

# Decision-Making Styles and Levels of Involvement Concerning Breast Reconstructive Surgery: An Israeli Study

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No financial relationships to disclose.

Kadmon and Noy contributed to the conceptualization and design and analysis. Noy completed the data collection. Tzur and Billig contributed to the manuscript preparation.

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Submitted May 2015. Accepted for publication June 7, 2015.

**Key words:** breast cancer; reconstruction; decision making; mastectomy; breast care nurse

ONF, 43(1), E1-E7.

doi: 10.1188/16.ONF.E1-E7

**Purpose/Objectives:** To address decision-making styles among breast cancer survivors considering breast reconstruction.

**Design:** A primary analysis of a cross-sectional sample among survivors who chose to have breast reconstruction to examine correlations among patient age, decision-making style, and the level of involvement of decision making.

**Setting:** Hadassah Medical Center in Jerusalem, Israel.

**Sample:** 70 women who had undergone breast reconstruction surgery in the past five years.

**Methods:** Participants completed decision-making style and demographic questionnaires and an assessment of their level of involvement in the decision-making process.

**Main Research Variables:** Level of involvement in decision making, decision-making model between provider and patient, and decision-making styles were examined.

**Findings:** No correlation was found between four main decision-making styles and patient age or the extent of patient decision-making involvement and age. A statistically significant correlation was found between the level of involvement in decision making and the decision-making style of the patient.

**Conclusions:** Nurses should assess patient decision-making styles to ensure maximum patient involvement in the decision-making process based on personal desires regardless of age.

**Implications for Nursing:** Nurses working in breast cancer care must address the decision-making process of patients diagnosed with breast cancer, including the choice to undergo breast reconstruction after mastectomy. Nurses should understand the complex factors that influence a woman's decision-making style to best help with the decision.

**B**reast cancer is the most common malignant tumor found among women in the Western world. In Israel, one in eight women will be diagnosed with breast cancer at some point during her life (Ministry of Health Israel, 2015). Of the 4,000 women diagnosed with breast cancer each year in Israel, about one-fifth will undergo a mastectomy, and 30% of them (about 240 women per year) will have breast reconstructive surgery (Barnea, 2014). Many factors influence whether a woman will choose breast reconstruction after mastectomy. This decision making is a complex process influenced by a myriad of factors. The treating clinician and auxiliary support healthcare personnel play a crucial role in a woman's decision to choose postmastectomy reconstruction, a choice with considerable psychological and social ramifications. Although many studies have examined why women choose breast reconstruction and whether they are satisfied with their choice, little is known about what factors influence Israeli women in particular regarding their decision-making processes. This population is interesting because of its broad