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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

era of SDM. The purpose of this study is to examine the contemporary role of the oncology nurse throughout the entire cancer treatment SDM process.

Methods

This study employed a descriptive, cross-sectional design using semistructured interviews. The 30 participants in this study consisted of 19 oncology nurses and 11 oncology nurse practitioners. They were recruited through an email blast to the Chicago Chapter of the Oncology Nursing Society mem-

bership and the International Myeloma Foundation Nurse Leadership. Institutional review board approval was obtained from the DePaul University Office of Research Services, Research Protections Division.

Procedures

A semistructured interview was conducted in a designated research-related conference room. All interviews were conducted by the principal investigator only to ensure consistency and reliability. The interview room was assigned for

research use and meets the standards for patient privacy. The principal investigator asked open-ended questions to participants regarding their perceived role throughout the entire SDM process (e.g., "Describe your role in the cancer treatment SDM process in your practice."). Additional probing questions were used by the principal investigator to enhance the participants' responses when their answers were vague (e.g., "Tell me more about your actual role in the cancer treatment SDM process.>").

All study interviews were audio recorded and then transcribed verbatim

TABLE 1. Major Themes on the Role of the Nurse and NP in SDM (N = 30)

Theme	Exemplar Quotes	n
Nurses and NPs have various roles at different time points and settings of the cancer SDM process.	NP019: "I think my role during cancer treatment is really to facilitate the process in making sure that the patient meets the criteria for a treatment, but also to try to fill in the hole in terms of looking at the patient comprehensively and seeing where, psychosocially, if there is going to be any issues; basically, what needs to be done. So it is really that sort of comprehensive care of the patient while they are receiving chemotherapy." RN020: "My role in cancer treatment decision making is more of the advocacy role of nursing."	30
Patient education, advocacy, and side effect management are among the top roles, and outcome evaluation and psychological roles are the least performed roles.	RN011: "I usually do the patient teaching, and I also try to interpret the doctor's treatment plans to simplify it for the patients." RN013: "I'm involved in the initial education, and it is our responsibility to make sure they understand what they need to do, what their treatment plan is, what to report, when to call, where, you know, and troubleshoot the patients' problems."	<ul style="list-style-type: none"> • Patient education: 30 • Advocacy: 29 • Side effects management: 25 • Outcome evaluation: 20 • Psychological role: 19
Nurses believe they have a voice, but with various degrees of influence in actual treatment choice.	RN013: "I'm fortunate to work with physicians that actually will come to us and the team, and when he has a problem, he'll hash it out. And we all, you know, ultimately the decisions are his, but he wants to know what our thoughts are, what would we do, can we come with him to have this crucial conversation? Because he also needs the support. So . . . very fortunate in that regard." RN016: "If I can rate my influence by percent its 70/30, but it depends also on the patient. Some patients are very grateful when you explain things to them more, what exactly, when it comes to treatment process. I would say 70% is both the physician and our patient's decision."	30
Personal valuation of participation in the cancer SDM process	NP011: "I run the bone marrow transplant multidisciplinary meeting, personally, for the last 20 years. I have a very strong personality. . . . Everyone listens to me now." RN012: "My opinion is respected by many. I do feel that I am a very strong patient advocate. I feel it's important that I am heard when it's an important issue."	25
Nurses' level of disease knowledge influences the degree of participation.	NP010: "I think for, like, the clinic nurse, I think that . . . I find that a lot, often times, that the clinic nurses almost take a passive role in educating themselves about the disease. I don't see that a lot of them really try to engage themselves in understanding the disease. So I do think that if you don't have a knowledge base that you can't really assist your patient in decision making." RN028: "I don't feel like my expertise is high enough to question whether or not the patient should get chemotherapy."	20
The role of the nurse during cancer SDM can be very complicated, and it requires flexibility contingent on the variables the nurse faces.	RN010: "I mentioned before that I can't disclose all of the reasons that a physician may be pushing for a particular treatment versus another treatment. Ideally, I would like to be able to disclose everything and take everything into account." RN015: "Sometimes, some situations that come up that may prevent me from doing the ideal thing to do. For example, if a patient were on a clinical trial, very often, I'm aware of certain facts or elements of the clinical trial that the patient cannot be aware of. So . . . unfortunately, that is a part of it."	11

NP—nurse practitioner; SDM—shared decision making

TABLE 2. Subthemes on the Various Roles of the Nurse and NP During Cancer SDM

Subtheme	Exemplar Quotes	n
Patient education role: Nurses and NPs provide most of the patient education on treatment plans throughout the length of treatment.	RN027: "Typically, I provide patients with education on the treatment plan that the physician or the oncologist recommends, including not only the agent, the chemotherapy agent, but provide information on length of time, length of treatment, and length of management and any outpatient referrals."	30
Advocacy role: When nurses believe a better treatment option for patients exists, or when patients disagree with the oncologist's treatment plan, they will advocate on behalf of their patients.	RN010: "I will advocate for the patient that perhaps we can find another treatment that would only require them to come once a week, or we could work out not a clinical trial in getting treatment locally, and there are local oncologists down there."	29
Information or data gathering role: Nurses spend time gathering personal, medical, and other contextual information from patients.	NP011: "I interview patients, I figure out their history, do the consultation, either as a new patient treatment decision or at relapse, and my input is included in the decision making."	26
Symptoms and side effects management role: Nurses are responsible for management of symptoms and side effects of chemotherapy.	RN028: "Side effects of the chemo and how we are going to monitor them. And, you know, because of the condition of the patient, they may not receive their therapy exactly as it's scheduled, we're waiting for labs, we're monitoring their labs."	25
Information sharing role: Nurses work together and share information with other team members to identify complications and share data on treatment outcomes.	RN013: "Notifying the physicians if there's a problem. I'm the link with all the other team members. I'm the link with the nurse practitioners, the transplant coordinators, the research coordinators."	23
Psychological support role: Nurses listen and spend more time with patients.	RN024: "I just think that as nurses . . . we listen a lot more to patients and have a different kind of bond with patients most of the time, and, you know, I just think that our role is different in a lot of aspects than some providers. We tend to have more time than the providers do to be able to listen to what the patients want and that sort of thing."	19
Complex role: Nurses find themselves juggling roles when caring for patients, constantly adjusting to difficult treatment decision situations based on many variables, including hierarchy, years of experience, disease knowledge level, and relationship with oncologist.	RN018: "I don't necessarily tell the patient that I disagree with the doctor; I think that gets a little sticky being an RN and not a nurse practitioner. But I definitely, I will go over there, and I will explain the treatment, and, you know, if a patient ever asks about getting another opinion, I will definitely say, 'Absolutely.' I think we all agree that patients have a right to do the second opinions. But to tell the patient, 'No, I disagree,' I don't really do that."	11

NP—nurse practitioner; SDM—shared decision making

by three trained graduate students. All transcripts were reviewed carefully to exclude all identifying names or proper nouns, ensuring participant protection and confidentiality. A code book was used to protect the participants' identities.

Analysis

Directed content analysis procedures (Hsieh & Shannon, 2005) were used to develop major themes from the interviews. Initial themes were developed by the research team members based on a literature review of the evolving role of the nurse during cancer treatment decision making (Tariman & Szubski, 2015); this approach is consistent with Hsieh and Shannon's (2005) methodology. Verified transcripts were imported to NVivo 8, a qualitative data software analytic program. A sentence was considered the minimum unit

of analysis. However, an entire paragraph was used as the unit of analysis, depending on how the participants answered the question.

The research team met to discuss initial and emerging themes, and agreed on the defined categories to ensure reliability and credibility in the research team's coding, as suggested by Hill (1997). An initial overall rate of agreement of 94% for the coded section was reached, which includes interviews in which two coders agreed that no themes of interest were present. A final coding comparison query of data showed an overall coding agreement between the coders at 93%, which is consistent with the methodology used in prior qualitative research on this topic (Tariman, Doorenbos, Schepp, Becker, & Berry, 2014). All codes and themes met the minimum requirement of 80% agreement between the coders, as suggested by Hill (1997).

Results

Thirty participants responded to the email recruitment script and participated in the recorded interviews from August 2014 to November 2014. The majority of participants were female, worked full-time, were aged from 40–59 years, and had more than 10 years of working experience as a nurse or nurse practitioner. The interviews provided rich data with detailed descriptions of the contemporary role of the nurse and nurse practitioner in the era of SDM.

Table 1 shows a summary of the major themes related to the contemporary role of the nurse and nurse practitioner throughout the cancer SDM process, with exemplar quotes.

Subthemes on the various roles of the nurse and nurse practitioner during the cancer SDM process, with exemplar quotes, are detailed in Table 2.

Discussion

The nursing role in cancer treatment SDM is highly varied and continually evolving. A multitude of variables, such as the increasing number of treatment options, shift from paternal to SDM delivery of care model, and growing patient expectations to actively participate in SDM, all contribute to the changing role of the oncology nurse. This study provided timely information on the current roles that nurses at the bedside are performing in their daily practice.

Although not all nurses perceived themselves as qualified to directly participate in treatment decisions based on various factors, such as years of experience and disease knowledge level, nurses are confident that they are influential, to some degree, in the final treatment decision. Nurses must have the support of the administration to seek continuing education on disease and treatment-related information. Resources must be allocated to provide nurses with adequate training and education to improve their competence on role performance during the SDM process.

Limitations and Strengths

One of the strengths of this study is that it is the first qualitative research study to examine the nurse's role in the new era of the SDM process. To date, no previous studies have examined the changing role of oncology nurses. The qualitative nature of this study has revealed findings that can be used to guide future research in further examining the complex role of the nurse. The sample size was not large enough to draw significant conclusions with wide-scale applicability to roles across all oncology specialties and settings; however, data saturation was reached and the sample included nurses and nurse practitioners with diverse job titles, yielding diverse perspectives on the nurse's role during the SDM process.

Implications for Practice

Patient advocacy and education are among the top nursing roles in this new era of SDM. Therefore, understanding patients in a holistic way, particularly when it comes to advocating for them, is

critical. Many of these patients are going through a life-changing illness, and they often are overwhelmed and overburdened with the diagnosis, treatment decisions, and overall healthcare system. Patients and families must be supported in times of their vulnerabilities.

Assessing the patients' understanding of their illness and treatment plan is important. Nurses may need to demonstrate concepts, individualize patient teaching based on treatment options, and get family members involved in the plan of care; providing patients with handouts and booklets as a form of education may not be sufficient. Nurses can make sure that patients' needs are met, their concerns are addressed, and their questions are answered. The SDM model reinforces that the focus of care is the patient; nurses are in a position to advocate for every patient.

Conclusion

Despite the small sample size of this qualitative study, it has unveiled significant themes regarding the role of oncology nurses in the SDM process. Additional research delineating the role between oncology nurses and nurse practitioners during the cancer treatment SDM process could lead to a better understanding of their role in the cancer care team and enhance professional nursing practice.

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