

# Oncology Nursing and Shared Decision Making for Cancer Treatment

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This study aimed to describe the contemporary role of the oncology nurse throughout the entire cancer shared decision-making (SDM) process. Study participants consisted of 30 nurses and nurse practitioners who are actively involved in direct care of patients with cancer in the inpatient or outpatient setting. The major themes that emerged from the content analysis are: oncology nurses have various roles at different time points and settings of cancer SDM processes; patient education, advocacy, and treatment side effects management are among the top nursing roles; oncology nurses value their participation in the cancer SDM process; oncology nurses believe they have a voice, but with various degrees of influence in actual treatment decisions; nurses' level of disease knowledge influences the degree of participation in cancer SDM; and the nursing role during cancer SDM can be complicated and requires flexibility.

## At a Glance

- The contemporary role of the oncology nurse during cancer SDM is dynamic and is continuously influenced by many factors.
- Oncology nurses must be constantly mindful of their professional role during SDM.
- The oncology team should work toward a successful cancer SDM process and use evidence-based decision aids that can improve patient outcomes.

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Nurses are at the frontline in the care of patients with cancer, particularly in this new era of shared decision making (SDM) for selecting the patient's best treatment option (Huillard et al., 2015; Kane, Halpern, Squiers, Treiman, & McCormack, 2014). The number of treatment options across cancer types are increasing rapidly, and this expansion, coupled with increasing

health consumerism (Powers & Chaguturu, 2014) is driving the changing role of nurses and nurse practitioners during the cancer treatment SDM process.

Studies have shown that patients with cancer are increasingly involved in the cancer treatment decision-making process when compared to previous decades (Singh et al., 2010; Tariman, Berry, Cochrane, Doorenbos, & Schepp, 2010).

Additional factors, such as the changing paradigm in cancer treatment decision making from paternalistic (i.e., the physician knows best) to an SDM model (Kane et al., 2014) and the shift in patients' preferences for more active participation in cancer treatment decision making (Tariman et al., 2010), present tremendous challenges to the traditional role of the oncology nurse. However, no systematic and prospective study has been conducted on how the role of the oncology nurse evolves or how oncology nurses adapt to these changes in the healthcare delivery model.

Treatment SDM is defined for the purposes of this study as the process of choosing between treatment alternatives or multiple treatment options. It is a complex process in which data are gathered and evaluated, information is exchanged between patients and clinicians, and a decision is mutually agreed upon. Because the oncology nurse is often at the patients' bedside, he or she is likely to be asked by patients with cancer to weigh in on several treatment options. The nurse must then apply clinical decision-making skills, demonstrate his or her ability to identify and prioritize treatment information for the patient, and coach and support the patient during the SDM process (Stacey et al., 2008). However, little is known on the specific role of the oncology nurse at various time points of the SDM process (pre-, during, and post-treatment decisions).

A review of the literature revealed that the role of the oncology nurse during cancer treatment decision making continues to evolve (Tariman & Szubski, 2015); however, no systematic and prospective study has been done to examine the contemporary nursing role in the