

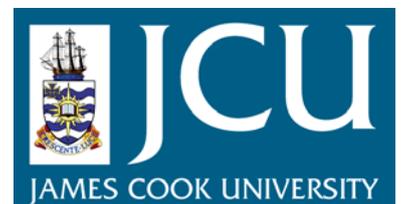
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**Women's decision styles and decision satisfaction related
to their choice of surgical treatment for early breast
cancer: Implications for a systematic decision support role
for nurses.**

by

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DEDICATION

Firstly, the research study outlined in this thesis is dedicated to my “greatest achievements”, my children *Jessica* and *Hayden*, and husband *David* for his support and patience for the study. Secondly, and certainly not least, this work is dedicated to the exceptional generosity of the women who participated in the study to help other women diagnosed with breast cancer.

“Nothing is more difficult, and therefore more precious, than being able to decide”

Napoleon Bonaparte (Maxims, 1804)

And finally to my parents *Charlie* and *Norma*, and my brother *Gregory* who have always given me unconditional love and support, I have been truly blessed.

“There are ways of thinking that we don’t know about. Nothing could be more important or precious than the knowledge, however unborn. The sense of urgency, the spiritual restlessness it engenders, cannot be appeased”

Sussan Sontag (1933) US writer and critic

ABSTRACT

Background: Over 13,000 Australian women are diagnosed with breast cancer each year. Women diagnosed with early breast cancer are generally asked by their doctor to choose between either mastectomy or breast conservation surgery with radiation therapy as initial treatment. Following a breast cancer diagnosis, women's cognitive resources and abilities are often overloaded; subsequently they often feel distressed and confused about making the treatment choice between the surgical options offered to them. Women frequently turn to nurses for decision support and information at this time. Recently developed decision aids are available but these are not evidence-based nor do they assess women's decision styles to profile individual decision support interventions. Research shows that women's process for making decisions are affected not only by their decision styles but also by their levels of distress. This initial decision-making process and treatment decision ultimately affect women's decision satisfaction and psychological outcomes. No published studies, nationally or internationally, have investigated the relationships between these variables.

Research design and methods: The purpose of this prospective, longitudinal exploratory cohort study was to investigate the relationship between Queensland women's decision styles and decision satisfaction, three to four months *after* their initial surgical treatment for early breast cancer. The non-probability sample of women (N = 132) were recruited from three locations in Queensland *after* women were diagnosed with early breast cancer and *before* treatment commenced. Data were collected using the *Michigan Assessment of Decision Styles (MADS)*, (Pierce 1995), and the *Patient Treatment Decision Satisfaction* questionnaire (*PTDS*) developed by the researcher (Budden & Pierce, 2001). The *MADS* questionnaire consists of 16 items

describing patients' pre-decision behaviours under the following four factors: *Deferring Responsibility* ($\alpha= 0.76$); *Avoidance* ($\alpha= 0.63$); *Information Seeking* ($\alpha= 0.80$); and *Deliberation* ($\alpha= 0.85$). The *Patient Treatment Decision* (TDS) questionnaire contains 16 items divided into three dimensions namely: *Decision Process Satisfaction* ($\alpha= 0.91$); *Decision Outcome Satisfaction* ($\alpha= 0.95$); and *Global Decision Satisfaction* ($\alpha= 0.95$).

Results: Data were analysed using descriptive and inferential statistics, which included stepwise multiple linear regression techniques. Specifically, a statistically significant positive relationship was identified between women's decision styles and their decision satisfaction at three to four months ($n = 104$) following their initial surgery. A positive relationship was identified between women's *Information Seeking* and *Decision Process Satisfaction*; *Deliberation* and *Decision Outcome Satisfaction*; *Deferring Responsibility* and *Decision Outcome Satisfaction*; and *Deferring Responsibility* and *Global Decision Satisfaction*. In contrast, a significant negative relationship was found between women's *Avoidance* and *Global Decision Satisfaction*. The majority of women agreed, or strongly agreed, with all the *Deliberation* items (75.1%) and *Deferring Responsibility* items (84.8%). A smaller proportion (2.3%) of women agreed, or strongly agreed, with all the *Avoidance* items and the *Information Seeking* items (37.8%). Over half (53.7%) of the women agreed, or strongly agreed, with all the *Decision Process Satisfaction* items; 67.8% of women agreed, or strongly agreed, with all the *Decision Outcome Satisfaction* items; and 55.9% agreed, or strongly agreed, with all the *Global Decision Satisfaction* items.

Conclusions: The major outcome of this research was the clear relationship between women's decision styles to their decision satisfaction at three to four months following early breast cancer treatment. Nurses caring for women with breast cancer do not currently have any evidence-based assessment tools to guide decision support interventions based on women's decision styles. The *MADS* instrument is an efficient and feasible assessment instrument that can be used by nurses to profile women's decision styles to direct evidence-based decision support interventions. Thus, the delivery of individual decision support interventions by nurses using the *MADS* instrument can increase women's post-treatment decision satisfaction following early breast cancer treatment.

Clinical Implications: This study contributes to the discipline of nursing science by building evidence for best practice guidelines in the delivery of decision support interventions pre-treatment. The application of these guidelines will increase women's decision satisfaction post-treatment after a diagnosis of early breast cancer. The ultimate goal of evidence-based decision support interventions provided by nurses is to improve women's informed decision-making processes; minimise their psychological distress; and increase their decision satisfaction in selecting and following treatment for early breast cancer.

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STATEMENT OF SOURCES

DECLARATION

I declare that this thesis is my own work and has not been submitted in any form for another degree or diploma at any university or other institution or tertiary education. Information derived from the published or unpublished work of others has been acknowledged in the text and a list of references is given.

(Lea Budden)

(Date)

STATEMENT OF OTHER CONTRIBUTIONS

I was privileged to be awarded five consecutive (2000-2004) competitive Merit Research Grants from James Cook University. This funding allowed me to access women in three coastal locations in Queensland. However, I could not have completed this study without the enthusiasm, mentoring, knowledge, wisdom and unwavering support from my supervisors. Firstly, Professor Barbara Ann Hayes the Foundation Professor of Nursing Science at James Cook University, who travelled with me up and down the Queensland coast to discuss and gain support for the project from doctors and nurses. Her unwavering support and professionalism provided me with many opportunities and opened doors for data collection in the study.

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Penny Fay Pierce my supervisor in decision science at University of Michigan, USA. Penny generously invited me to build on her work and develop new knowledge. Her beneficial knowledge and encouragement to my study are deeply appreciated. The time I spent with her at the University of Michigan was endlessly, inspiring and special.

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In addition, my heartfelt gratitude to Dr Elizabeth Beattie who introduced me to Penny Pierce PhD, RN and others at the University of Michigan. Liz always believed in my intellect and always wanted me to have a good education with the leading world scholars in and outside Australia. She also, introduced me to Shake Ketefian PhD, RN Dean of the Doctoral Program in the School of Nursing, University of Michigan. The commitment of Shake to the doctoral education of nurses outside the United States of America was overwhelming and forged my official link with Penny Pierce.

This journey as a part-time doctoral student has had many challenges, with twists and turns along the way. However, I have been fortunate to be surrounded by very talented people. My sincere thanks to Janese, Rosemary and Margo for their meticulous editorial comments and to Tara for her amazing computer processing skills (throughout the whole journey).

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