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# In the Moment: Women Speak About Surgical Treatment Decision Making Days After a Breast Cancer Diagnosis

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**A** diagnosis of breast cancer will affect the lives of one of every eight women in the United States (American Cancer Society, 2007), launching them into a stressful period of uncertainty and rapid, life-changing decision making (Hewitt, Herdman, & Holland, 2004). Most women diagnosed with early-stage breast cancer are candidates for the equally efficacious treatments of lumpectomy and radiation or mastectomy with or without reconstructive surgery (Fisher et al., 2002). Studies of women's surgical treatment decision making have shown that, when offered a choice between these options, women vary in their desired preferences for information and the degree to which they wish to participate in the decision-making process. In general, younger and more educated women desire more information and participation in decision making than older and less educated women (Beaver, Luker, Owens, Leinster, & Degner, 1996; Bilodeau & Degner, 1996; Hawley et al., 2007; Petrisek, Laliberte, Allen, & Mor, 1997; Wallberg et al., 2000), although individual variation among women exists (Degner et al., 1997; Hack, Degner, & Dyck, 1994). These studies also identified that, regardless of age, women often participate in the decision-making process more or less than they desire.

Identifying which women desire more or less involvement in surgical treatment decision making and matching that degree of involvement, although difficult (Hawley et al., 2007), may increase women's satisfaction and decrease decision regret (Lantz et al., 2005). Active participation, however, regardless of women's preferences for involvement, also has been found to support better psychosocial outcomes for women (Deadman, Leinster, Owens, Dewey, & Slade, 2001; Hack, Degner, Watson, & Sinha, 2006). Others argue that, regardless of women's preferences, they may not have adequate knowledge with which to make informed surgical treatment decisions (Fagerlin et al., 2006).

Lack of consensus among previous studies may be in part the result of solicitation of women's preferences

**Purpose/Objectives:** To explore the pretreatment thoughts and behaviors of women newly diagnosed with breast cancer regarding their surgical treatment decision-making experience.

**Research Approach:** Qualitative, descriptive.

**Setting:** A multispecialty breast center in the midwestern region of the United States.

**Participants:** 18 English-speaking women, aged 37–87 years, mean of 12 days postdiagnosis of clinical stage 0–II breast cancer.

**Methodologic Approach:** Open to semistructured interviews were conducted during the period following surgical consultation but prior to surgical treatment. Transcribed interviews, originally analyzed to identify the psychological processes of women in response to breast cancer diagnosis, were additionally analyzed using directed content analysis focusing on women's thoughts and behaviors related to their surgical treatment decision-making process.

**Main Research Variables:** Breast cancer surgery and decision making pretreatment.

**Findings:** Women's pretreatment thoughts and behaviors related to surgical treatment decision making were characterized by information processing, contemplating options, and interacting with others. Breast cancer information was used by women before the surgical consultation and after treatment decisions had been made. Treatment options were contemplated and preferences formed often before the initial surgical consultation. Women associated having options with a better prognosis. Age was a factor primarily in the type of information women desired.

**Conclusions:** Most women made their own surgical treatment decisions with ease, supported by the confidence instilled by their surgeons and oncology nurses.

**Interpretation:** The findings provide oncology nurses with insight regarding women's desire for and use of information and their contemplation of surgical options, therefore suggesting areas on which to focus clinical assessment and to test tailored interventions.

for information and participation in decision making months to years after their decisions had been made. The time that elapsed between women's diagnoses and data collection in the studies raises questions about