

Involvement in Decision Making and Satisfaction With Treatment Among Partners of Patients With Newly Diagnosed Localized Prostate Cancer

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Prostate cancer is the most frequently diagnosed cancer among men in the United States (American Cancer Society, 2015; National Cancer Institute, 2014), with the vast majority (81%) of the diagnosed cases being localized and potentially curable (National Cancer Institute, 2014). Treatment decision making is a taxing process for patients with localized prostate cancer because of a large number of available treatment options (e.g., active surveillance, different types of prostatectomy, various forms of radiation with or without hormonal therapy) (National Comprehensive Cancer Network, 2015). For patients in a sexual relationship, healthcare providers treating prostate cancer commonly recommend that the patient's partner be involved in treatment decision making (Boehmer & Clark, 2001). However, existing research often describes treatment decision making as a dyadic process between the patient and healthcare providers (Zeliadt et al., 2006), with little emphasis on partner involvement. Most descriptive (Berry et al., 2006; Diefenbach & Mohamed, 2007; Shaw, Scott, & Ferrante, 2013) and intervention studies (Berry et al., 2013; Lin, Aaronson, Knight, Carroll, & Dudley, 2009) about treatment decision making for prostate cancer have focused on the patients' concerns and satisfaction with treatment decision making. However, partners play an important role in how well patients with prostate cancer manage their illness (Ervik, Nordøy, & Asplund, 2013; Wootten et al., 2014; Wu, Mohamed, Winkel, & Diefenbach, 2013). Partners provide informational support (e.g., gathering information, helping patients understand information) and emotional support (e.g., comfort, companionship) (Laidsaar-Powell et al., 2013; Sinfield, Baker, Agarwal, & Tarrant, 2008; Srirangam et al., 2003; Street et al., 2010). Previous research found that some partners were completely excluded from the

Purpose/Objectives: To examine partner involvement in treatment decision making for localized prostate cancer, congruence between partner involvement and patient preference, reasons for partner noninvolvement, and partner satisfaction with patient treatment.

Design: Cross-sectional exploratory study.

Setting: 100 counties in North Carolina.

Sample: 281 partners of men with newly diagnosed localized prostate cancer.

Methods: Participants completed a phone survey. Logistic regression analyses were used.

Main Research Variables: Partners' involvement in treatment decision making, partner satisfaction with treatment, activities of partner involvement, and reasons for noninvolvement.

Findings: Of the 228 partners (81%) related to decision making, 205 (73%) were very satisfied with the treatment the patients received, and partner involvement was congruent with patient preference in 242 partners (86%). Partners reported several reasons for noninvolvement: agreeing with whatever the patient decides, trusting the doctor's decisions, believing that the patient should make the decision, respecting the patient's decision, and being concerned with the impact on their relationship if they chose the wrong treatment.

Conclusions: Most partners engaged in multiple activities during treatment decision making for localized prostate cancer and were satisfied with the patient's treatment. Partner involvement was mostly congruent with patient preference.

Implications for Nursing: Partners' active involvement in treatment decision making for localized prostate cancer (e.g., being involved in patients' conversations with doctors) should be encouraged and facilitated for those who prefer this type of decision making.

Key Words: decision making; partner; localized prostate cancer; treatment satisfaction; logistic regression

ONF, 42(6), 672–679. doi: 10.1188/15.ONF.672-679