5-5-2017

Treatment-Related Decisional Conflict, Quality of Life, and Comorbid Illness in Older Adults with Cancer

Jeannette Kates, PhD, MSN, GNP-BC
Thomas Jefferson University, College of Nursing, jeannette.kates@jefferson.edu

Follow this and additional works at: http://jdc.jefferson.edu/nursingposters
Part of the Geriatric Nursing Commons

Recommended Citation
Kates, PhD, MSN, GNP-BC, Jeannette, "Treatment-Related Decisional Conflict, Quality of Life, and Comorbid Illness in Older Adults with Cancer" (2017). Department of Nursing Posters. 7.
http://jdc.jefferson.edu/nursingposters/7

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Department of Nursing Posters by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.
Treatment-Related Decisional Conflict, Quality of Life, and Comorbid Illness in Older Adults with Cancer

Jeanette Kates PhD, MSN, GNP-BC
Thomas Jefferson University College of Nursing

Background

- Sixty percent of cancers and two-thirds of cancer deaths occur over the age of 65 years (American Cancer Society, 2013).
- On average, people 65 years of age and over, with cancer, suffer from three additional diseases (Marenco et al., 2008).
- Cancer treatment-related decisions are multifactorial and complex for health care providers, patients, and families.
- Decisions can lead to decisional conflict: “a state of uncertainty about which course of action to take when choices among competing actions involve risk, loss, regret, or challenge to personal values” (Lear & O'Connor, Graham, Wells, & Tremblay, 2006, p. 374).
- With their focus on patient-centered care, oncology nurses are a crucial part of the multidisciplinary cancer team that can empower older cancer patients to communicate their values and preferences regarding cancer treatment.

Purpose

The purpose of this study was to examine the relationships between and among treatment-related decisional conflict, QOL, and comorbidity in older adults with cancer.

Research Questions

1. What is the relationship between and among treatment-related decisional conflict, QOL, and comorbidity in older adults with cancer?
2. To what degree does the variability in QOL and level of comorbidity predict decisional conflict?

Methodology

Study design:
- Cross-sectional
- Descriptive
- Correlational
- Survey method

Instruments:
- Decisional Conflict Scale (DCS) (O’Connor, 1995)
  - 16 items consisting of 5 subscales:
    - Informed
    - Values clarity
    - Support
    - Uncertainty
    - Effective decision
    - 5-point Likert scale (1=very strongly agree, 5=very strongly disagree)
    - Scores range from 0 (no decisional conflict) to 100 (extremely high decisional conflict)
- Self-Administered Comorbidity Questionnaire (SCQ) (Sangha et al., 2003)
  - 13 items with the option of adding 3 additional conditions in an open-ended fashion
  - For each medical condition, the following is asked:
    - Do you have the problem?
    - Do you receive treatment for it?
    - What degree does the variability in QOL and level of comorbidity predict decisional conflict?

European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30) (Aaronson et al., 1993)
- 30 items
  - 5 function scales (physical, role, cognitive, emotional, social)
  - 3 symptom scales (fatigue, pain, nausea/vomiting)
  - 2 global Q/H
  - Additional symptoms
  - Global QOL/QLQ-C30 items: 7-point Likert scale (1=very poor, 7=excellent)
  - Remaining items: 4-point Likert scale (1=not at all, 4=very much)
  - Demographic Information Form
  - 17 items
  - 5 open-ended items
  - 12 items with list of choices

Results

Descriptive statistics:
- N=200
- 73.1 years mean age
- 51% female
- 50.5% married
- 87.5% white
- Lung cancer most common (n=46)
- European Organization for Research and Treatment of Cancer Quality of Life Instrument for Use in International Clinical Trials
- Informed
- Values clarity
- Support
- Uncertainty
- Effective decision
- 5-point Likert scale (1=very strongly agree, 5=very strongly disagree)
- Scores range from 0 (no decisional conflict) to 100 (extremely high decisional conflict)
- Self-Administered Comorbidity Questionnaire (SCQ)
- Decisional conflict and QOL: -0.56, p = .029* (O'Connor, 1995)
- Decisional conflict and comorbidity: -0.78, p = .003

Correlation analyses:
- Decisional conflict and QOL: r(196) = .385, p = .009*
- Decisional conflict and comorbidity: r(196) = .29, p = .070

Key points:
- The DCS total score was low
- Global health status/QOL was poorer in this sample compared to other studies
- There may be a relationship between decisional conflict and QOL
- QOL was associated with a relationship between QOL and comorbidity
- Several physical, psychosocial, and spiritual variables may positively or negatively impact DCS score

References


Correlation analyses:
- Decisional conflict and QOL: r(196) = .385, p = .009*
- Decisional conflict and comorbidity: r(196) = .29, p = .070

Key points:
- The DCS total score was low
- Global health status/QOL was poorer in this sample compared to other studies
- There may be a relationship between decisional conflict and QOL
- QOL was associated with a relationship between QOL and comorbidity
- Several physical, psychosocial, and spiritual variables may positively or negatively impact DCS score

Regression analyses:
- Decisional conflict and QOL: r(196) = .385, p = .009*
- Decisional conflict and comorbidity: r(196) = .29, p = .070

Key points:
- The DCS total score was low
- Global health status/QOL was poorer in this sample compared to other studies
- There may be a relationship between decisional conflict and QOL
- QOL was associated with a relationship between QOL and comorbidity
- Several physical, psychosocial, and spiritual variables may positively or negatively impact DCS score

Key points:
- The DCS total score was low
- Global health status/QOL was poorer in this sample compared to other studies
- There may be a relationship between decisional conflict and QOL
- QOL was associated with a relationship between QOL and comorbidity
- Several physical, psychosocial, and spiritual variables may positively or negatively impact DCS score