

Older Adults Newly Diagnosed With Symptomatic Myeloma and Treatment Decision Making

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Treatment decision-making (TDM) studies have focused on decisional control preferences, with most studies conducted in breast and prostate cancer populations. A systematic review of decisional role preferences among patients with cancer has shown an increasing trend of patients being interested in more participation during TDM (Tariman, Berry, Cochrane, Doorenbos, & Schepp, 2010). To meet and facilitate the patient's preferred level of participation during TDM, interventional studies geared toward increasing a patient's decisional satisfaction, reducing decisional conflict, and preventing anxiety and depression related to TDM have been steadily increasing in numbers (Allen et al., 2010; Caldon et al., 2010; Evans et al., 2010), with some studies targeting the older adult with cancer population (Lewis et al., 2010; van Tol-Geerdink et al., 2008).

Interest is growing in the direct assessment of patient preferences, in terms of control of decision making and the changing landscape of the priorities of patients' information needs (Beaver & Booth, 2007; Denberg, Melhado, & Steiner, 2006; Flynn, Smith, & Vanness, 2006; Mancini et al., 2007; Sabo, St-Jacques, & Rayson, 2007), as well as a predicted shift away from paternalistic decision as baby boomers age (Pipe, Conner, Dansky, Schraeder, & Caruso, 2005). This presents substantial opportunities for improving patient care and clinical outcomes in the area of TDM, particularly in the older adult patient with cancer population.

Increased patient participation in TDM has been associated with positive clinical outcomes such as a greater level of satisfaction with decisions and better psychological adjustment (i.e., less post-decision anxiety and depression) (Gaston & Mitchell, 2005; Gattellari, Butow, & Tattersall, 2001). However, the preferred level of participation in TDM for older patients newly diagnosed with symptomatic myeloma has not been previously studied. In addition, the influence of sociodemographic

Purpose/Objectives: To describe the preferences for participation in decision making of older adult patients newly diagnosed with symptomatic myeloma and to explore the association between sociodemographic variables and decisional role preferences.

Design: Descriptive, cross-sectional design.

Setting: Participants' homes and two large academic cancer centers in Seattle, WA, and Chicago, IL.

Sample: A convenience sample of 20 older adults (60 years of age and older) with symptomatic myeloma diagnosed within the past six months.

Methods: The Control Preferences Scale was administered followed by an in-person, one-time, semistructured interview.

Main Research Variables: Role preferences for participation in treatment decision making, age, gender, race, work status, personal relationship status, education, and income.

Findings: Fifty-five percent of the participants preferred a shared role with the physician and 40% preferred to make the decisions after seriously considering the opinion of their physicians. Only one participant preferred to leave the decision to the doctor, as long as the doctor considered the patient's treatment preferences.

Conclusions: The study findings indicate that older adults newly diagnosed with myeloma want to participate in treatment decision making. Oncology nurses must respect the patient's desired role preference and oncology clinicians must listen to the patient and allow him or her to be autonomous in making treatment decisions.

Implications for Nursing: Nurses and other oncology clinicians can elicit a patient's preferred level of participation in treatment decision making. Oncology nurses can make sure patients receive disease- and treatment-related information, encourage them to express their decisional role preference to the physician, develop a culture of mutual respect and value their desire for autonomy for treatment decision making, acknowledge that the right to make a treatment choice belongs to the patient, and provide support during treatment decision making throughout the care continuum.

Key Words: decision making; decisional role preferences; patient education; multiple myeloma

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