

Are Patients With Breast Cancer Satisfied With Their Decision Making?

A Comparison Over Time

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Choosing between lumpectomy with radiation versus mastectomy is difficult for women with early-stage breast cancer, and doubt can decrease women's confidence and satisfaction. As a result, the current study surveyed satisfaction before and after surgery in a convenience sample of women with early-stage breast cancer from a single practice. All women received either total mastectomy or lumpectomy plus radiation based on their informed choice of surgical options. The surgeon and the principal investigator educated patients about both surgeries at the time of consent. Participants answered a survey about satisfaction with their decision making before their chosen surgical procedure and again by telephone six months later. Participants felt that they had made an informed choice at the time of decision (87%) and at follow-up (93%). In addition, most women were satisfied with their choice of surgical procedure at time of decision (87%) as well as six months after surgery (96%). This study allowed women to significantly participate in their care through surgical decision making, which improved satisfaction. Nurses are uniquely positioned to support women with early-stage breast cancer in their decision-making process.

About 207,090 Americans were diagnosed with breast cancer and an estimated 39,840 women and 440 men died of the disease in 2010 (Surveillance Epidemiology and End Results [SEER], 2011). In addition, about 60% of women with breast cancer were diagnosed in a localized stage confined to the primary site (SEER, 2011). According to scientific evidence published by the Agency for Healthcare Research and Quality (2010) and the initiatives of the National Guideline Clearinghouse (2010), surgical management of early-stage noninvasive breast cancer (stages I and II) and ductal carcinoma in situ (stage 0) for eligible candidates should be based on patient preference. However, uncertainty over which procedure to choose may cause psychological distress in women with breast cancer, as well as anxiety over the fear of dying and how the disease may affect their children and other family members (Lacovara & Ray, 2007).

At a Glance

- ◆ When possible, surgical treatment for stage 0, I, or II ductal or lobular breast cancer should be based on the patient's preference rather than the surgeon's.
- ◆ Implementing a tool or process to assist with shared decision making may improve patient satisfaction.
- ◆ Nurses play a crucial role in advocating for patients' ability to make surgical treatment decisions.

According to the National Cancer Institute ([NCI], 2011), survival rates for mastectomy are equal to lumpectomy for women with stage 0, I, or II ductal or lobular carcinoma. NCI (2011) stated, "Women with relatively small breast cancers who were

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