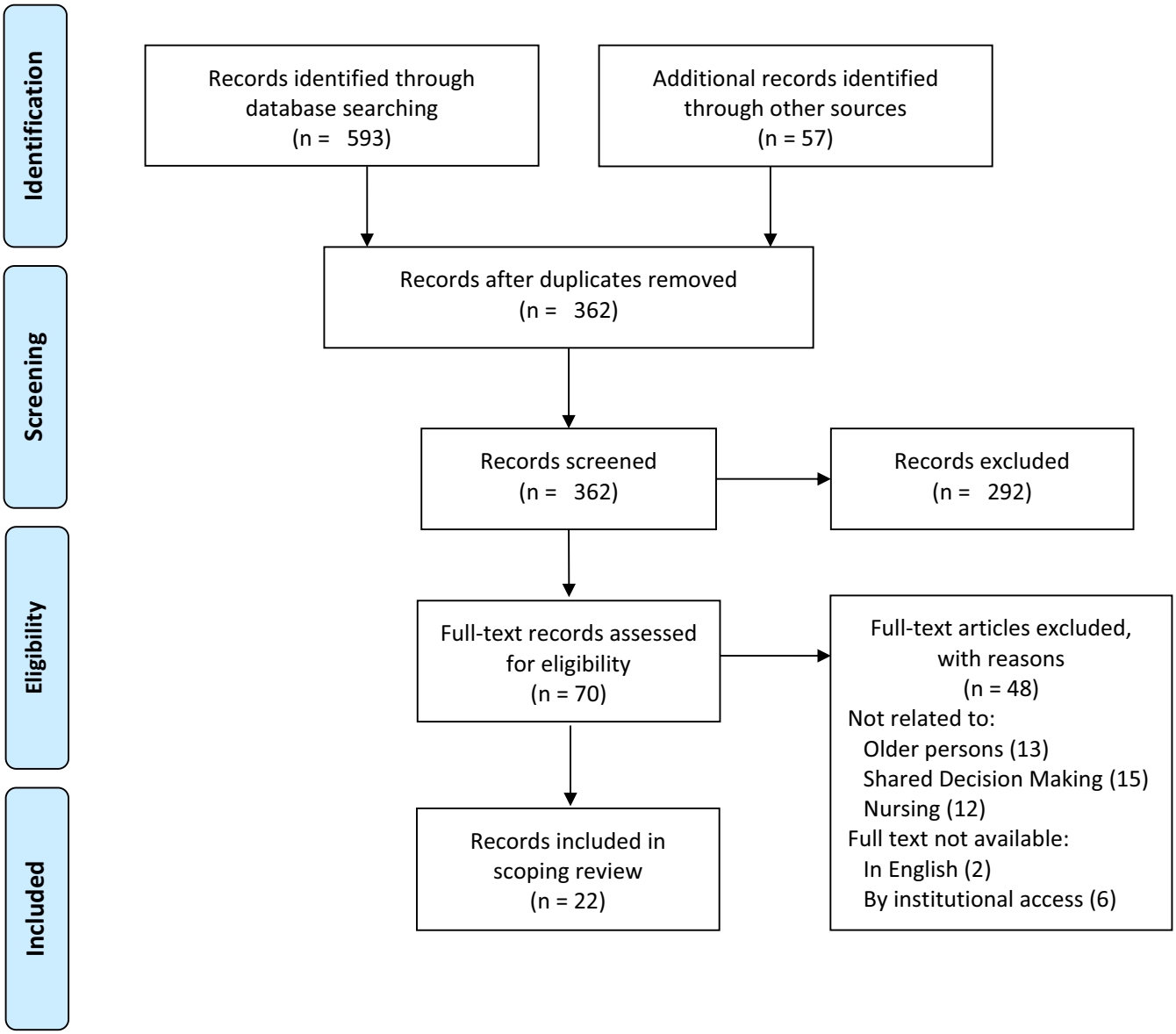

FIGURE 1 PRISMA flowchart.

5.1.3 | Little description about the 'doing' of shared decision-making

Little description about how nurses and older persons 'do' shared decision-making is offered in the records. The records do not describe how the process is undertaken, or what is involved for effective shared decision-making. None of the records present a model or theory about shared decision-making, or what the attributes of effective shared decision-making are.

In two records (Brown et al., 2019; de Angst et al., 2019) where shared decision-making is said to have effectively occurred, a decision aid is said to have facilitated this process. A decision aid is any kind of resource (for example booklets, option grids, web-based programmes or applications and dedicated counselling sessions) providing facts about a condition, treatment option and outcomes, and the risks and probabilities of an option to help a person decide what matters most to them in the deliberation process (Health Foundation, 2013). Decision aids are known to be effective when they are used to support shared decision-making, not to substitute the process entirely. The International Patient Decision Aid Standards (IPDAS) Collaboration (2017) recommends that decision aids be used for complex decisions with multiple options, where more time and information about a decision may need to be considered.

5.1.4 | Differing philosophical and theoretical underpinnings

Eight of the 22 included records did not identify any philosophical or theoretical underpinnings for their work. Fourteen records did refer to theoretical or philosophical underpinnings for their research.

TABLE 2 Definitions of shared decision-making

Record	Record type	Definition of shared decision-making	Source cited
Cranley et al. (2020)	Journal Article	'Shared decision-making is an interprofessional approach that fosters a collaborative approach to care. Key elements of shared decision-making are as follows: it is an iterative process that is patient-centric (e.g. patient involvement and consideration of values/preferences); it involves collaboration and information exchange between the interdisciplinary healthcare team, the patient and family (broadly defined to include caregivers or significant others) throughout the health decision-making process; and it involves the team's awareness of underlying emotional and environmental factors that can influence the process (e.g. social norms, organisational routines).' (p. 2)	Légaré et al. (2010, 2011)
Hain et al. (2016)	Journal Article	'…an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider their options to achieve informed preferences.' (p. 429)	Elwyn et al. (2012)
Lawani et al. (2021)	Journal Article	'Shared decision-making (SDM) is an ideal approach for supporting older adults and their significant others in making these decisions collaboratively with the interprofessional healthcare team, as SDM is typically used in the context of uncertainty when the person's preferences are central to the decision. SDM is an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences.' (p. 2)	Elwyn et al. (2012) and Légaré et al. (2014)

Each of the theories and philosophies identified were from different schools of thought, as presented in Table 3.

5.1.5 | Older persons were not always included in the research

Despite the premise of shared decision-making needing to include at least two persons, the older person's perspective on shared decision-making is not well represented in the records. Nine of the 22 records considered the perspective of the older person and their involvement in care decisions. Two of these were surveys, five of these were conversations or interviews and two records were a combination of surveys and interviews (please refer to Table 4).

In one of the included records, a literature review by Nicholson (2017) which sought to explore the experiences of older persons with dementia, identified a significant lack of perspective from the older person in the records reviewed, despite this being the aim of the review.

6 | DISCUSSION

This scoping review aimed to explore how shared decision-making is understood in the literature between a nurse and an older person in healthcare settings. The results of the review have identified that shared decision-making is not well researched or documented between a nurse and an older person, despite the term first being published around 40 years ago (Elwyn, 2021; Katz, 1977; President's Commission, 1982).

Within the literature, there is no widely agreed definition on shared decision-making used consistently in health care. Makoul and Clayman (2006) identified 161 definitions for shared decision-making in a review of literature containing the term and concluded there was no agreed definition in health care. Most of the records included in this scoping review did not define or describe shared decision-making, and therefore, it is assumed the reader understands the concept and how it transpires in practice. The three records that did define shared decision-making, included different descriptions of the concept. Philosophical and theoretical underpinnings for shared decision-making are also scarce in the records. Lor et al. (2017) describe a lack of underpinning and applied theory to research hinders knowledge development to inform and guide nursing practice. Furthermore, when researchers are drawing from the same theory to understand a concept, knowledge can be built more effectively for practitioners (Lor et al., 2017). The confusion in the records as to the description of shared decision-making, the overall lack of definitions and philosophical and theoretical underpinnings in the included records, adds further to the reasons nurses have not been able to effectively translate sharing decision-making into practice (Elwyn, 2021; Elwyn et al., 2016; Légaré et al., 2018; Lor et al., 2017).

TABLE 3 Philosophical and theoretical underpinnings

Record	Record type	Philosophical/theoretical underpinnings used
Aasen et al. (2012)	Journal Article	Social constructivism and social discourse (Fairclough, 1992, 2001, 2003) Autonomy and beneficence (Beauchamp & Childress, 2009) Relational narrative (Gadow, 2004)
de Bock and Willems (2020)	Journal Article	The logic of care (Friedson, 2001; Mol, 2008)
Doekhie et al. (2020)	Journal Article	Subjective norms (Brabers et al., 2016)
Gladden (1998)	Doctoral thesis	Symbolic interactionism (Blumer, 1969; Mead, 1934) Transition theory (Chick & Meleis, 1986; Schumacher & Meleis, 1994)
Hain et al. (2016)	Journal Article	Ethical principles (autonomy, beneficence, non-maleficence and justice)
Hallock (2014)	Journal Article	Ethics of caring (Pence, 1998)
Holmberg et al. (2020)	Journal Article	Dignity of identity (Nordenfelt, 2004)
Jablonski et al. (2007)	Journal Article	Hermeneutic phenomenology (Cohen et al., 2000; Gadamer, 1990, 1999; Heidegger, 1996; Husserl, 1999)
Jerpseth et al. (2018)	Journal Article	Hermeneutic phenomenology (Brinkmann & Kvale, 2015; Van Manen, 1997)
Lawani et al. (2021)	Journal Article	Framework stating that a person's behaviour can be predicted by their intention or motivation to adopt it (Godin et al., 2008) Technology acceptance model (TAM-2) (Kukafka et al., 2003)
McCormack (2001)	Book	Autonomy (Childress, 1982; Dworkin, 1989, 1991; Gilligan, 1977, 1979, 1982; Meyers, 1989) The concept of a person and freedom of the 'will' (Frankfurt, 1971) Kantian moral reasoning and categorical imperative (Beck, 1956; Kemp-Smith, 1962)
McKinnon (2014)	Journal Article	Shared decision-making (Cribb & Entwistle, 2011) Autonomy and paternalism (Mill, 1859)
Owen et al. (2012)	Report	Developed conceptual framework of 'best practice' themes from a literature review (National Care Homes Research and Development [NCHR&D] Forum, 2007)
Siouta et al. (2015)	Journal Article	Relation care framework (Nolan et al., 2004)

The terms person and patient-centred care both appear the most within the records included in the scoping review. Both terms are different to each other, but sometimes are used interchangeably within the literature. This becomes problematic as they are two different concepts, and it is recognised shared decision-making enhances person-centredness (Daly Lynn et al., 2021; McCormack & McCance, 2010, 2017). de Bock and Willems (2020) describe that it matters how a healthcare practitioner refer to and describes a person in care, both in the context of shared decision-making and in the caring relationship. Viewing a person as a 'patient' (or even a 'sick person') tends to lead to unequal relationships (power), a perspective the person in care is not an expert and making it less conducive to reciprocity (de Bock & Willems, 2020). Patient-centred care puts the older person within the context of being sick and does not take the whole person into consideration. Therefore, shared decision from a patient-centred perspective only sees the patient, not the person. As a result of shared decision-making having its origins in the medical world, it is still largely associated with patient-centred care and the medical model of treatment and care. Ensuring shared decision-making is described in conjunction with person-centredness means it is described in the context of a holistic care model, rather than a medicalised one.

Within a report on implementing shared decision-making by the National Health Foundation, a challenge felt was older persons 'stuck to the traditional view that the doctor – or nurse – would make the best decision for them and they were uncomfortable about being involved in making the decision' (2013, p. 23). Légaré and Thompson-Leduc (2014) describe a common myth about shared decision-making in practice is not everyone wants to participate in this process. The authors attribute this myth with vulnerable persons not actively assuming a participatory role in any decision-making processes (Légaré & Thompson-Leduc, 2014). Bridges et al. (2010), Eloranta et al. (2014) and Pipe et al. (2005) believe a cause of this may be related to ageism, level of education and feelings of dependency, which are also exacerbated further by cognitive disturbances (dementia or delirium) and communication difficulties. Another view offered by Eloranta et al. (2014) is older persons consider the nurses to be the 'experts', and actually expect decisions to be made for them.

In contrast to this, however, Jerpseth et al. (2018) found older persons within their study had unmet needs for communication and care. Nurses have an ethical and professional obligation to listen to a person's values, needs and preferences, plan and deliver individualised care and inform them of information related to their illness. Nurses do this by establishing relationships and building trust and respect to ascertain what an older person's wants, needs and hopes for the future are. Yet only nine of the included records presented insight on the older person's perspective of their involvement in decisions about their care. The lack of description about the 'doing' of shared decision-making further adds to the reasons why shared

TABLE 4 How older persons were included in research

Record	Record type	How the older person was involved
Brown et al. (2019)	Journal Article	Thirty seven older persons surveyed (at different time periods using validated instruments) about their experience of a nurse-delivered decision support intervention
Bunn et al. (2018)	Journal Article	Scope of literature about older persons and supporting shared decision-making in conjunction with interviews of 13 older persons to develop initial programme/theories, then validation of these theories with 11 older persons
Cranley et al. (2020)	Journal Article	Three older persons who lived in a residential aged care facility were interviewed to ask about their involvement in care decisions and how information was shared with staff
Doekhie et al. (2020)	Journal Article	One hundred thirty three older persons surveyed to discover what their expectations were regarding who should make decisions about their health, who was in their social network and what the older person's preferred role in decision-making was. Ten older persons interviewed further
Gladden (1998)	Doctoral Thesis	Thirteen older persons were interviewed (face to face and over the phone) and observed in a sub-acute care setting
Jerpseth et al. (2018)	Journal Article	Twelve older persons participated in semi-structured interviews, asking about their experience of severe COPD and their involvement in decision-making
McCormack (2001)	Book	Conversations between six nurses and up to four older persons in each of their care were recorded and a focus group discussion with six older persons to clarify perspectives on autonomy and compare to the nurses' perceptions was also undertaken
Pipe et al. (2005)	Journal Article	Six hundred eleven older persons surveyed twice, a year apart (using 13-item perceived Involvement in Care Scale [PICS]) to ascertain their perspective using 'yes' or 'no' responses
Siouta et al. (2015)	Journal Article	Nineteen older persons interviewed to determine how involvement and communication regarding treatment decisions was viewed

decision-making may not be translated well into practice. Bridges et al. (2010) found relational approaches to care are the key to a more positive care experience for older persons and enhance the shared decision-making process. Dewing and McCormack (2016) state that 'facilitating choices and preferences or developing, maintaining and sustaining a compassionate relationship are probably *the* most challenging aspects of nursing' (p. 2509). Information is needed for nurses on how to 'do' shared decision-making in practice—establishing relationships built on trust, honesty, respect and offering information and choices free from bias, in an empowering and gentle way.

In the records, some describe decision aids to be useful for the nurse navigate shared decision-making process with older persons. However, decision aids should not be used to substitute the deliberative and iterative processes between the nurse and the older person in the shared decision-making process. The IPDAS Collaborative (a group of leading researchers and experts in decision aids) came together in 2013 and created a set of standards for decision aids, naming 44 minimal criteria needing to be included (Joseph-Williams et al., 2014). Bunn et al. (2018) describes most of the evidence to support the use of decision aids lies with younger populations, and decision aids do not cater to the diverse needs of older persons with complex multi-disease processes and quality of life considerations. The use of decision aid without an understanding of the shared decision-making process is detrimental; as often decision aids are presented in the literature to simplify and streamline what should be a considered, iterative and relationship based process between the nurse and older person. Decision aids do not help in the cultivation of healthful relationships.

6.1 | Strengths and limitations of scoping review (Rigour)

The strength of this review is that it followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Scoping Review extension (PRISMA-ScR) (Pollock et al., 2021; Tricco et al., 2018). The review was also guided by the Arksey and O'Malley (2005) methodological framework, further advanced by Levac et al. (2010) and their recommendations. The review included a broad search, using a variety of search terms, databases and other sources of information to retrieve records. The scoping review is based on the theoretical view that shared decision-making with older persons requires different considerations than with any other age group. Therefore, more generalised literature published on nurses and shared decision-making (not specific to the care of older persons) were excluded from the review (but was consistent with the methodology used), and this could be considered a limitation to the review.

7 | CONCLUSIONS

Sharing decision-making with older persons requires consideration of emotion and life experience, more so than any other age group. Effective shared decision-making requires establishing a relationship, meaningful time and an experienced practitioner with advanced interpersonal skills. While shared decision-making is a prominent term used in much literature related to research, education and policy, the term is not always defined or described. Scarce theoretical and philosophical underpinnings are also identified, and little is said about how

nurses 'do' shared decision-making with older persons. These findings account for some of the main contributors for shared decision-making not being translated effectively into nursing practice with older persons. Further research in this area is indicated.

8 | IMPLICATIONS FOR PRACTICE

More research is needed to inform education and policy as to how nurses engage with older persons in shared decision making processes. Evidence on how emotion and life experience of the older person also needs to be incorporated into the practice of sharing decision making.

ACKNOWLEDGEMENTS

We acknowledge Professor Jan Dewing and her guidance in the initial stages of establishing this scoping review of the literature. Her input in establishing the aims, objectives, search strategy and inclusion criteria has been integral to the success of this scoping review. Professor Dewing's research has challenged nursing and broader healthcare professions to consider how we move from moments and patterns, to thriving cultures of person-centredness in health care. The thoughtful care of older persons is the profound legacy of her career. We continue her work on the solid foundations she built and look to the stars for her guidance. 'In one of those stars I shall be living. In one of them I shall be laughing. And so it will be as if all the stars were laughing, when you look at the sky at night. And when your sorrow is comforted (time soothes all sorrows) you will be content that you have known me. You will always be my friend…I shall not leave you'.—Antoine de Saint-Exupéry, The Little Prince.

CONFLICT OF INTEREST

We have no conflict of interest to disclose.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

ORCID

Kelly Marriott-Statham https://orcid.org/0000-0003-1970-6540
Caroline A. W. Dickson https://orcid.org/0000-0001-5132-0109
Michele Hardiman https://orcid.org/0000-0002-2431-9660

REFERENCES

Aasen, E., Kvangarsnes, M., & Heggen, K. (2012). Nurses' perceptions of patient participation in hemodialysis treatment. *Nursing Ethics*, *19*(3), 419–430. https://doi.org/10.1177/0969733011429015

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, *8*(1), 19–32. https://doi.org/10.1080/1364557032000119616

Beauchamp, T., & Childress, J. (2009). *Principles of biomedical ethics* (6th ed.). Oxford University Press.

Beck, L. (1956). *Kant: Critique of practical reason*. Macmillan.

Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Prentice Hall.

Bos-van den Hoek, D. W., Thodé, M., Jongerden, I. P., HWM, V. L., EMA, S., Tange, D., Henselmans, I., & Pasman, H. R. (2020). The role of hospital nurses in shared decision-making about life-prolonging treatment: A qualitative interview study. *Journal of Advanced Nursing*, *77*(1), 296–307. https://doi.org/10.1111/jan.14549

Brabers, A., van Dijk, L., Groenewegen, P., & de Jong, J. (2016). Do social norms play a role in explaining involvement in medical decision-making? *The European Journal of Public Health*, *26*(6), 901–905. https://doi.org/10.1093/eurpub/ckw069

Bridges, J., Flatley, M., & Meyer, J. (2010). Older people's and relatives' experiences in acute care settings: Systematic review and synthesis of qualitative studies. *International Journal of Nursing Studies*, *47*(1), 89–107. https://doi.org/10.1016/j.ijnurstu.2009.09.009

Brinkmann, S., & Kvale, S. (2015). *InterViews: Learning the craft of qualitative research interviewing* (3rd ed.). Sage.

Brown, L., Gardner, G., & Bonner, A. (2019). A randomized controlled trial testing a decision support intervention for older patients with advanced kidney disease. *Journal of Advanced Nursing*, *75*, 3032–3044. https://doi.org/10.1111/jan.14112

Bunn, F., Goodman, C., Russell, B., Wilson, P., Manthorpe, J., Rait, G., Hodkinson, I., & Durand, M. A. (2018). Supporting shared decision making for older people with multiple health and social care needs: A realist synthesis. *BMC Geriatrics*, *18*(1), 1–16. https://doi.org/10.1186/s12877-018-0853-9

Chick, N., & Meleis, A. (1986). Transitions: A nursing concern. In P. Chinn (Ed.), *Nursing research methodology: Issues and implementation* (pp. 237–257). Aspen Publishers.

Childress, J. (1982). *Who should decide: Paternalism in healthcare*. Oxford University Press.

Clark, N., Nelson, B., Valerio, M., Gong, Z., Taylor-Fishwick, J., & Fletcher, M. (2009). Consideration of shared decision making in nursing: A review of clinicians' perceptions and interventions. *The Open Nursing Journal*, *3*, 65–75. https://doi.org/10.2174/1874434600903010065

Cohen, M., Kahn, D., & Steeves, R. (2000). *Hermeneutic phenomenological research: A practical guide for nurse researchers*. Sage.

Cranley, L., Slaughter, S., Caspar, S., Heisey, M., Huang, M., Killackey, T., & McGilton, K. (2020). Strategies to facilitate shared decision-making in long-term care. *International Journal of Older People Nursing*, *15*(3), e12314. https://doi.org/10.1111/opn.12314

Cribb, A., & Entwistle, V. (2011). Shared decision making: Trade-offs between narrower and broader conceptions. *Health Expectations*, *14*(2), 210–219. https://doi.org/10.1111/j.1369-7625.2011.00694.x

Daly Lynn, J., Ryan, A., & Kelly, F. (2021). Sharing in decisions. In B. McCormack, T. McCance, C. Bulley, D. Brown, A. McMillan, & S. Martin (Eds.), *Fundamentals of person-centred healthcare practice* (pp. 130–138). Wiley-Blackwell.

de Angst, I., Kil, P., Bangma, C., & Takkenberg, J. (2019). Should we involve patients more actively? Perspectives of the multidisciplinary team on shared decision-making for older patients with metastatic castration-resistant prostate cancer. *Journal of Geriatric Oncology*, *10*(4), 653–658. https://doi.org/10.1016/j.jgo.2018.12.003

de Bock, B., & Willems, D. (2020). Hearing what cannot be said. *Journal of Evaluation in Clinical Practice*, *26*(2), 419–424. https://doi.org/10.1111/jep.13357

Dewing, J., & McCormack, B. (2016). Editorial: Tell me, how do you define person-centredness? *Journal of Clinical Nursing*, *26*(17–18), 2509–2510. https://doi.org/10.1111/jocn.13681

Doekhie, K., Buljac-Samardzic, M., Strating, M., & Paauwe, J. (2020). Elderly patients' decision-making embedded in the social context: A mixed-method analysis of subjective norms and social support. *BMC Geriatrics*, *20*(1), 1–15. https://doi.org/10.1186/s12877-020-1458-7

Dworkin, G. (1989). The concept of autonomy. In J. Christman (Ed.), *The inner citadel: Essays on individual autonomy* (pp. 54–76). Oxford University Press.

Dworkin, G. (1991). *The theory and practice of autonomy*. Cambridge University Press.

Eloranta, S., Arve, S., Isoaho, H., Kalam-Salminen, L., & Routasalod, P. (2014). Finnish nurses' perceptions of care of older patients. *International Journal of Nursing Practice*, *20*, 204–211. https://doi.org/10.1111/ijn.12137

Elwyn, G. (2021). Shared decision making: What is the work? *Patient Education and Counseling*, *104*(7), 1591–1595. https://doi.org/10.1016/j.pec.2020.11.032

Elwyn, G., Edwards, A., & Thompson, R. (2016). *Shared decision making in health care – Achieving evidence-based patient choice* (3rd ed.). Oxford University Press.

Elwyn, G., Frosch, D., Thomson, R., Joseph-Williams, N., Lloyd, A., Kinnersley, P., Cording, E., Tomson, D., Dodd, C., Rollnick, S., Edwards, A., & Barry, M. (2012). Shared decision making: A model for clinical practice. *Journal of General Internal Medicine*, *27*(10), 1361–1367. https://doi.org/10.1007/s11606-012-2077-6

Fairclough, N. (1992). *Discourse and social change*. Polity.

Fairclough, N. (2001). *Language and power* (2nd ed.). Longman Group.

Fairclough, N. (2003). *Analysing discourse: Textual analysis for social research*. Routledge Taylor & Francis Group.

Frankfurt, H. (1971). Freedom of the will and the concept of a person. *The Journal of Philosophy*, *68*(1), 5. https://doi.org/10.2307/2024717

Friedson, E. (2001). *Professionalism: The third logic*. Polity.

Gadamer, H. (1990). *Truth and method* (2nd ed.). Crossroads.

Gadamer, H. (1999). The universality of the hermeneutical problem. In E. Polifroni & M. Welch (Eds.), *Perspectives on philosophy of science in nursing: An historical and contemporary anthology* (pp. 339–346). Lippincott.

Gadow, S. (1980). Existential advocacy: Philosophical foundation of nursing. In S. Spicker & S. Gadow (Eds.), *Nursing images and ideals: Opening dialogue with humanities* (pp. 79–101). Springer.

Gadow, S. (2004). Relational narrative: The postmodern turn in nursing ethics. In P. Reed, N. Shearer, & L. Nicoll (Eds.), *Perspectives on nursing theory* (pp. 375–385). Williams & Wilkins.

Gilligan, C. (1977). In a different voice: Women's conceptions of self and of morality. *Harvard Educational Review*, *47*(4), 481–517. https://doi.org/10.17763/haer.47.4.g6167429416hg5l0

Gilligan, C. (1979). Woman's place in man's life cycle. *Harvard Educational Review*, *49*(4), 431–446. https://doi.org/10.17763/haer.49.4.h136573541l3g463

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Harvard University Press.

Gladden, J. (1998). *Reconciling differing realities: Decision-making of rural older adults during subacute care transitions* [Unpublished doctoral thesis]. University of Colorado.

Godin, G., Bélanger-Gravel, A., Eccles, M., & Grimshaw, J. (2008). Healthcare professionals' intentions and behaviours: A systematic review of studies based on social cognitive theories. *Implementation Science*, *3*(1), 1–12. https://doi.org/10.1186/1748-5908-3-36

Gulbrandsen, P., Clayman, M., Beach, C., Han, P., Boss, E., Ofstad, E., & Elwyn, G. (2016). Shared decision-making as an existential journey: Aiming for restored autonomous capacity. *Patient Education and Counseling*, *99*(1), 1505–1510. https://doi.org/10.1016/j.pec.2016.07.014

Hain, D., Diaz, D., & Paixao, R. (2016). What are the ethical issues when honoring an older adult's decision to withdraw from dialysis? *Nephrology Nursing Journal*, *43*(5), 429–450. https://pubmed.ncbi.nlm.nih.gov/30550071/

Hallock, A. (2014). An ethical approach to renal replacement decisions in the elderly. *Nephrology Nursing Journal*, *41*(5), 513–518. https://pubmed.ncbi.nlm.nih.gov/26295094/

Health Foundation. (2013). *Implementing shared decision making: Learning report*. https://www.health.org.uk/sites/default/files/ImplementingSharedDecisionMaking.pdf

Heidegger, M. (1996). *Being and time: A translation of Sein and Zeit*. State University of New York Press.

Holmberg, B., Hellström, I., & Österlind, J. (2020). Elements of assisted bodily care: Ethical aspects. *Nursing Ethics*, *27*(6), 1377–1395. https://doi.org/10.1177/0969733020914348

Husserl, E. (1999). The train of thought in lectures. In E. Polifroni & M. Welch (Eds.), *Perspectives on philosophy of science in nursing: An historical and contemporary anthology* (pp. 247–262). Lippincott.

International Patient Decision Aid Standards (IPDAS) Collaboration. (2017). *What are patient decision aids?* http://ipdas.ohri.ca/

Jablonski, R. A., Utz, S. W., Steeves, R., & Gray, D. P. (2007). Decisions about transfer from nursing home to emergency department. *Journal of Nursing Scholarship*, *39*(3), 266–272. https://doi.org/10.1111/j.1547-5069.2007.00179.x

Jerpseth, H., Dahl, V., Nortvedt, P., & Halvorsen, K. (2018). Older patients with late-stage COPD: Their illness experiences and involvement in decision-making regarding mechanical ventilation and noninvasive ventilation. *Journal of Clinical Nursing*, *27*(3–4), 582–592. https://doi.org/10.1111/jocn.13925

Joseph-Williams, N., Newcombe, R., Politi, M., Durand, M. A., Sivell, S., Stacey, D., O'Connor, A., Volk, R. J., Edwards, A., Bennett, C., Pignone, M., Thomson, R., & Elwyn, G. (2014). Toward minimum standards for certifying patient decision aids: A modified delphi consensus process. *Medical Decision Making: An International Journal of the Society for Medical Decision Making*, *34*(6), 699–710. https://doi.org/10.1177/0272989X13501721

Katz, J. (1977). *The silent world of the doctor and patient*. The Free Press.

Kemp-Smith, N. (1962). *Kant's critique of pure reason*. Humanities Press.

Kukafka, R., Johnson, S., Linfante, A., & Allegrante, J. (2003). Grounding a new information technology implementation framework in behavioral science: A systematic analysis of the literature on IT use. *Journal of Biomedical Informatics*, *36*(3), 218–227. https://doi.org/10.1016/j.jbi.2003.09.002

Lawani, M., Turgeon, Y., Côté, L., Légaré, F., Witteman, H., Morin, M., Kroger, E., Voyer, P., Rodriguez, C., & Giguere, A. (2021). User-centered and theory-based design of a professional training program on shared decision-making with older adults living with neurocognitive disorders: A mixed-methods study. *BMC Medical Informatics and Decision Making*, *21*(1), 1–25. https://doi.org/10.1186/s12911-021-01396-y

Légaré, F., Adekpedjou, R., Stacey, D., Turcotte, S., Kryworuchko, J., Graham, I. D., Lyddiatt, A., Politi, M. C., Thomson, R., Elwyn, G., & Donner-Banzhoff, N. (2018). Interventions for increasing the use of shared decision making by healthcare professionals. *Cochrane Database of Systematic Reviews*, (7), CD006732. https://doi.org/10.1002/14651858.cd006732.pub4

Légaré, F., Stacey, D., Brière, N., Robitaille, H., Lord, M., Desroches, S., & Drolet, R. (2014). An interprofessional approach to shared decision making: An exploratory case study with family caregivers of one IP home care team. *BMC Geriatrics*, *14*(1), 1–13. https://doi.org/10.1186/1471-2318-14-83

Légaré, F., Stacey, D., Gagnon, S., Dunn, S., Pluye, P., Frosch, D., Kryworuchko, J., Elwyn, G., Gagnon, M., & Graham, I. D. (2011). Validating a conceptual model for an inter-professional approach to shared decision making: A mixed methods study. *Journal of Evaluation in Clinical Practice*, *17*(4), 554–564. https://doi.org/10.1111/j.1365-2753.2010.01515.x

Légaré, F., Stacey, D., Pouliot, S., Gauvin, F., Desroches, S., Kryworuchko, J., Dunn, S., Elwyn, G., Frosch, D., Gagnon, M., Harrison, M., Pluye, P., & Graham, I. (2010). Interprofessionalism and shared decision-making in primary care: A stepwise approach towards a new model. *Journal of Interprofessional Care*, *25*(1), 18–25. https://doi.org/10.3109/13561820.2010.490502

Légaré, F., & Thompson-Leduc, P. (2014). Twelve myths about shared decision making. *Patient Education and Counseling*, *96*, 281–286. https://doi.org/10.1016/j.pec.2014.06.014

Levac, D., Colquhoun, H., & O'Brien, K. (2010). Scoping studies: Advancing the methodology. *Implementation Science*, *5*(1), 1–9. https://doi.org/10.1186/1748-5908-5-69

Lor, M., Backonja, U., & Lauver, D. R. (2017). How could nurse researchers apply theory to generate knowledge more efficiently? *Journal of Nursing Scholarship*, *49*(5), 580–589. https://doi.org/10.1111/jnu.12316

Makoul, G., & Clayman, M. (2006). An integrative model of shared decision making in medical encounters. *Patient Education and Counseling*, *60*(3), 301–312. https://doi.org/10.1016/j.pec.2005.06.010

McCarter, S., Tariman, J., Spawn, N., Mehmeti, E., Bishop-Royse, J., Garcia, I., Hartle, L., & Szubski, K. (2016). Barriers and promoters to participation in the era of shared treatment decision-making. *Western Journal of Nursing Research*, *38*(10), 1282–1297. https://doi.org/10.1177/0193945916650648

McCormack, B. (2001). *Negotiating partnerships with older people: A person centred approach*. Ashgate Publishing Company.

McCormack, B., & McCance, T. (2010). *Person-centred nursing: Theory and practice*. Wiley-Blackwell.

McCormack, B., & McCance, T. (2017). *Person-centred practice in nursing and health care* (2nd ed.). Wiley-Blackwell.

McCormack, B., McCance, T., & Martin, S. (2021). What is person-centredness? In B. McCormack, T. McCance, C. Bulley, D. Brown, A. McMillan, & S. Martin (Eds.), *Fundamentals of person-centred healthcare practice* (pp. 14–22). Wiley-Blackwell.

McCormack, B., van Dulmen, S., Eide, H., Skovdahl, K., & Eide, T. (2017). *Person-centred healthcare research*. Wiley-Blackwell.

McCullough, L., McKinlay, E., Barthow, C., Moss, C., & Wise, D. (2010). A model of treatment decision making when patients have advanced cancer: How do cancer treatment doctors and nurses contribute to the process? *European Journal of Cancer Care*, *19*(4), 482–491. https://doi.org/10.1111/j.1365-2354.2009.01074.x

McKinnon, J. (2014). Pursuing concordance: Moving away from paternalism. *British Journal of Nursing*, *23*(12), 677–684. https://doi.org/10.12968/bjon.2014.23.12.677

Mead, G. (1934). *Mind, self and society*. University of Chicago Press.

Meyers, D. (1989). *Self, society and personal choice*. Columbia University Press.

Mikels, J., Shuster, M., & Thai, S. (2015). Aging, emotion, and decision making. In T. Hess, J. Strough, & C. Löckenhoff (Eds.), *Aging and decision making: Empirical and applied perspectives* (pp. 169–188). Elsevier, Academic Press.

Mill, J. (1859). *On liberty*. Longmans, Roberts and Green.

Mol, A. (2008). *The logic of care: Health and the problem of patient choice*. Routledge.

National Care Homes Research and Development (NCHR&D) Forum. (2007). *My home life: Quality of life in care homes – Literature review*. https://myhomelife.org.uk/wp-content/uploads/2014/11/mhl_review.pdf

Nicholson, L. (2017). Person-centred care: Experiences of older people with dementia. *Nursing Standard*, *32*(8), 41–51. https://doi.org/10.7748/ns.2017.e10558

Nolan, M., Davies, S., Brown, J., Keady, J., & Nolan, J. (2004). Beyond'person-centred'care: A new vision for gerontological nursing. *Journal of Clinical Nursing*, *13*(s1), 45–53. https://doi.org/10.1111/j.1365-2702.2004.00926.x

Nordenfelt, L. (2004). The varieties of dignity. *Health Care Analysis*, *12*(2), 69–81. https://doi.org/10.1023/b:hcan.0000041183.78435.4b

Nussbaum, M. (2001). *Upheavals of thought: The intelligence of emotions*. Cambridge University Press.

Nussbaum, M. (2016). *Anger and forgiveness: Resentment, generosity, judgement*. Oxford University Press.

Nussbaum, M., & Levmore, S. (2017). *Aging thoughtfully: Conversations about retirement, romance, wrinkles, and regret*. Oxford University Press.

Owen, T., Meyer, J., Cornell, M., Dudman, P., Ferreira, Z., Hamilton, S., Moore, J. & Wallis, J. (2012). *My home life: Promoting quality of life in care homes*. https://www.jrf.org.uk/report/my-home-life-promoting-quality-life-care-homes

Pence, G. (1998). *Classic works in medical ethics: Core philosophical readings*. McGraw-Hill.

Pham, M., Rajić, A., Greig, J., Sargeant, J., Papadopoulos, A., & McEwen, S. (2014). A scoping review of scoping reviews: Advancing the approach and enhancing the consistency. *Research Synthesis Methods*, *5*(4), 371–385. https://doi.org/10.1002/jrsm.1123

Pipe, T. B., Conner, K., Dansky, K., Schraeder, C., & Caruso, E. (2005). Perceived involvement in decision-making as a predictor of decision satisfaction in older adults. *Southern Online Journal of Nursing Research*, *6*(4), 1–13.

Pollock, D., Davies, E., Peters, M., Tricco, A., Alexander, L., McInerney, P., Godfrey, C., Khalil, H., & Munn, Z. (2021). Undertaking a scoping review: A practical guide for nursing and midwifery students, clinicians, researchers, and academics. *Journal of Advanced Nursing*, *77*(4), 2102–2113. https://doi.org/10.1111/jan.14743

President's Commission. (1982). *Making Health Care Decisions: The ethical and legal implications of informed consent in the patient-practitioner relationship*. President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioural Research.

Schumacher, K. L., & Meleis, A. I. (1994). Transitions: A central concept in nursing. *The Journal of Nursing Scholarship*, *26*(2), 119–127. https://doi.org/10.1111/j.1547-5069.1994.tb00929.x

Siouta, E., Hellström Muhli, U., Hedberg, B., Broström, A., Fossum, B., & Karlgren, K. (2015). Patients' experiences of communication and involvement in decision-making about atrial fibrillation treatment in consultations with nurses and physicians. *Scandinavian Journal of Caring Sciences*, *30*(3), 535–546. https://doi.org/10.1111/scs.12276

Stears, A., & Jansch, D. (2021). Systems to support person-centred decision making. In B. McCormack, T. McCance, C. Bulley, D. Brown, A. McMillan, & S. Martin (Eds.), *Fundamentals of person-centred healthcare practice* (pp. 84–92). Wiley-Blackwell.

Stirling, C. (2021). Communication and shared decision-making. In C. Vafeas & S. Slatyer (Eds.), *Gerontological nursing: A holistic approach to the care of older people* (pp. 63–70). Elsevier.

Torchia, J. (2008). *Exploring personhood*. Rowman & Littlefield Publishers.

Tricco, A., Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Levac, D., Moher, D., Peters, M., Horsley, T., Weeks, L., Hempel, S., Akl, E., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M., Straus, S., et al. (2018). PRISMA Extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, *169*(7), 467–473. https://doi.org/10.7326/m18-0850

Truglio-Londrigan, M., & Slyer, J. (2018). Shared decision-making for nursing practice: An integrative review. *The Open Nursing Journal*, *12*(1), 1–14. https://doi.org/10.2174/1874434601812010001

Van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy*. Althouse Press.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Marriott-Statham, K., Dickson, C. A. W., & Hardiman, M. (2022). Sharing decision-making between the older person and the nurse: A scoping review. *International Journal of Older People Nursing*, *00*, e12507. https://doi.org/10.1111/opn.12507