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Instrumental Relating and Treatment Decision Making Among Older Women With Early-Stage Breast Cancer

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Although the average age of a woman diagnosed with breast cancer is 61 years, 57% of breast cancer-related deaths from 2003–2007 were among women aged 65 years and older (Surveillance Epidemiology and End Results, 2010). Thus, breast cancer-related mortality, the second leading cause of malignancy-related deaths among women overall, disproportionately affects women aged 65 years and older (American Cancer Society [ACS], 2011). Although some treatment regimens are superior to others, efficacious therapy for early-stage breast cancer is dependent on several factors, such as tissue type, degree of differentiation, and invasiveness. Even when evidence shows some treatments are superior, the wide array of therapies available poses challenges to decision making for older adults (Peters, Diefenbach, Hess, & Västfjäll, 2009). Affected women may need to choose between and among surgical therapies, including lumpectomy, mastectomy, and reconstruction; and focused medical interventions, such as radiation, chemotherapy, and hormonal therapies for early-stage malignancies. Balancing those therapeutic choices against a background of the unique age-related issues complicates individual treatment decision making among older women with breast cancer (Peters et al., 2009; Pieters, Heilemann, Grant, & Maly, 2011).

Women 65 years and older with breast cancer receive suboptimal care (Silliman, 2003, 2009). Preexisting comorbid disease, problems with transportation, urgency to receive treatment for a life-threatening disease, and a determination to preserve independence are known to complicate decision making among older women with breast cancer (Pieters et al., 2011; Sinding, Wiernikowski, & Aronson, 2005). Moreover, oncologists feel discomfort and communicate differently with older women with early-stage breast cancer, which creates additional complexities (Institute of Medicine [IOM], 2007; Step, Siminoff, & Rose, 2009).

Purpose/Objectives: To understand how women aged 70 years and older who had recently undergone treatment for early-stage breast cancer experienced treatment decision making.

Research Approach: Qualitative, descriptive study guided by grounded theory.

Setting: Participants' houses and apartments in southern California.

Participants: 18 women, aged 70–94 years, who completed treatment for primary, early-stage breast cancer 3–15 months prior (\bar{X} = 8.5 months).

Methodologic Approach: Twenty-eight semistructured personal interviews that lasted, on average, 104 minutes. Data were collected and analyzed using constructivist grounded theory.

Main Research Variables: Gero-oncology perspective of treatment decision making.

Findings: A major finding was that the power of relating spontaneously was used as a vehicle to connect with others. That process, which the authors called "instrumental relating," was grounded in a foundation of mutual caring for themselves and others. Within that mutual caring, the women participated in three ways of relating to share in treatment decision making: obtaining information, interpreting healthcare providers, and determining the trustworthiness of their providers. Those ways of relating were effortlessly and simultaneously employed.

Conclusions: The women used their expert abilities of relating to get the factual and emotional information that they needed. That information supported what the women perceived to be decisions that were shared and effective.

Interpretation: The findings are the first evidence of the importance of relating as a key factor in decision making from the personal perspective of older women with early-stage breast cancer. This work serves as a springboard for future clinical interventions and research opportunities to individualize communication and enhance effective decision making for older patients who wish to participate in their cancer care.

Women's preferences, as expressed through shared decision making, have shaped the type of surgical treatments available for early-stage breast cancer (Morrow et