

# Iranian Women's Decision Making

## Preferred roles, experienced involvement, and decisional conflict when undergoing surgery for early-stage breast cancer

Nasim Aminaie, RN, Rebecca H. Lehto, PhD, RN, FAAN, and Reza Negarandeh, PhD, RN

**BACKGROUND:** Treatment decision making largely depends on patients' own preferences. However, the availability of different treatment approaches often results in decisional conflict, discomfort, doubtfulness, and uncertainty about the best option.

**OBJECTIVES:** This study evaluated decision-making participation regarding surgery among women with early-stage breast cancer.

**METHODS:** This cross-sectional, descriptive-correlational study included 328 Iranian women with early-stage breast cancer. A convenience sample completed a demographic questionnaire, the Control Preferences Scale, the nine-item Shared Decision Making Questionnaire, and the Decisional Conflict Scale.

**FINDINGS:** Most participants preferred to maintain passive roles. High decisional conflict was associated with uncertainty about surgical treatment options, whereas lower decisional conflict was related to values clarity. Although preferred roles were not related to experienced involvement, they were related to heightened decisional conflict.

### KEYWORDS

breast cancer; decision making; decisional conflict; involvement; Iranian women

### DIGITAL OBJECT IDENTIFIER

10.1188/19.CJON.529-536

**BREAST CANCER IS THE MOST COMMON MALIGNANCY** among women globally, accounting for 24% of all cancers in 2018 (Bray et al., 2018). Patients with breast cancer are required to make complex treatment-related decisions. One of the most challenging decisions is relative to the extent and type of surgical interventions (Hawley, Newman, Griggs, Kosir, & Katz, 2016; Margenthaler & Ollila, 2016), particularly for women with early-stage disease (Halkett, Arbon, Scutter, & Borg, 2005; Margenthaler & Ollila, 2016). Similar to those with more advanced stages of breast cancer, women with early-stage disease may be offered different treatment options, including breast-conserving surgeries, lumpectomy, mastectomy, radiation therapy, and chemotherapy, depending on a host of factors. Decision making about the extent of surgery and type of treatment often depends on patients' own preferences and knowledge of best options (Halkett et al., 2005; Margenthaler & Ollila, 2016). However, the availability of several treatment options may result in decisional conflict, emotional discomfort, lack of clarity, doubtfulness, and uncertainty (Gumus et al., 2010; Mahmood et al., 2013; Margenthaler & Ollila, 2016).

### Background

Shared decision making is a strategy for meeting patients' decision-related support needs and improving the quality of treatment decision making (Glass et al., 2012; Tariman et al., 2016). It is particularly essential in the early stages of breast cancer (i.e., when considering patients' preferences is of strong significance given options for treatment) (Hamelinck et al., 2018; O'Brien et al., 2013). In shared decision making, the treating physician provides the patient with information about the disease, potential complications and risks, treatment options and alternatives, and advantages and disadvantages of various approaches (Gumus et al., 2010; Mahmood et al., 2013). A consensus then can be reached for moving forward—one that is based on the patient's preferences and priorities, given knowledge about costs and benefits of the various options (Glass et al., 2012; Hou, Pang, Lu, Xu, & Zhou, 2014). Shared decision making not only provides a mechanism for comparing evidence-based information and weighing treatment options based on documented advantages and disadvantages, but it also