

Women's Decision Styles Relating to Breast Cancer: The Israeli Jewish Perspective

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Abstract

Background and Aim: The beginning of the new millennium was characterized by a wealth of research in the field of decision making encompassing the medical health professions, and including the nursing occupation. The aim of this study was to research the decision styles of Jewish, Israeli women.

Method: This study focused on Jewish Israeli women, over 18 years old. Women diagnosed with a possible breast tumor and before they were about to undergo a breast biopsy to diagnose this finding were approached by the researcher. The sample was a convenient sample. Eighty participants were recruited.

The recruited women were asked three questions: 1. What are the decision styles of women who were about to have a breast biopsy in all three sectors of the Jewish, Israeli culture? 2. What is the difference between all three sectors concerning all four decision styles? 3. What is the correlation between each style within all three sectors?

Results: Due to the small sample size, especially for religious women, the results were limited. The findings agree with the limited literature in this field showing that religious women tend to seek advice from a religious community leader prior to making a decision about their medical condition, especially for the Deferring, Avoidance and Information seeking styles.

Conclusion and Implications for Oncology Nursing: It can be established from this study that religious women are a special group, both concerning their participation in medical studies, and their decision making style behaviour. Nurses are probably intuitively involved with women's decision making and can know and estimate their decision style beforehand. In the future, there should be more research on this population, especially in Israel, where few studies have been completed.

Keywords: Jewish Women; Breast cancer; Breast biopsy; Decision styles

Introduction

The beginning of the new millennium was characterized by a wealth of research in the field of decision making within the various medical health professions. Specifically researching the decision styles of patients [1-3].

A decision style is the behavior of a person within their decision making process [4]. Professor Penny Pierce first explored the field of decision styles in the early 1990's. She described three decision styles: Deferrers, Delayers and Deliberators [4]. She later on added a fourth style, Information Seekers.

For the past 15 years, there have been few studies of this subject mainly describing the decision styles of woman with early stage breast cancer in various cultures and ages concerning their treatments [1,2,5].

In 2013, we conducted a study in Israel on this subject. This was a descriptive correlative research study. It's main objective was to identify the decision styles of Jewish, Israeli woman who were about to undergo a breast biopsy due to a suspected breast tumor [6]. The research was unique because Jewish, Israeli women differ significantly from other cultures. The Jewish culture is divided into four groups 1. Secular 2. Traditional Jews 3. Religious Jews and 4. Ultra orthodox religious Jews. Special emphasis was placed on the fourth group the Ultraorthodox religious Jews who have a unique and different behavior while making decisions concerning health issues [7,8].

This study addresses three questions: 1. What are the decision styles of women who were about to have a breast biopsy in all three Jewish, Israeli cultural groups (secular, traditional, religious which included also ultraorthodox)? 2. What is the difference between all three groups concerning all four decision styles (as described by Pierce, 1993)? [4] 3. What is the correlation between each decision style within all three groups?

During the study, we encountered a problem with the religious group mainly the ultra-orthodox. They were reluctant to participate in our research for various reasons [6]. Therefore, we had to combine the two different religious groups into one namely the "religious" sector.

Method

The population of this study was Jewish Israeli women, over 18 years old. The sample was a convenient sample.

Women who were diagnosed with a finding in their breast and were about to undergo a breast biopsy to diagnose this finding were approached by the researcher. Due to difficulties recruiting participants especially with the religious sector, we had gathered only 80 participants. The small response rate was because of anxiety before the medical procedure they were about to have and the results of the biopsy. Moreover, the fact that, religious women, and mainly the ultraorthodox among them, were not used to participating in medical research.

The bases for this study were the four decision styles as described by Pierce (1993) [4]. Two questionnaires were used in the current study: 1. MADS - The Michigan Assessment of Decision Style translated to Hebrew which was approved by the author. This Pre-Decision Portfolio Questionnaire was developed by Pierce in 1996 following the analysis of a grounded theory study of 48 women diagnosed with early breast cancer [4]. This instrument consisted of items collecting information from the participants relating to their socio-demographic background decision-making process and decision style relating to early breast cancer treatment and, had established content and construct validity [9].

In the present study we only used the Decision-making style questionnaire. The Michigan Assessment of Decision Style (MADS) which is a 16-item instrument [9] on a 5-point Likert scale to measure four key predecision behaviors. For MADS the Likert scale ranged from "strongly disagree" to "strongly agree (score 1 to 5, respectively). Two factors, Avoidance ($\alpha = 0.63$) consisted of four items (total possible score = 20) and Deferring Responsibility ($\alpha = 0.76$) consisted of three items (total possible score = 15), indicate a tendency or preference to minimize personal involvement in the decision and defer the responsibility to another.

The two remaining factors, Information Seeking ($\alpha = 0.80$) consisted of four items (total possible score = 20) and Deliberation ($\alpha = 0.85$) consisted of five items (total possible score = 25), indicate an inclination of the participants for being involved in the decision-making process and seeking information and structuring a systematic plan for making a decision [9,1].

This tool was used in various studies.

2. A demographic questionnaire developed by the researcher.

This study took place in a Women's Health Care Center in a medical institution in the center of Israel. The study

received approval from the ethical committee of the medical center where the study took place. The questionnaires were filled anonymously and no other identification was included.

Results

Our findings are presented in relation to the 3 questions that were asked:

What are the decision styles of women who were about to have a breast biopsy in all three

sectors of the Jewish Israeli culture (secular, traditional, religious)?

We used a chi square test to find out if there is a difference in the distribution of the answers between the three sectors but only two questions from the MADS were statistically significant and there for we could not determine any conclusions of these differences. We also found that the reliability of each decision style was different for each of the three sectors thus making it impossible to determine the decision style of each sector (Table 1).

Question	Religiousness	No, definitely not	Neither yes or no			Yes, definitely	missing values	
		1	2	3	4	5		
Deferrers								
1	I would make a quick decision once I was told what my options are	Secular	20	4	20	23	33	
		Traditional	22	17	17	22	22	
		Religious	46	15	8	23	8	
2	I would follow the recommendations of my physician	Secular	2	4	14	37	43	
		Traditional	6	22	22	22	28	
		Religious		8	8	46	38	
3	I would agree to the option that seemed the most reasonable to me at the time	Secular	4	2	12	33	49	
		Traditional	11		17	17	55	
		Religious		8	38	38	16	
4	I would develop a plan for gathering further information	Secular	4	6	17	14	59	
		Traditional			17	11	72	
		Religious	8	8	15	23	46	
5	would read magazines and articles about different fertility treatments	Secular	8	8	6	6	72	
		Traditional		17		22	61	
		Religious	7	23	31	8	31	
6	I would read scientific articles about fertility treatments that were being offered to me	Secular	16	4	6	16	58	
		Traditional	5	11	11	6	67	
		Religious	15	23	8	15	39	
7	I would spend as much time as I could gathering information	Secular	15	8	8	13	56	1
		Traditional		6	11	28	55	
		Religious	8	15	23	23	31	
8	I would prefer to seek advice from specialists	Secular		2	6	8	84	
		Traditional		11	5	17	67	
		Religious			8	23	69	
9	I would ask about the risks involved with fertility treatment	Secular			4	6	84	
		Traditional	6		5	6	83	
		Religious			15	15	70	
10	I would carefully consider the risks of fertility treatment as I was making	Secular			12	12	66	
		Traditional	4	6	5	17	78	

	a choice	Religious			8	15	77	
11	I would want to know the possible outcomes of each fertility alternative that was being offered to me	Secular	2	2	4	6	86	
		Traditional				22	78	
		Religious				31	69	
12	I would ask a lot of questions concerning the fertility treatment	Secular	2	2	12	6	78	
		Traditional	5		6	28	61	
		Religious			23	31	46	
13	I would want someone else to make the fertility decision for me	Secular	70	10	6	6	8	
		Traditional	77	11	6	6		
		Religious	38	16	16	15	15	
14	I prefer, in situations like this, that someone else tells me what to do	Secular	66	16	12		6	
		Traditional	61	22			17	
		Religious	31	23	31	15		
15	I refer not knowing the possibility that unexpected things could happen to me	Secular	66	12	10	8	4	
		Traditional	67	6	11	5	11	
		Religious	54	15	8	8	15	
16	I believe that will happen, will happen and there is little I can do to change things	Secular	55	10	23	2	10	
		Traditional	61	6	11	11	11	
		Religious	38		31	8	23	

Table 1: Division of the women's decision styles by religiousness (%).

What is the difference between all three sectors concerning all four decision styles?

Our hypothesis was that the women from the 3 sectors differ from each other in all 4 decision styles. To determine this hypothesis, we calculated the average of each decision style for each sector and compared between them using the ANOVA tests. Our conclusions were based on a significance of $p = 0.05$. We found no statistically significant difference between the 3 sectors in the avoidance style ($p = 0.06$) and the deferring style ($p = 0.08$). We do see that the avoidance style was close to the

cut off line and if there had been more participants maybe it would have been statistically significant and maybe concerning this decision style there is a difference between the 3 sectors.

What is the correlation between each decision style within all 3 sectors?

Our hypothesis was that among the women in the 3 sectors there is a correlation to all 4 decision styles. This was calculated by the Spearman correlation test (Table 2).

Decision styles	Secular		Traditional		Religious	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Delayers * Deferrers	-0.16	0.29	-0.32	0.2	-0.008	0.98
Delayers * Information seekers	0.01	0.93	0.11	0.68	-0.22	0.47
Delayers * Deliberators	-0.34	0.02	-0.002	0.99	0.21	0.49
Deferrers * Information seekers	-0.13	0.36	-0.25	0.32	0.003	0.99
Deferrers * Deliberators	0	0.89	-0.1	0.68	0	0.06
Information seekers * Deliberators	0.58	<0.0001	0.75	0.0004	0.45	0.12
implications of taking responsibility	-0.22	0.12	-0.08	0.74	-0.18	0.57

Table 2: Correlation scores between decision styles and women's religiousness.

The results of this question show a significant statistical correlation between the secular sector and delaying, deliberation and Information seeking styles. It also shows a similar result with the Traditional sector. No significant statistical correlation was found with the religious group.

Summary and Conclusions

It can be said, that the present study, in relation to the literature that exists, concerning health care decision making in Israel, the described style of decision making leans towards deliberating, delaying and information seeking among the secular and traditional sectors. However, in this study it was found that the Israeli religious Jews do not have a significant difference in the four decision styles that were described. It cannot be known if these women are not influenced by other factors which are common in this country with in this sector such as consulting rabbi's or a spiritual and religious community leader. As described by Coleman (2009) [7] religious orthodox women mostly gave all the delegation of authority when having to make a decision concerning health issues to the religious leaders. In relation to the present research, if the number of religious women was greater, it may have shown a statistically significant difference between the styles of deferrers (women who prefer to make decisions with their doctors or other professionals) and deliberators (women who prefer to collect information before a decision is made). Therefore, it can be said that religious Jewish Israeli women would generally wish to collect more information regarding their breast cancer from a respected authority before making their own decision. However, in a difference from Jewish secular women, the authority they consult with may not be only a medical authority but a religious leader or someone respected by the religious community, and base their decision on both consultations, leaning more towards the religious leader's advice.

Limitations

The limitations of the present study are:

1. A small sample size
2. Recruiting women in only one institution
3. Poor participation of religious women
4. Limited literature in this area
5. Women, at this point of time, when the study was done, were undergoing a stressful situation.

Relevance to Oncology Nursing

In the area of decision making, the whole psychosocial team should be involved. This includes nurses, psychologists, doctors and social workers. However, nurses are probably mostly involved with decision making of women and may know and estimate their decision style beforehand [10]. This study showed that also religious leaders such as a community rabbi may assist the Jewish religious woman in their decision making over their care.

Future Research

Future studies should be further done in the Israeli culture of religious Jewish women and should perhaps also examine what they think about their decision making style retrospectively [11]. Moreover, more qualitative studies should be done on this community to further investigate the themes and concepts underlying their decision-making style.

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