

# The Experience of Using Decisional Support Aids by Patients With Breast Cancer

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**Purpose/Objectives:** To explore the lived experience of patients with breast cancer using decisional support aids during the prediagnosis, diagnosis, and treatment phases of their disease.

**Research Approach:** Descriptive, phenomenologic.

**Setting:** Community-based.

**Participants:** 12 women, ages 38–68, diagnosed with and treated for breast cancer.

**Methodologic Approach:** Audiotaped interviews were transcribed and analyzed according to Colaizzi's method.

**Main Research Variables:** Use of decisional support aids.

**Findings:** Six major themes were identified: being too stressed and overwhelmed to make a decision, feeling an internal sense of urgency to have the breast cancer managed quickly, trusting the opinion and advice of physicians about treatment decisions, appreciating the importance of support from family and friends in decision making, finding nurses were unavailable or uninvolved in decision making initially, and missing out on the benefits of a multidisciplinary approach.

**Conclusions:** Being presented with the diagnosis of breast cancer evokes a range of feelings and emotions. By identifying, explaining, and expressing their accounts, participants revealed their lived experience and its meaning. The description of this phenomena may assist other women diagnosed with breast cancer in the decision-making process.

**Interpretation:** Oncology nurses need to be aware of and understand the issues surrounding the decision-making process of patients with breast cancer. Gaps clearly exist in the information and support provided to these participants. Nurses must target areas that are insufficient in providing decisional support aids and plan for partnerships to ensure a multidisciplinary approach in this process.

**B**reast cancer is a serious healthcare problem and a major public health challenge in the United States and countries throughout the Western Hemisphere (Metzlin, 1999). The American Cancer Society (2002) estimated that 203,500 new cases of breast cancer will be diagnosed and about 39,600 will die from the disease in the United States in 2002.

A great deal of research has been generated about the psychosocial impact of breast cancer diagnosis and treatment, as well as methods to enhance adjustment to the disease. In their comprehensive review, Glanz and Lerman (1992) cited a number of factors that mediated the psychosocial implications of breast cancer. They identified information and participation in decision making as problematic for women and suggested that

## Key Points . . .

- ▶ The complexity of treatment options and the emotional impact of the diagnosis present patients with breast cancer with overwhelming anxiety that requires definitive, supportive interventions.
- ▶ Healthcare providers, particularly oncology nurses, are important decisional supports throughout the treatment process. Oncology nurses, physicians, psychologists, social workers, and other healthcare team members need to understand more about the dynamics of the decision-making process.
- ▶ The availability of decisional support aids (e.g., written materials, videos) in physician's offices, smaller community agencies, and surgicenters that lack the expertise of an oncology nurse would lend support to women prior to diagnosis.

more research was needed to facilitate women's decision-making abilities. Thus, the purpose of this study was to explore and describe the lived experience of patients with breast cancer using decisional support aids during the prediagnosis, diagnosis, and treatment phases of their disease. Decisional support aids were defined as educational programs and literature (e.g., written resources, audio and video materials, the Internet), individual counseling, informed and unbiased (i.e., not promoting or valuing one treatment modality over another) physicians and nurses, multidisciplinary healthcare teams, and patient and family involvement in the decision-making process. A descriptive, phenomenologic approach (Colaizzi, 1978) was used for this study. This research method draws on participants' accounts to discover the lived experience and the meanings and essential structure of that experience.

## Background

Research pertaining to decision making and patient participation in medical treatment evolved out of the discipline

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