



Decision-making process related to treatment and management in Korean women with breast cancer: Finding the right individualized healthcare trajectory



Kkotbong Kim^a, Jinhyang Yang^{b,*}

^a Department of Nursing, Inje University, Busan, Republic of Korea

^b Department of Nursing, Institute of Health Science, Inje University, Busan, Republic of Korea

ARTICLE INFO

Article history:

Received 10 September 2016

Revised 11 January 2017

Accepted 1 February 2017

Available online xxxx

Keywords:

Breast cancer
Disease management
Decision-making
Grounded theory
Qualitative research

ABSTRACT

Background: After being diagnosed with breast cancer, women must make a number of decisions about their treatment and management. When the decision-making process among breast cancer patients is ineffective, it results in harm to their health. Little is known about the decision-making process of breast cancer patients during the entire course of treatment and management.

Objectives: We investigated women with breast cancer to explore the decision-making processes related to treatment and management.

Methods: Eleven women participated, all of whom were receiving treatment or management in Korea. The average participant age was 43.5 years. For data collection and analysis, a grounded theory methodology was used.

Results: Through constant comparative analyses, a core category emerged that we referred to as “finding the right individualized healthcare trajectory.” The decision-making process occurred in four phases: turmoil, exploration, balance, and control. The turmoil phase included weighing the credibility of information and lowering the anxiety level. The exploration phase included assessing the expertise/promptness of medical treatment and evaluating the effectiveness of follow-up management. The balance phase included performing analyses from multiple angles and rediscovering value as a human being. The control phase included constructing an individualized management system and following prescribed and other management options.

Conclusions: It is important to provide patients with accurate information related to the treatment and management of breast cancer so that they can make effective decisions. Healthcare providers should engage with patients on issues related to their disease, understand the burden placed on patients because of issues related to their sex, and ensure that the patient has a sufficient support system. The results of this study can be used to develop phase-specific, patient-centered, and tailored interventions for breast cancer patients.

© 2017 Elsevier Inc. All rights reserved.

1. Introduction

Breast cancer has the highest incidence worldwide among the types of cancers that affect women, and the second highest incidence in Korea (National Cancer Center Korea, Central Cancer Registry, 2014). Because of advances in diagnosis and treatment methods in recent years, the 5-year survival rate for breast cancer patients is now >90% and long-term survival rates have also increased. In particular, Korean women are subject to longer treatment and follow-up care than many Western women because breast cancer primarily occurs in Korean women in their 40s, whereas Western women are typically affected in their 50s (Korean Breast Cancer Society, 2015). After receiving a breast cancer diagnosis, patients must make several decisions, such as selecting whether to

undergo surgery or adjuvant therapy and determining the appropriate form of physical and psychosocial symptom and follow-up management (Mehrabi, Hajian, Simbar, Hoshyari, & Zayeri, 2016; Xiong, Stone, Turale, & Petrini, 2016).

Decision-making related to the treatment and management of a disease is a process that should allow the patient to select the best treatment. It is an extremely difficult and complex process because of the uncertainties involved in cancer prognoses and treatments (Leigh et al., 2011; Yusuf, Ab Hadi, Mahamood, Ahmad, & Keng, 2013). When the decision-making process of a cancer patient is ineffective, treatment may not occur at the correct time, potentially resulting in harm to the patient's health (Fox et al., 2013). Some Korean cancer patients rely on traditional remedies due to a lack of appropriate information and management plans (Kim, 2011). Because the decisions of cancer patients influence their treatment outcome and quality of life (Lee, Kim, & Lee, 2009), it is important to understand these decision-making experiences.

* Corresponding author at: Department of Nursing, Inje University, 75 Bokjiro, Busanjinju, Busan 47392, Republic of Korea.
E-mail address: jhyang@inje.ac.kr (J. Yang).

Breast cancer in Korea primarily occurs in younger women, and patients commonly suffer from both the physical and emotional pain of taking care of themselves and the burden of doing housework and raising their children while undergoing treatment (Cho et al., 2014; Sin et al., 2014). Thus, breast cancer patients often experience difficulties in making decisions that only focus on their cancer treatment. Several treatment methods are now available for this disease such as hormone therapy, targeted therapy, and traditional treatment methods (Abdullah et al., 2013; Korean Breast Cancer Society, 2015), and there are various methods to manage associated side effects and prevent cancer recurrence (Kim, 2011; Kirkman et al., 2014) and other problems related to changes in familial relationships and social activities (da Silva & dos Santos, 2010; Yun & Song, 2013). Thus, patients must make difficult decisions regarding disease treatment and management (Easley et al., 2016; Inan, Gunusen, & Ustun, 2016). Consequently, it is important to understand their psychosocial processes as they resolve the problems they experience throughout treatment.

Little is known about the decision-making process in breast cancer patients regarding treatment and management. Qualitative studies have been conducted on decision-making related to surgery (Abdullah et al., 2013), relationships with healthcare providers (Lee, 2013), and decision-making styles regarding medical treatments (Weber, Solomon, & Meyer, 2013), which have helped resolve some problems related to the care of breast cancer patients. However, these studies have provided insufficient data on the detailed issues that occur with regard to the decision-making process of breast cancer patients throughout the entire course of treatment. This is because studies have shown the experience of decision-making related to specific stages in the treatment process (Abdullah et al., 2013; Weber et al., 2013) or used a phenomenological approach to relationships in the treatment process (Lee, 2013).

Strategies to help women diagnosed with breast cancer make informed decisions that increase the effectiveness of treatment and management should be based on an understanding of their perceptions and experiences within their specific social context. Qualitative studies of decision-making related to treatment and management among women with breast cancer will provide phase-specific information to assist healthcare professionals in understanding this process in the breast cancer population. Thus, we used a grounded theory methodology to understand and explore the process of decision-making related to treatment and management in women with breast cancer. These results can be used to develop phase-specific, tailored interventions for breast cancer patients.

2. Methods

2.1. Study design

This was a qualitative study that used the grounded theory methodology (Corbin & Strauss, 2015; Strauss & Corbin, 1998) to guide data collection and analysis. Grounded theory methodology enables the identification and description of phenomena and their social psychological process as well as their interactions in the trajectory of change. In this study, the grounded theory methodology was utilized for exploring how women with breast cancer interpreted their disease and decision-making related to treatment and management in their lives, and how this process of interpretation led to behaviors.

2.2. Setting and sample

To select study participants, one of the authors who has breast cancer, joined a Korean Internet forum called "Breast Cancer Success," which has the highest number of breast cancer survivors. Initially, there was online contact and an invitation to participate in interviews with breast cancer patients during regular offline meetings, and the author was introduced to other patients by earlier participants. Then

theoretical sampling was done based on concepts derived from data to develop concepts in terms of their properties and dimensions, and identify relationships between concepts. Eleven women diagnosed with breast cancer were included as participants, all of whom were receiving treatment or management. Although women diagnosed with breast cancer in the first round of data collection and analysis were selected as participants, we discovered during the analysis that items related to the fear of recurrence had an important effect on decisions related to follow-up management. Thus, the experience of patients with breast cancer recurrence was considered to add meaningful data, and these patients were also included.

The age distribution of participants was as follows: three participants in their 30s, six in their 40s, and two in their 50s. Nine participants were married and two were single. The participants included five housewives, two employees in specialized fields, two on leaves of absence, and two who had resigned their positions because of their disease. Regarding cancer stages, two were in stage 0, two were in stage 1, four were in stage 2, two were in stage 3, and one was a recurrent patient. After surgery, the participants received chemotherapy, radiotherapy, and hormone treatment. Regarding surgical interventions, five patients underwent breast-conserving surgery, five patients underwent total mastectomies, and one patient underwent a total mastectomy and reconstruction. The elapsed time after surgery was <5 years for seven participants and >5 years for four participants.

2.3. Ethical considerations

This study received approval by the Institutional Review Board at the authors' university (2-1041024-AB-N-01-20130912-HR-009-04). We explained the purpose and process of the study to the participants, including the fact that the interviews would be recorded and all of the data would be treated confidentially. We also explained that the collected data would be stored on a separate, removable disk drive assigned by the researcher, and would not be used for any purpose other than this study. The participants were informed that they could withdraw from the study at any time, and were asked to voluntarily sign the consent form to participate in the study.

2.4. Data collection

Interviews were conducted at locations selected by the participants, mainly at the participants' homes or in a cafe. Data collection was conducted through in-depth interviews using open and semi-structured questions. Interviews lasted from 40 min to 2 h and were held 2–5 times per participant. The primary questions in the interview included the following: "Please talk about your experience making decisions related to your treatment and management from the time of the breast cancer diagnosis until now," "What was the most difficult aspect with regard to making decisions on the treatment and follow-up management of your disease?" and "In your experience, what was the most helpful factor when making decisions?" During the interview, the facial expressions, vocal tone, and non-verbal expressions of the participants were observed and recorded in the field notes. The interviews were audiotaped, with permission from the participants, and interview data were transcribed verbatim after the interview. The confidentiality of the transcription was ensured using a standard database form. Data collection continued to the point of theoretical saturation which denoted a development of categories in terms of their properties and dimensions including possible relationships to other concepts. The authors provided participants with a meal voucher after each interview in appreciation for their participation.

2.5. Data analysis and rigor

Data collection and analysis were conducted in a successively evolving process, and the grounded theory methodology (Corbin & Strauss,

Download English Version:

<https://daneshyari.com/en/article/5567386>

Download Persian Version:

<https://daneshyari.com/article/5567386>

[Daneshyari.com](https://daneshyari.com)