

# Decisional Conflict: Relationships Between and Among Family Context Variables in Cancer Survivors

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**Purpose/Objectives:** To investigate the relationships among life stress, family functioning, family coping, reliance on formal and informal resources, and decisional conflict in cancer survivors.

**Design:** Cross-sectional.

**Setting:** Participants were recruited from the California Cancer Surveillance Program, hospital registries, and community agencies in southern California and Cleveland, Ohio.

**Sample:** 243 European American, African American, Chinese American, and Korean American cancer survivors diagnosed with breast, colorectal, or prostate cancer.

**Methods:** The merged data from an ethnically diverse cohort of cancer survivors participating in the two survey studies were used. Standardized measures were used to identify family context variables and decisional conflict.

**Main Research Variables:** Life stress, family functioning, family coping, reliance on formal and informal resources, and decisional conflict.

**Findings:** Structural equation modeling demonstrated that life stress was significantly associated with decisional conflict. Family functioning significantly mediated the impact of life stress on decisional conflict through family coping. Reliance on formal and informal resources moderated the relationships among the study variables.

**Conclusions:** The role of the family context, which includes family functioning and coping, on decisional conflict is important in the adjustment process to make high-quality decisions in cancer survivorship care.

**Implications for Nursing:** Findings present nursing practice and research implications that highlight the need for efforts to encourage and support family involvement in the decision-making process and to enhance cancer survivors' adjustment process.

The importance of shared decision making in treatment for patients with cancer has increased in recent years. However, a lack of understanding about decision making in follow-up care after cancer treatment is still prevalent (Hudson et al., 2012). Cancer survivors may be involved in decision making about their survivorship care plans with the healthcare team, including their primary care provider and family members. Survivorship care plans are used to monitor the long-term and late physical and psychological effects of cancer and its treatment, screen for the development of secondary cancers, and manage comorbid medical conditions (Haq et al., 2013). The benefits, harms, and inconveniences in the options for cancer survivorship care can influence a patient's prognosis and quality of life (Andersen, Bowen, Morea, Stein, & Baker, 2009; O'Connor, Légaré, & Stacey, 2003); cancer survivors may experience decisional conflict about the best options for survivorship care (e.g., when or where to get follow-up care after cancer treatment) and may require emotional and tangible support in the decision-making process (Abrahamson, Durham, & Fox, 2010).