

Capturing Treatment Decision Making Among Patients With Solid Tumors and Their Caregivers

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The development of decision aids for patients with cancer has helped to engage patients in decision making. Engaging in a shared decision-making process may reduce decisional conflict when making a choice regarding cancer treatment and may set the stage for more positive outcomes. Decision aids, which prepare patients to participate and share in their health care, use specific health information related to a particular decision (O'Connor et al., 2003). Decision aids seem most effective when they are interactive, capture values, and are tailored to the individual patient's history, as well as elicited by a shared decision process (O'Connor et al., 2003; Skinner et al., 2002). Shared decisions are the ability to actively understand and influence health status through interaction with healthcare professionals. Shared decision making involves open communication between the patient, their caregiver, and the healthcare provider about the advantages and disadvantages of a particular treatment, taking into account the patient's personal values (Bowen et al., 2006; Jones, Steeves, & Williams, 2010). Visual aids that assist patients to share in decision making can help healthcare providers offer more efficient health care and, potentially, may lead to improved quality of life for the patient (Dauer et al., 2011; Hahn et al., 2004).

Although several decision aids for patients with early or localized cancers exist, they provide information only on the disease, generally are not theoretically driven, and are not always interactive (Fiset et al., 2008). Very few decision aids focus on advanced-stage cancers, particularly advanced-stage prostate and lung cancers. The current study examined the feasibility and acceptability of using a decision aid and an interactive decision-making process with patients with solid tumors (newly diagnosed breast cancer, advanced-stage prostate cancer, and advanced-stage lung cancer)

Purpose/Objectives: To examine the feasibility and acceptability of using a decision aid with an interactive decision-making process in patients with solid tumors and their caregivers during cancer-related treatment.

Research Approach: A phenomenologic approach was used to analyze qualitative data, with a focus on the meaning of participants' lived experiences. Interviews were conducted by telephone or in person.

Setting: Outpatient clinics at two regional cancer centers.

Participants: 160 total individuals; 80 patients with newly diagnosed breast ($n = 22$), advanced-stage prostate ($n = 19$), or advanced-stage lung ($n = 39$) cancer, and their caregivers ($n = 80$).

Methodologic Approach: Twenty-seven of the 80 pairs engaged in audio recorded interviews that were conducted using a semistructured interview guide. Continuous text immersion revealed themes. Validity of qualitative analysis was achieved by member checking.

Findings: Significant findings included three themes: (a) the decision aid helped patients and caregivers understand treatment decisions better, (b) the decision aid helped patients and caregivers to be more involved in treatment decisions, and (c) frequent contact with the study nurse was valuable.

Conclusions: Decision making was more complex than participants expected. The decision aid helped patients and caregivers make satisfying treatment decisions and become integral in a shared treatment decision-making process.

Interpretation: Decision aids can help patients and their caregivers make difficult treatment decisions affecting quantity and quality of life during cancer treatment. The findings provide valuable information for healthcare providers helping patients and their caregivers make treatment decisions through an informed, shared, decision-making process.

Knowledge Translation: Decision aids can be helpful with treatment choices. Caregivers' understanding about treatment is just as important in the decision-making process as the patients' understanding. Incorporating decision aids that are delivered by healthcare providers or trained personnel has the potential to improve patients' decision satisfaction.