

Bibliometric Analysis of Shared Decision-Making in Healthcare Provision with Integration of Islamic Perspectives

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ABSTRACT

Background: Shared decision-making is a collaborative approach that empowers patients and healthcare providers to make informed decisions, incorporating evidence-based practice and patient input. From an Islamic perspective, the principles of *shura*, *amanah*, and *maqasid syariah* align strongly with the ethical principles of shared decision-making, offering an enriched lens for understanding the moral significance of healthcare.

Methods: This research employed bibliometric analysis to investigate the global research landscape of shared decision-making in healthcare provision and to assess the integration of Islamic perspectives within existing literature. Using Vosviewer, the Bibliometrix R package, and Microsoft Excel, the relevant analysis was done, and visualisations of the data were generated.

Results: The analysis revealed a strong concentration of shared decision-making in healthcare in developed countries, with prominent contributions from authors like Joseph-Williams and Legare. However, there was a limited representation of research from middle- and low-income countries and from Muslim-majority context. The collaboration networks showed gaps in inclusivity and geographical diversity. Journals such as BMJ Open, Health Expectations, and Patient Education and Counseling were identified as leading platforms for shared decision-making publications, reflecting the multidisciplinary nature of the field, which spans areas such as chronic disease management, public health, and patient education. The research provides a comprehensive overview of the shared decision-making research landscape, identifying the strengths, key contributors, and underrepresented areas. Despite the potential benefits of integrating Islamic perspectives into a shared decision-making framework, there is a lack of representation in the current literature.

Conclusion: Strengthening international collaboration and integrating Islamic ethical principles and may enhance the inclusivity and effectiveness of shared decision-making in global healthcare provision.

Keywords: Patient-centred care; Qualitative research; Primary care; Health literacy

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INTRODUCTION

Shared decision-making (SDM) has been traditionally described as a collaborative approach between patients and healthcare providers (HCPs) that fosters a partnership between them. In this patient-centred care approach, patients are empowered and supported by HCPs to evaluate the benefits and risks of available care options; articulate their preferences, values and beliefs; and jointly select the most suitable course of action (1,2). This paradigm shift reflects the evolving recognition that patients are not merely passive recipients of care but active participants whose preferences, values, and circumstances should significantly influence healthcare decisions (3).

The concept of shared decision-making has its origins in the patient autonomy movement of the late 20th century, which advocated for patients' rights to be informed and involved in their healthcare decisions. The Institute of Medicine's landmark report ("Crossing the Quality Chasm") highlighted the necessity of integrating patient preferences into clinical practice, thereby establishing a framework for SDM as a cornerstone of quality healthcare (4).

Historically, the Prophet Muhammad S.A.W. adopted the concept of *shura*, or mutual consultation, which is the fundamental aspect of Islamic governance and ethics, emphasising the importance of collective decision-making. The Al-Quran enjoins this principle:

"And those who have responded to their Lord and established prayer and whose affairs are (determined) by consultation among themselves, and they spend out of what We have provided them."

(Surah Ash-Shura; 42:38)

This verse highlights consultation is a political and administration mechanism, as well as a moral and spiritual duty that upholds justice, inclusivity, and shared responsibility within the community. The principle extends to healthcare, where involving patients in their treatment decisions aligns with the Islamic emphasis on respect for individual preferences and values (5).

The Prophet Muhammad S.A.W. regularly consulted his companions even when he held personal views, as exemplified during the Battle of Uhud, where he accepted the majority's opinion despite his own reservations (Sahih al-Bukhari, Hadith 4043).

The SDM framework represents an optimal balance between patients and HCPs that draws from both the health expertise of HCPs as well as prioritising patients' values and preferences (6). It is a collective care method that harmonises two fundamental ethical principles: representing the autonomy of the patients and upholding the beneficence of the HCPs throughout the decision-making process. In the Islamic context, both patients and HCPs share the responsibility of making decisions in a manner that preserves health as a duty (*amanah*) to Allah (7). This duty encompasses not only physical well-being but also the spiritual, mental, and social dimensions of health, as the body and soul are viewed as divine trust for which individuals are held accountable in both this life and the hereafter (7).

This shared responsibility also aligns with the objectives of *maqasid shariah*, particularly the preservation of life, which is central to Islamic ethics (8). The alignment of SDM with the preservation of life reflects an ethical commitment to uphold the well-being of the patients in accordance with Islamic perspectives. It was further highlighted that Islamic bioethics calls for harmonising clinical decisions with spiritual obligations, emphasising that preserving life must be balanced with considerations of dignity, moral accountability, and the broader well-being of the patient (8). While Islam upholds patient autonomy, it places boundaries to prevent harmful practices, such as euthanasia and gender reassignment, and emphasises beneficence in avoiding harm such as unwarranted abortion (9). By applying the Islamic perspective to SDM, decisions made through mutual consultation (*shura*) will not clash with the teachings of the Quran and Sunnah (5).

Overall, SDM in healthcare aims to identify the most effective therapeutic strategies to enhance patients' empowerment, adherence, and satisfaction. Ultimately, it will improve their health outcome and elevate the quality of healthcare delivery (6,10).

Despite the growing recognition of SDM as a critical component of patient-centred care in healthcare settings, there remains a lack of comprehensive understanding regarding the research landscape surrounding this topic. While studies across diverse disciplines, methodologies, and applications have contributed to the understanding of SDM, the knowledge remains fragmented. This fragmentation presents challenges for researchers, practitioners, and policymakers who seek to identify key trends,

influential authors, and notable contributions to the field, ultimately impeding the effective application of SDM practices (11,12). Recent studies remarked that despite the general agreement about the importance of SDM, traditional paternalistic models still prevail in many healthcare systems due to challenges posed by cultural and structural factors, resulting in insufficient engagement of patients in the decision-making process (13,14). The variability in patient willingness and readiness to engage in SDM further complicates the landscape as some patients may not desire involvement in SDM, creating inconsistencies in how this model is applied across diverse populations (14,15).

Moreover, the rapid revolution of healthcare practices and the increasing emphasis on patient involvement and empowerment necessitate a systematic analysis of the literature to uncover gaps in research and highlight areas for further investigation. While bibliometric studies have been employed in various fields to map research trends and visualise scientific networks, there is a notable lack of analysis that focuses on SDM in healthcare provision.

The objectives of this paper are to: a) map the global bibliometric landscape of SDM in healthcare using bibliometric tools; b) identify influential authors, journals, institutions, and thematic clusters; c) assess the distribution of research by country and region; and d) explore the extent of integration and representation of Islamic ethical perspectives in SDM research and highlight areas for future inquiry.

METHODS

This bibliometric study comprises two phases: 1) Search strategy and screening, and 2) Bibliometric analysis. Each phase was designed to systematically identify, analyse, and interpret the research landscape on SDM in healthcare settings, with a focus on evaluating the extent of integration of Islamic perspectives within the field.

Phase 1: Search Strategy

This phase focused on identifying existing literature on SDM in healthcare settings and ensuring a high-quality dataset for bibliometric analysis. A comprehensive search strategy was employed to retrieve relevant publications from Scopus, one of the leading bibliographic databases. It indexes a vast array of scientific journals, ensuring access to a wide range of

scholarly work across multiple disciplines, including healthcare. The database employs stringent criteria for journal inclusion, focusing on peer-reviewed and reputable publications, which enhances the credibility of the bibliometric study (16).

The search used multiple keywords to ensure comprehensive coverage of studies relevant to shared decision-making in healthcare. It involved combining relevant keywords with Boolean operators and truncation to refine search queries. The keywords are as follows: "shared decision making" OR "informed decision making" AND "healthcare." The inclusion criteria comprised articles published between 2012 and 2024 and written in English. Articles that were not peer-reviewed, focused on shared decision-making in non-health contexts, or contained incomplete bibliographic entries were excluded.

Following the initial retrieval of 3953 records, data cleaning was performed where possible to remove duplicates, harmonise author names including multiple Scopus IDs for the same individuals, and standardise institutional affiliations. However, complete disambiguation could not be achieved as it was done manually. The final dataset comprised of 3726 records. While this search yielded a comprehensive overview of global SDM literature, only a limited number of articles explicitly incorporated Islamic perspectives and values. This outcome highlights a notable gap in the literature and the need for further research to explore and contextualise SDM within the Islamic ethical frameworks.

Phase 2: Bibliometric Analysis

The second phase involved a bibliometric analysis of the selected articles. This analysis aimed to quantify and visualise the research landscape surrounding SDM in healthcare settings. Microsoft Excel was employed to store and organise the raw data before importing it into the Bibliometrix R package and VOSviewer. Key bibliometric indicators, including publication counts, citation counts, and h-index values, were extracted using the Bibliometrix R package, which offers a comprehensive suite of tools for bibliometric analysis (17). The data were analysed to identify trends in publication over time, the most prolific authors, and the leading journals in the field. VOSviewer was employed as the visualisation tool to create maps of co-authorship, citation analysis and networks, bibliometric coupling, and co-word analysis (18). Co-authorship networks and citation patterns were

examined to understand the collaborative dynamics and intellectual structure of the research community.

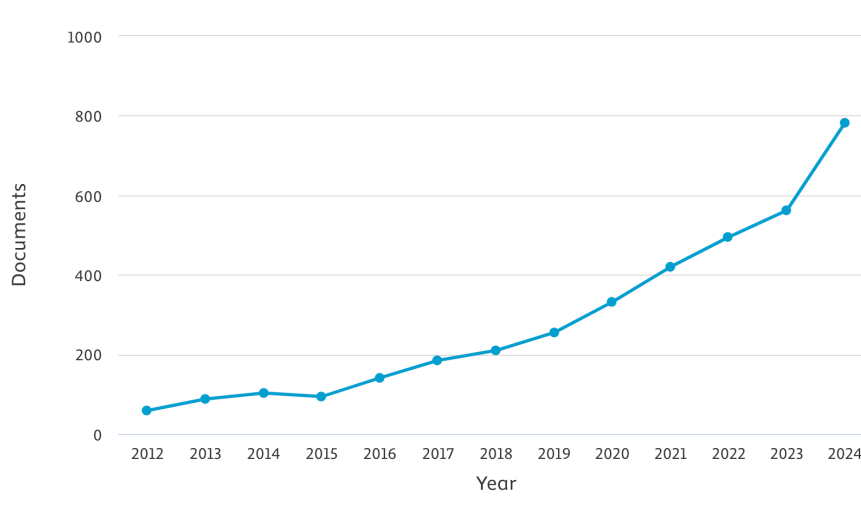
RESULTS

Growth Rate of Publication

Figure 1 illustrates the increase in publications on SDM in healthcare provision from 2014 to 2024. SDM in healthcare is a rapidly growing field, reflecting the increasing scholarly attention and

research interest in this area. The number of publications grew steadily between 2014 and 2019, from 59 in 2012 to 255 in 2019, with an average annual growth rate of 23.26%. A similar accelerated upward trajectory in publication rates was observed from 2020 to 2023, with the number of publications increasing from 332 in 2020 to 562 in 2023. This reflects an annual growth rate of 19.1%. The most dramatic growth occurred between 2023 and 2024, during which publications increased from 562 to 779, representing a 38.6% rise in a single year.

Figure 1: The Distribution of Bibliographic Records Per Year (Bibliometrix R package)

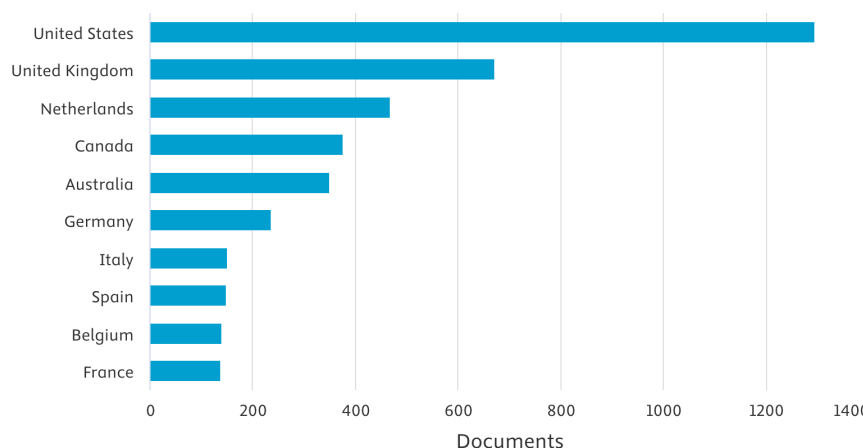


Most Influential Countries and Institutions

Based on **Figure 2**, the United States emerged as the leading country in research on SDM in healthcare provision, contributing 1292 publications, which account for approximately

36% of the total output. The United Kingdom ranked second with 669 publications, followed by the Netherlands with 466 publications. The remaining countries in the top ten are predominantly in Europe, emphasising the strong research focus on SDM in the region.

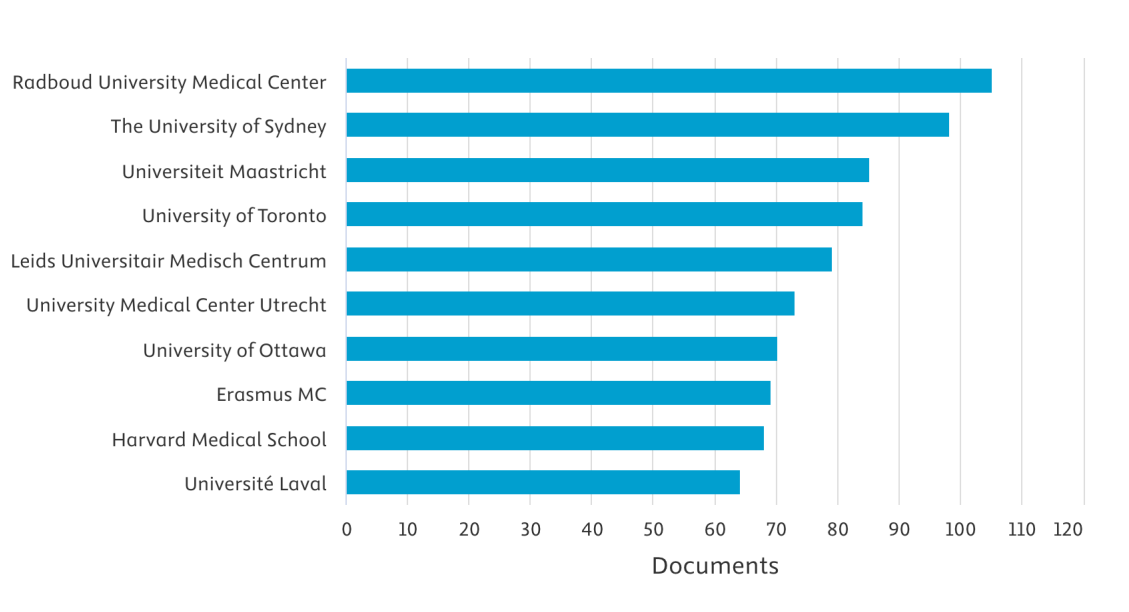
Figure 2: The Distribution of The Bibliometric Records by the Top Ten Countries from the Number of Publications (Bibliometrix R package)



The analysis of the top ten most influential institutions revealed that the Radboud University Medical Centre in the Netherlands led with 105 publications on SDM in healthcare provision (Figure 3). The centre is renowned for its strong emphasis on patient-centred care and has established dedicated research units, which have contributed significantly to the SDM theory, implementation science, and clinician-patient communication tools. This is followed by the University of Sydney, with 98 papers, focusing on the psychological aspects of decision-making, the development of SDM interventions, particularly in oncology, chronic illness, and communication with vulnerable populations. Universiteit Maastricht ranked third with 85 papers, with a key

role in implementing SDM in primary care, health literacy, and in digital health innovations. The University of Toronto follows with 84 papers. Its work emphasises implementing SDM tools into routine care, especially in multicultural, diverse patient populations common in Canadian healthcare settings. Notably, the majority of these leading institutions are located in Europe, including Radboud University Medical Centre, Universiteit Maastricht, Leids Universitair Medisch Centrum, University Medical Center Utrecht, Erasmus University Medical Centre, and others, consistent with the findings of the most active countries, further highlighting the region's strong contribution to SDM research.

Figure 3: The Distribution of the Publications by the Top Ten Institutions (Bibliometrix R package)



Most Influential Journals and Authors

Figure 4 illustrates the trends of the most influential journals in SDM research from 2012 to 2024. BMJ Open exhibits a significant and consistent upward trend, reaching its peak in 2022 with 25 publications, making it a leading journal in the field. The journal covers a broad range of medical topics, including patient-centred care and health services, making it a prominent platform for SDM research. Health Expectations and Patient Education and Counseling also demonstrates steady growth and notable increases in output in recent years, reflecting their strong focus on SDM topics. Health Expectations focuses on patient and public involvement in health and social care, with growing contributions in SDM studies due to its emphasis on this area. Likewise, Patient Education and Counseling is widely recognised for its contributions to patient-provider communication, health literacy, and SDM frameworks. BMC

Health Services and PLOS ONE demonstrate more moderate contributions, with fluctuating trends over the years, and reached their peak in 2024 with 12 and 16 publications, respectively.

The Bradford's Law analysis further reinforces the dominance of journals such as BMJ Open, Patient Education and Counseling, and PLOS ONE as core sources in SDM. As illustrated in Figure 5, these journals produce a significant proportion of articles in the field, confirming their central role in advancing knowledge on SDM research. Beyond the core journals, a steep decline in contributions highlights the long tail of less frequently contributing journals, which collectively ensure the broad dissemination of SDM research across a wider academic spectrum. These distributions emphasise the importance of focusing on these high-impact journals for both accessing key insights and disseminating impactful research.

Figure 4: Trends in Publications by the Most Influential Journals

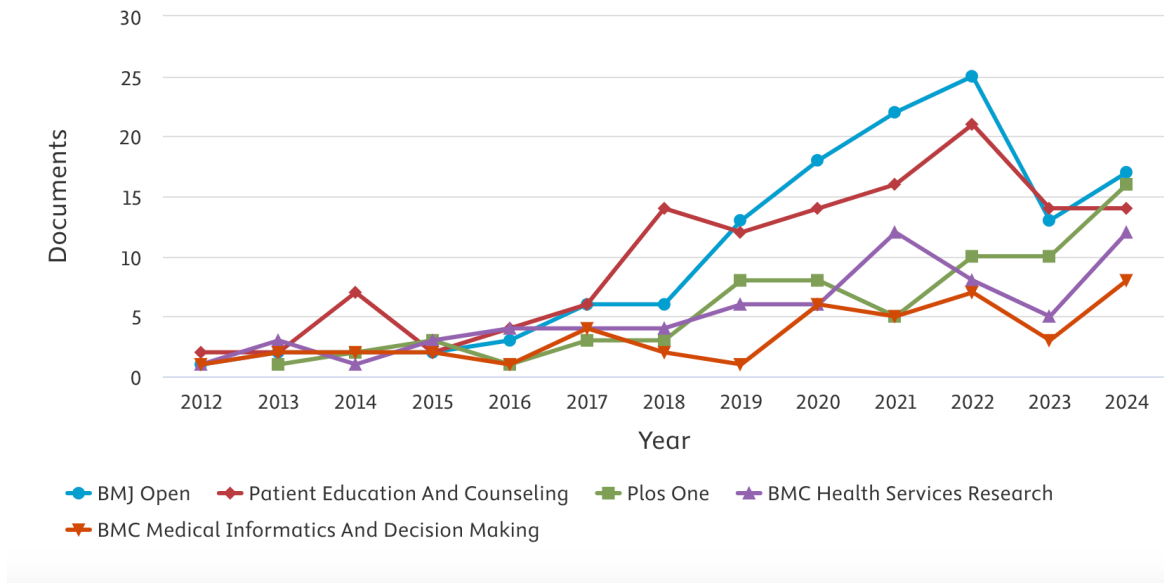
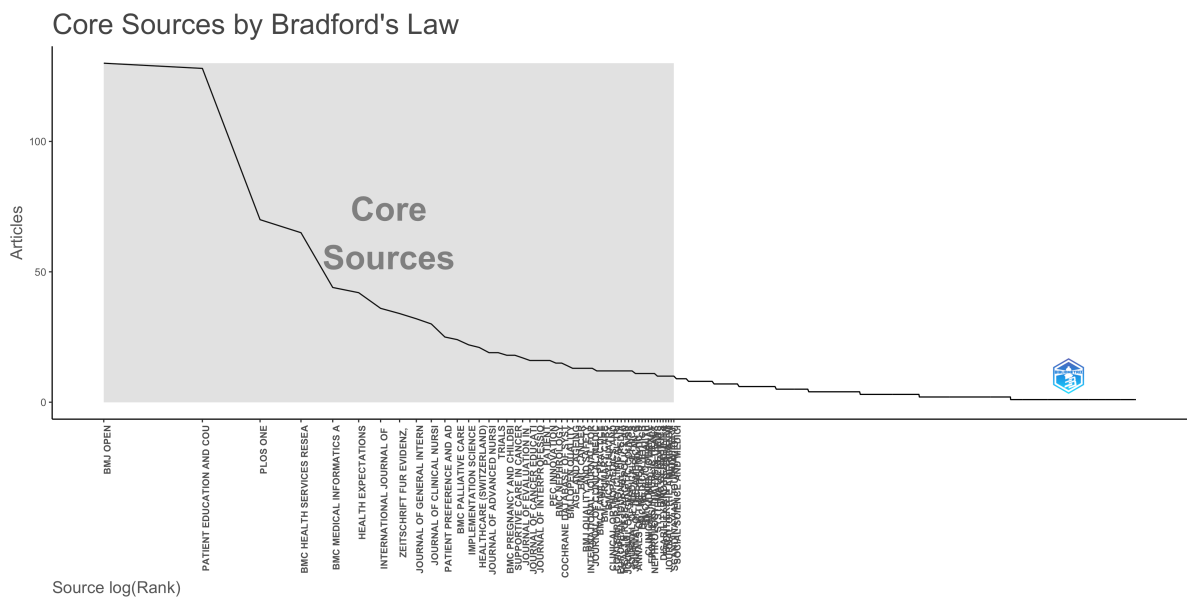


Figure 5: Distribution of Journals Based on Bradford’s Law (Bibliometrix R package)



Further analysis of the top ten most relevant journals based on total documents and total citations, as depicted in **Table 1**, confirmed these trends. Patient Education and BMJ Open emerged as the most productive sources, each publishing more than 250 papers on SDM with high citations. PLOS ONE and BMC Health Services also contributed substantially.

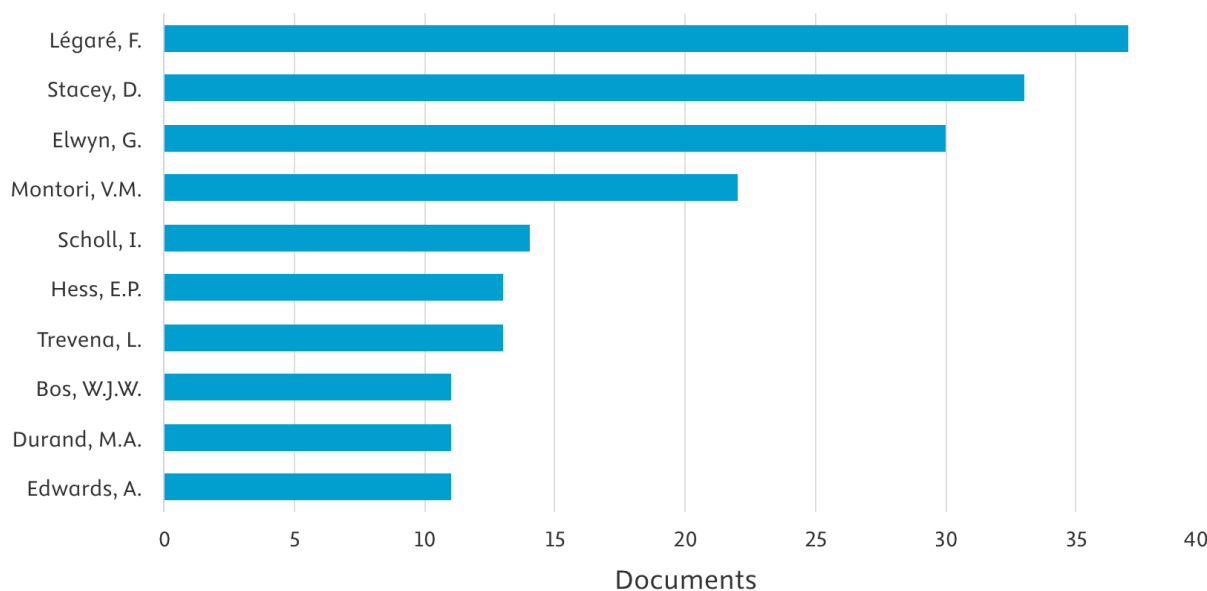
Most Active Authors

Figure 6 presents that the most active author in the area of SDM in healthcare provision is Legare, with the highest number of publications, i.e., 37 papers. This is followed by Stacey, with 33 papers and Elwyn with 30 papers, both of whom have made significant contributions to advancing SDM in healthcare provision research. Similarly, Montori and Scholl made up the top five authors in the field, reflecting their impactful work in the area.

Table 1: Top Ten Most Relevant Journals Based on Total Documents and Total Citations

Rank	Journal	Document	Citation
1.	Patient Education and Counseling	256	7,343
2.	BMJ Open	255	4,554
3.	Annals of the Rheumatic Diseases	22	6,137
4.	PLoS ONE	140	2,543
5.	Journal of Urology	8	5,916
6.	BMC Health Services Research	130	2,388
7.	Journal of the American College of Cardiology	14	4,862
8.	Circulation	14	4,440
9.	Implementation Science	44	3,018
10.	BMC Medical Informatics and Decision Making	88	1,404

Figure 6: Authors with the Highest Number of Publications (Bibliometrix R package)



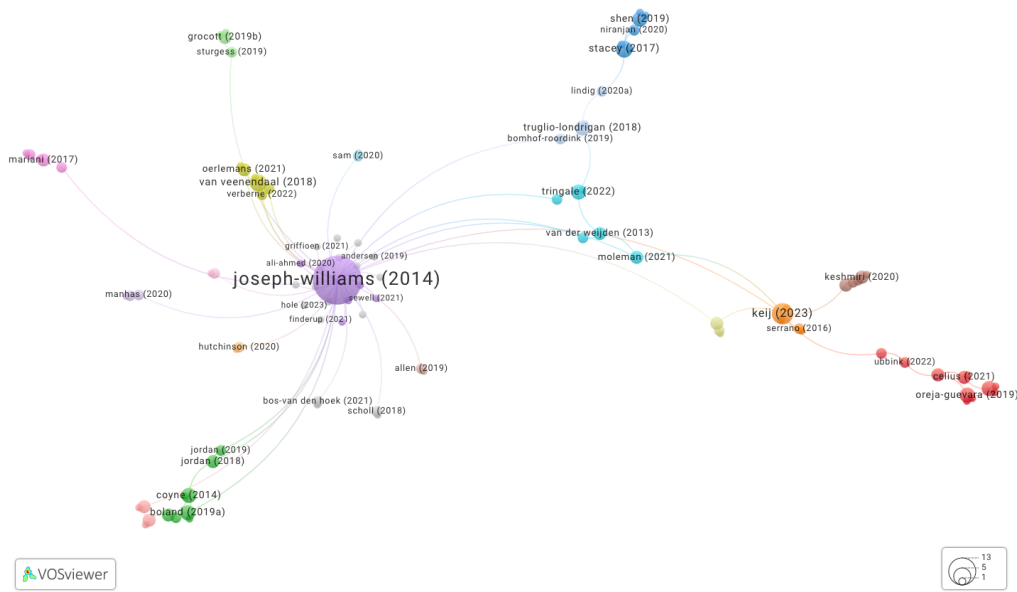
Science Mapping Analysis

Citation Analysis

Figure 7 presents a citation analysis based on documents, illustrating the network of scholarly publications related to SDM. It demonstrates the pivotal role of a study entitled “Knowledge is not power for patients: A systematic review and thematic synthesis of patient-reported barriers and facilitators to shared decision making” by Joseph-William (2014). Positioned at the centre of the network, it serves as a foundational reference for SDM research, significantly influencing subsequent empirical and theoretical studies. Its

influence extends to peripheral nodes in the network, which represent emerging or niche areas of research that adopt its findings. The publication, which focuses on barriers and facilitators, bridges gaps across healthcare, communication studies, and policy-making, highlighting its adaptability to diverse fields. It has catalysed critical conversations on the complexities of patient engagement, emphasising the need for healthcare providers to move beyond the assumption that knowledge alone empowers patients. It has become the main resource of information for researchers and practitioners seeking to overcome barriers and promote effective SDM in healthcare provision.

Figure 7: Citation Analysis of Documents (VOSviewer)



Most Influential Publications

As indicated by **Figure 8** and **Table 2**, the highest-cited publications were predominantly clinical guidelines of a diverse range of disciplines. Leading the list is the study by Simon et al. (2018) on hernia-related surgical practices, with 1349 citations. Close behind is the publication by Heindenreich et al. (2022), with 1265 citations. Urology is another field that has made notable contributions, with two highly cited papers by Chang et al. (2016) and Campbell et al. (2017), accumulating 1071 and 1012 citations, respectively. Similarly, rheumatology demonstrates its relevance in the works of Macfarlene et al. (2017) and Yates et al. (2016), garnering 978 and 954 citations. While these publications are not exclusively on SDM, their frequent citations demonstrate how SDM principles are increasingly embedded in evidence-based recommendations, particularly in conditions where treatment pathways are complex and preference sensitive.

However, there were some of the most cited works directly addressing SDM include Joseph-Williams et al. (2014) with 856 citations, which emphasised the importance of improving communication strategies between patients and healthcare providers to enhance the SDM process. Likewise,

historical contributions of SDM frameworks are evident in Stiggelbout et al. (2012), which has garnered 739 citations. The work likely laid the foundation for understanding SDM principles and their application in evidence-based medicine.

Co-citation Analysis

Figure 9 is the co-citation analysis map of the most influential sources of research related to SDM in healthcare provision. The sources serve as central hubs, bridging various research domains. Among the most co-cited sources is the Journal of Patient Education and Counseling, which formed the core of a cluster focusing on patient education, counselling and decision support interventions. The BMJ, Cochrane Database Systematic Review, and The New England Journal of Medicine form a cluster that reflects a strong emphasis on evidence-based medicine, clinical guidelines, and methodological rigour in SDM research. The presence of smaller peripheral nodes suggests niche or emerging areas of research. Strong interconnectedness between clusters demonstrates the interdisciplinary nature of SDM, spanning fields like rheumatology (e.g., Annals of the Rheumatic Diseases), oncology (e.g., Journal of Clinical Oncology and Lancet Oncology), cardiology (e.g., Journal of the American College of Cardiology), and nephrology (e.g., Clinical Journal of the American Society of Nephrology).

Figure 8: Top Ten Most Cited Documents Globally (Bibliometrix R package)

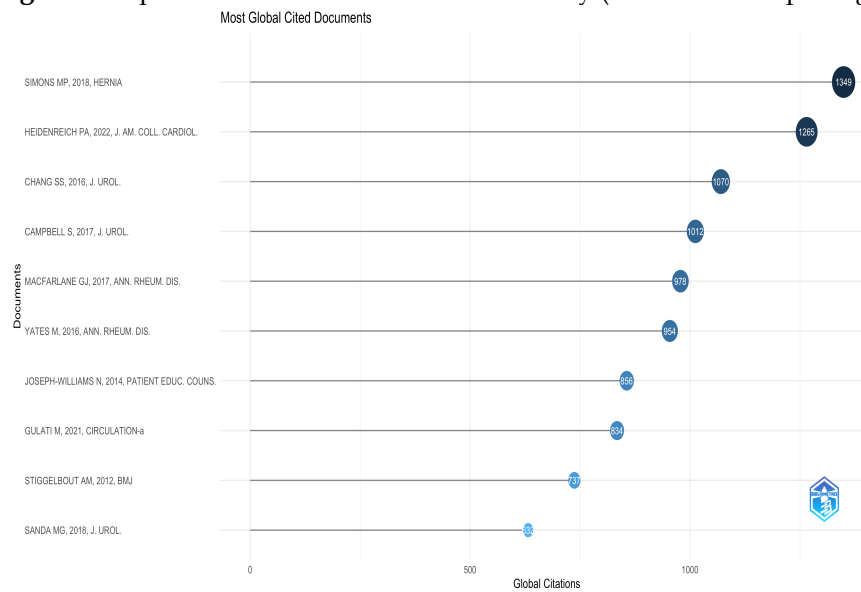
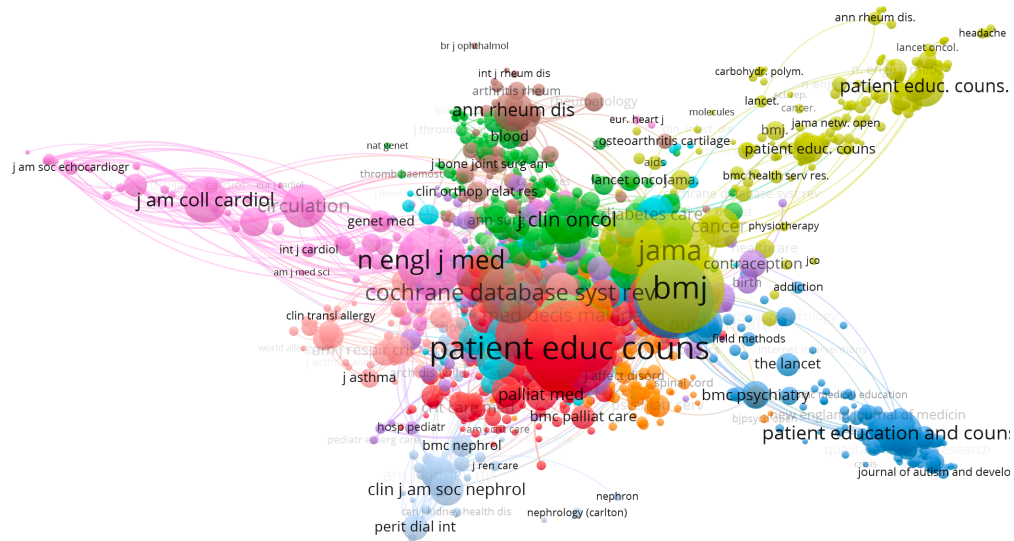


Table 2: Top Ten Most Cited Documents

Rank	Title and journal	Authors and year	No of citations
1.	<i>International guidelines for groin hernia management</i> <i>Hernia</i>	Simons M.P. et al. 2018	1349
2.	<i>2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure</i> <i>Journal of American College of Cardiology</i>	Heidenreich P.A. et al. 2022	1265
3.	<i>Diagnosis and Treatment of Non-Muscle Invasive Bladder Cancer</i> <i>Journal of Urology</i>	Chang S.S. et al. 2016	1071
4.	<i>Renal Mass and Localized Renal Cancer: AUA Guideline</i>	Campbell S. et al. 2017	1012
5.	<i>EULAR revised recommendations for the management of rheumatoid arthritis</i> <i>Journal of Urology</i>	Macfarlane G.J. et al. 2017	980
6.	<i>EULAR/ERA-EDTA recommendations for the management of ANCA-associated vasculitis</i> <i>Annals of the Rheumatic Diseases</i>	Yates M. et al. 2016	955
7.	<i>Knowledge is not power for patients: A systematic review and thematic synthesis of patient-reported barriers and facilitators to shared decision making</i> <i>Patient Education and Counseling</i>	Joseph-Williams N., Elwyn G., Edwards A. 2014	856
8.	<i>2021 AHA/ACC/ASE/CHEST/SAEM/SCCT/SCMR Guideline for the Evaluation and Diagnosis of Chest Pain</i> <i>Circulation</i>	Gulati M. et al. 2021	834
9.	<i>Shared decision making: Really putting patients at the centre of healthcare</i> <i>BMJ</i>	Stiggelbout A.M. et al. 2012	739
10.	<i>Clinically Localized Prostate Cancer: AUA/ASTRO/SUO Guideline</i> <i>Journal of Urology</i>	Sanda M.G. et al. 2018	633

Figure 9: Co-citation Analysis of Influential Sources (VOSviewer)

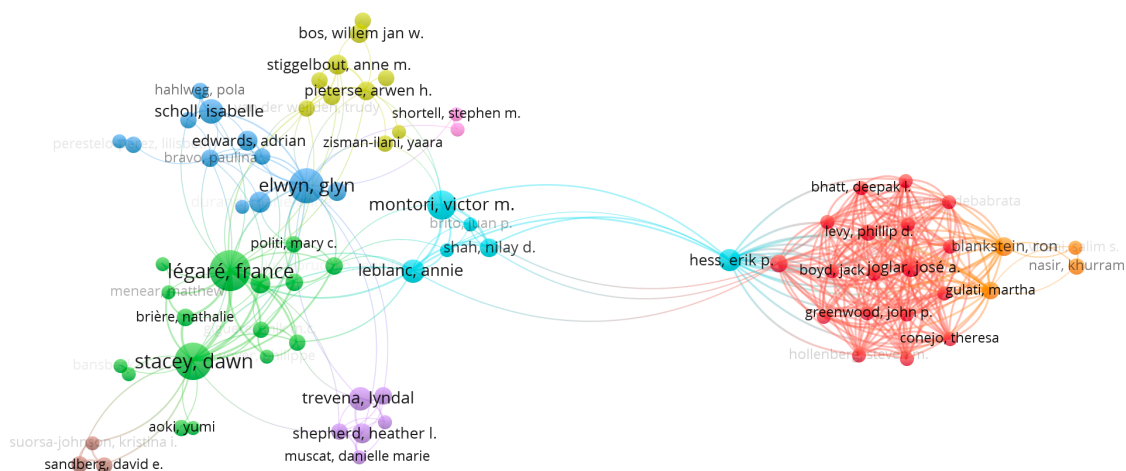


Co-authorship Analysis

Figure 10 is a network visualisation showcasing researchers' collaborative relationships on SDM in healthcare provision. The network is divided into several distinct clusters, each representing groups of authors frequently collaborating. One cluster, led by prominent figures like Legare, Stacey, and Elwyn, represents a highly collaborative group. They are not only at the forefront of SDM research but also often work together, reflecting a well-established and productive research community. A cluster, located prominently on the right side of the

visualisation, portrays another strong collaboration, with Hess as the central figure, possibly focused on specific applications of SDM. His notable article, Hess et al. (2016) which garnered a high number of citations, examined an SDM decision-making tool in the emergency department to help patients with low-risk chest pain make informed decisions about admission for observation or outpatient follow-up. Smaller clusters feature key researchers, such as Montori and Scholl, who bridge different research communities. These authors appear to connect distinct fields or themes, contributing to interdisciplinary advancement in SDM.

Figure 10: Social Network of Research Collaboration (VOSviewer)



Bibliographic Coupling

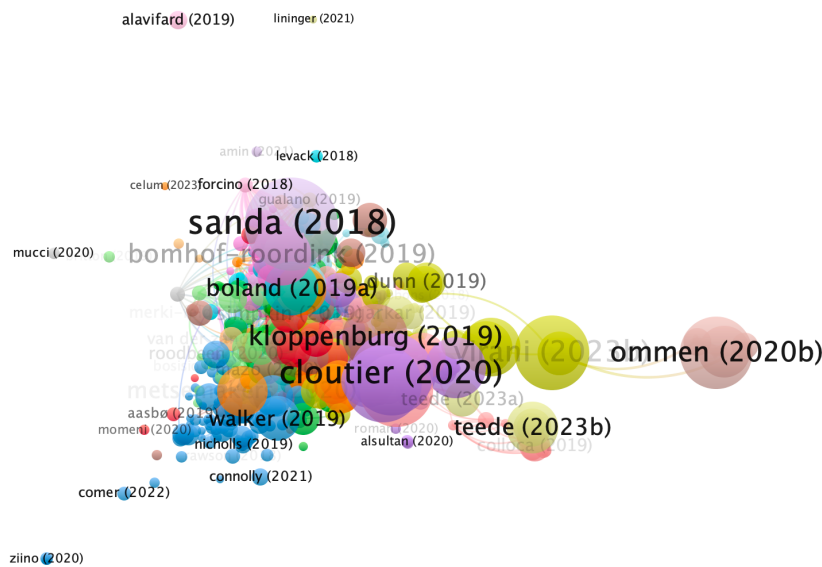
Figure 11 displays the bibliometric coupling map, illustrating the connections between documents related to SDM in healthcare provision based on shared references. This metric is useful as an indicator that these publications are most likely to investigate a related topic. "Document" was set as the unit of analysis, and "fractional count" was used as the method of analysis. Sanda (2018), Cloutier (2020), Kloppenburg (2019), and Boland (2019) appear to be the most influential documents, with foundational roles in the field.

Sanda (2018) provides stratified guidelines for prostate cancer care, explicitly incorporating SDM to tailor management based on disease severity and patient values. Its centrality reflects its methodology rigour and impact on decision-making in oncology. Cloutier (2020) updated

asthma management by integrating evidence-based recommendations that reinforce patient-centred care, highlighting the role of SDM in chronic treatment. Kloppenburg (2019) advances recommendations for hand osteoarthritis, where SDM is embedded as a core principle, highlighting its relevance in multidisciplinary and individualised care models. Meanwhile, Boland (2019) contributed to a systematic synthesis of barriers and facilitators to SDM in paediatrics.

Collectively, these highly coupled works form the intellectual backbone of SDM literature, each contributing to specific domains such as oncology, asthma, rheumatology, and paediatrics, while reinforcing the universal applicability of SDM across specialities. The colour-coded clusters in the figure further demonstrate how these documents inform interconnected yet distinct research trajectories within the broader SDM field.

Figure 11: Bibliographic Coupling Network (VOSviewer)



Title and Abstract Map

The keyword co-occurrence map generated from publication titles and abstracts reveals keywords in the research on SDM, emphasising prominent themes and interconnections among topics. At the centre of the map, "shared decision-making" appears as the most significant and highly interconnected keyword, indicating its centrality and importance in the literature. This keyword likely represents the core focus of the research, with numerous related subtopics branching out of it. The surrounding clusters exhibit diverse yet interconnected themes, such as "qualitative

research," "patient-centred care," "primary care," "health literacy," and "patient education," which suggest key domains contributing to SDM. Notably, keywords such as "interprofessional collaboration," "intercultural communication," "end-of-life care," fertility preservation," and "intellectual disability" are positioned further from the centre, indicating their relative novelty or niche status within the broader SDM discourse. These peripheral themes represent valuable extensions of SDM into less frequently addressed patient populations and contexts. Their presence indicates the growing interest in tailoring SDM approaches to specific clinical and social domains.

context (21).

The citation analysis identified Joseph-Williams et al. (2014) publication as the main work in the field. Understanding the complexities of patient empowerment and communication has shaped subsequent research on overcoming barriers and identifying facilitators to SDM implementation in healthcare provision.

The result of this bibliometric analysis also highlights the most influential publications based on the number of citations. Among the notable works are Simons et al. (2018), Heidenreich et al. (2022), and Chang et al. (2016), who extended the application of SDM into specialised fields such as urology and cardiology, where decision-making often requires tailored patient-provider collaborations. The co-citation analysis complements these findings by illustrating how different disciplines integrate SDM principles within their framework. Journals like Patient Education and Counseling anchor clusters focused on communication strategies, while sources such as BMC and Cochrane Database System Reviews highlight evidence-based practices supporting SDM in clinical areas. The interdisciplinary relevance and adaptability of SDM are also evident in clusters addressing decision-making in various fields, including rheumatology, oncology, cardiology, and nephrology. These findings not only demonstrate the versatility of SDM in addressing diverse healthcare challenges but also its potential to bridge interdisciplinary gaps, as evidenced by the increasing incorporation of SDM principles in various medical specialities (11).

Despite the significant growing body of literature, several challenges remain in the implementation and research of SDM. The geographical disparity, with most contributions originating from high-income countries, highlights the need for more inclusive research addressing the unique socioeconomic and systemic barriers to SDM in low- and middle-income countries. Another notable gap is the limited exploration of SDM within the context of non-Western cultural and ethical frameworks, including Islamic teachings.

From an Islamic perspective, SDM resonates strongly with the principles of mutual consultation (*shura*), *maqasid shariah*, and responsibility (*amanah*). *Shura*, a fundamental tenet in Islamic governance and interpersonal relations, advocates for mutual consultation in decision making. This is mentioned in Surah Ash-Shura:

“And those who have responded to their Lord and established prayer and whose affair is (determined by) consultation among themselves, and from what We have provided them, they spend.”

(42:38)

In a healthcare context, SDM affirms the moral obligation of HCPs to involve patients and families in deliberating health choices. Likewise, *amanah* highlights the provider's ethical responsibility to act in the best interest of patients by disclosing relevant information, honouring patient autonomy, and respecting the values in clinical decisions (8). These principles align closely with contemporary SDM components, suggesting that SDM is not only compatible with Islamic ethics but can be strengthened by them. As was posited earlier, integrating *maqasid shariah* into SDM frameworks supports patient welfare (*maslahah*), dignity (*karamah*), and protection of life (*hifz al-nafs*)(5).

Although this paper highlights the relevance of *shura* and *maqasid shariah* in guiding SDM practices, further empirical studies are needed to validate and refine these approaches (8). The integration of diverse cultural perspectives is essential for developing a more comprehensive understanding of SDM that resonates with patients from various backgrounds (23). Moreover, while the ethical underpinnings of SDM in healthcare provision are well-documented, limited attention has been given to operationalising these principles in clinical practice, particularly in resource-constrained settings (24). The challenge remains to ensure that HCPs are adequately trained to implement SDM effectively, as this requires a more collaborative approach, a shift from traditional paternalistic models (25).

The findings of this bibliometric analysis offer several practical implications. Policymakers can use the identified gaps to strengthen SDM policies, clinical guidelines and patient rights frameworks, particularly in low and middle-income and Muslim-majority countries. Educators may incorporate SDM principles together with Islamic ethical values such as *shura*, *amanah* and *maqasid shariah* into healthcare professional training to enhance culturally sensitive care. Healthcare organisations can also use the collaboration patterns highlighted in this study to build partnership with established SDM centres and support capacity building. Finally, the limited integration of Islamic perspectives in current SDM literature highlights the need to develop culturally relevant decision-aid tools and SDM models

tailored to local values and practices.

CONCLUSION

The growing body of research on SDM in healthcare reflects its transformative potential in reshaping patient care by fostering collaborative, informed, and value-sensitive health decisions. This bibliometric analysis contributes to the field by systematically mapping the intellectual landscape, identifying influential publications, key authors, emerging themes, and collaborative networks within SDM literature from 2012 to 2024. By visualising co-authorship, co-citation, keyword co-occurrence, and bibliographic coupling patterns, this study provides an evidence-based foundation for understanding the development, interdisciplinarity, and trajectory of SDM research.

The analysis highlights thematic gaps, including the underrepresentation of low- and middle-income countries and the limited integration of non-Western ethical frameworks, including Islamic perspectives. Despite the compatibility of SDM with Islamic teachings, its exploration remains scarce. Addressing the identified gaps will be crucial in ensuring the equitable, ethical, and effective implementation of SDM across diverse healthcare settings. By fostering a more inclusive, culturally and religiously sensitive approach to SDM, the HCPs can better meet the needs of all patients, ultimately leading to improved health outcomes and patient satisfaction. This study serves as a foundational resource for advancing equitable, context-sensitive SDM research and practice across global healthcare systems.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest in conducting this project.

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AUTHOR CONTRIBUTIONS

AA: Conceptualisation, methodology design, data analysis, preparation of original draft and project administration.

WHWM: Methodology design, critical revision, material support.

LSP: Interpretation of results, Final validation.

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