

Perception critical to women's breast reconstruction decision making

February 18 2021



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When women undergo surgical treatment for breast cancer, they often also have reconstructive surgery but new QUT research reveals many women feel left out of the decision making.

An [interdisciplinary study](#) from researchers in QUT's Centre for

Behavioral Economics, Society and Technology (BEST), Engineering Faculty, and School of Nursing, along with Dr. Jeremy Hunt a Fellow of the Royal Australasian College of Surgeons and Dr. Tim Peltz from the University of New South Wales, on Knowledge, consultation time and choice in breast reconstruction has just been published in the *British Journal of Surgery*.

"Approximately one in seven Australian women will be diagnosed with [breast cancer](#) in their lifetime," said QUT behavioral economist Dr. Stephen Whyte.

"Because the [decision-making](#) process in any surgical procedure is clearly influenced by the recommendations of doctors, patient-clinician trust is critical in the lead up to the postmastectomy breast reconstruction decision.

"Yet there are very few metrics available which analyze the duration of consultation between surgeons, nurses, and patients, and particularly how patients perceive and are influenced by the expert knowledge they are provided."

Distinguished Professor Dietmar W. Hutmacher said the research was the largest ever behavioral study of breast surgeons, breast care nurses and former or current breast cancer patients.

"We surveyed 53 specialist surgeons, 101 breast care nurses and 689 former or current breast cancer patients seeking data relating to the number of minutes spent in first consultation, the level of knowledge of the individuals involved, and the level of involvement of each party in the final therapy choice," Professor Hutmacher said.

"Interestingly, we found that in our sample breast care nurses and surgeons have quite different perceptions of how much time the other

spends engaging the patient at their first consultation. Each thought that they spent more time with patients than the other.

"And as for the patients, approximately one in every three women (32%) stated their surgeon had more input than they did, when deciding which type of breast reconstruction to undergo."

Dr. Whyte added that around 16% of the women in the study said they had zero input into the type of breast reconstruction they chose.

He said the perceptions of individuals about an experience or interaction can differ significantly, particularly in high stress environments, which can become problematic because our perceptions inform our expectations.

"When it came to the choice of breast reconstruction, our study revealed a large proportion of women who felt or believed that their surgeon effectively made a decision on their behalf when it came to their reconstruction," Dr. Whyte said.

"This finding raises concerns in relation to not only informed consent prior to surgery, but more importantly patient expectations ex-poste surgery."

Dr. Whyte added that research has shown a more patient centric preoperative information and surgeon interaction significantly influence patient satisfaction post [breast reconstruction](#). So, understanding how surgeons, nurses and patients interact and communicate is of critical importance for effective health care provision and patient satisfaction.

"The study's findings underscore the critical nature of developing new and better tools for effective communication between patients and medical professionals to facilitate the best possible outcomes regarding

elective medical procedures," he said.

Participants in the survey were recruited from Breast Cancer Network Australia's Review and Survey Group, a national, online group of Australian women living with [breast cancer](#) who are interested in receiving invitations to participate in research. The researchers also collaborated with the Australian Society of Aesthetic Plastic Surgeons, the Australian Society of Plastic Surgeons, Breast Cancer Network Australia, Breast Wishes Journey, Cancer Nurses Society of Australia, the McGrath Foundation, and Dragon Abreast Australia.

More information: S Whyte et al, Knowledge, consultation time, and choice in breast reconstruction, *British Journal of Surgery* (2021). [DOI: 10.1093/bjs/zxab013](https://doi.org/10.1093/bjs/zxab013)

Provided by Queensland University of Technology

Citation: Perception critical to women's breast reconstruction decision making (2021, February 18) retrieved 9 May 2024 from <https://medicalxpress.com/news/2021-02-perception-critical-women-breast-reconstruction.html>

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