

Exploration of How Women Make Treatment Decisions After a Breast Cancer Diagnosis

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Breast cancer is the most frequently diagnosed form of cancer in women in the United States (American Cancer Society [ACS], 2011). An estimated one in eight American women will develop breast cancer at some point in their lives. More than 229,000 cases of breast cancer were estimated to be diagnosed in women in the United States in 2012 (ACS, 2012).

Many studies that examine physical and psychosocial adaptation after the diagnosis of breast cancer have been conducted with women (Bettencourt, Schlegel, Talley, & Molix, 2007), and much research has been done to assess coping styles and quality-of-life issues in breast cancer survivors (Webb & Koch, 1997). However, understanding is inadequate in how women make decisions about treatment options after being diagnosed with breast cancer (O'Brien et al., 2008).

Based on the prevalence of the disease, nurses should be knowledgeable about risk factors, incidence, and medical and surgical treatment options, as well as the physical and psychosocial needs of patients with breast cancer. Nurses often educate patients on health care, disease prevention, and health promotion; they must be able to provide comprehensive care to women diagnosed with breast cancer and assist them in making informed and satisfied decisions.

The purpose of this study, which used a mixed-methods approach, was to explore how women made treatment decisions after receiving a diagnosis of breast cancer. The specific aims of the study were to (a) assess the information needs women have after receiving a diagnosis of breast cancer, (b) investigate how decisions about treatment options are made, and (c) assess personal responses to the decisions made.

Background

Receiving a diagnosis of breast cancer and learning about the number of treatment options available can

Purpose/Objectives: To examine the information needs of women after receiving a diagnosis of breast cancer, investigate how decisions about treatment options are made, and assess personal responses to the decisions made.

Design: Mixed-methods approach using quantitative and qualitative data.

Setting: The University of Kansas Medical Center and Quinn Plastic Surgery Center, both in the midwestern United States.

Sample: 102 breast cancer survivors who had completed all forms of treatment for at least three months and less than five years.

Methods: Phase I participants completed five questionnaires about informational needs, confidence and satisfaction with the decision, decisional regret, and conflict. In phase II, 15 participants were purposively sampled from the 102 survivors to participate in a focus group session. Data analysis included frequencies and multiple regression for phase I and qualitative content analysis for phase II.

Main Research Variables: Informational needs, confidence and satisfaction with the decision, and decisional regret and conflict.

Findings: The variables (widowed, confidence and satisfaction with decision, and decisional conflict and regret) significantly ($p = 0.01$) accounted for 14% of the variance in informational needs. Two themes emerged from the study: (a) feelings, thoughts, and essential factors that impact treatment considerations, and (b) tips for enhancing treatment consideration options.

Conclusions: The study's results show that women viewed informational needs as very important in making treatment decisions after being diagnosed with breast cancer.

Implications for Nursing: The treatment team should provide the information, with consideration of the patient's personal preferences, that will assist women to make informed, confident, and satisfied decisions about treatment choices.

be an extremely threatening and frightening event for most women (Galloway et al., 1997). The disease threatens physical and psychosocial well-being in women (O'Brien et al., 2008). A patient's personal view strongly