Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

# New Zealand Women's Preference for Treatment Decision-Making when Considering Hormone Replacement Therapy.

A thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Psychology at Massey University.

Tracey McLellan

2002

#### **ABSTRACT**

The menopause phase has increasingly been defined as a deficiency disease amenable to treatment. The main medical treatment for menopause is Hormone Replacement Therapy (HRT). At present very little is known about how New Zealand women make their decisions regarding HRT. What is known is that the medical information concerning HRT is uncertain and doctors are an important factor in the decision-making process. Recent research has shown that there is much dissatisfaction with the service doctors are providing New Zealand women. Much of this dissatisfaction may result from the mismatch of decision-making styles between doctors and women. Accordingly it was necessary to investigate the style preferences of New Zealand women. The aim of the present study was to test the Charles, Gafni & Whelan (1999) theoretical framework for treatment decision-making on New Zealand women considering HRT. The present study seeks to identify three distinct styles of decision-making preference and investigate whether the style preferences are maintained throughout the entire process. One hundred and forty-eight mid-aged women were surveyed about their decisional style preferences. The measure used was designed specifically for the present study and was unique with regard to incorporating stages within the decision-making process. The Charles et al. (1999) framework was found to be an appropriate model for conceptualising the decision-making context of HRT. Support was also found for the dynamic nature of treatment decision-making proposed by Charles et al. (1999) as the three main styles were also found to be amenable to change. The Charles et al. (1999) framework could be a useful educational and assessment tool for doctors and women. Future research is needed to replicate the results of the present study.

#### **ACKNOWLEDGEMENTS**

I wish to express my gratitude to my supervisor Dr Christine Stephens, whose support, experience and patience were invaluable to both the completion of this thesis and the successful negotiation of problems encountered during the process. An opportunity to learn and improve was provided through her thoughtful and calm perspective in the face of unforseen circumstances that could have otherwise proved difficult to overcome.

## TABLE OF CONTENTS

ABSTRACTi
ACKNOWLEDGEMENTSii
TABLE OF CONTENTSiv
LIST OF TABLES vi
LIST OF FIGURESix
CHAPTER ONE: INTRODUCTION
1.1 Introduction
1.2 Menopause and Medical Treatment
1.2.1 Summary of menopause5
1.3 Hormone Replacement Therapy6
1.3.1 HRT adherence
1.3.2 The decision to use HRT or not
1.3.3 Summary of Hormone Replacement Therapy
1.4 The Doctor
1.4.1 Summary of the doctor15
1.5 Decision making models16
1.5.1 The paternalistic model

	1	.5.2	The informed model20	
	1	.5.3	The shared model21	
		1.5.	3.1 Controversy with the shared model23	
	1	.5.4	Summary of the decision making models25	
	1.6	The	Charles, Gafni & Whelan Model of decision-making26	
	1	.6.1	Summary of the Charles, Gafni & Whelan model29	
	1.7	Con	clusion30	
	1.8	Rese	earch goals	
2.	C	HAP	TER TWO: METHOD33	
	2.1	Sam	pple33	
	2.2	Sam	ple description	
	2.3	Proc	cedure /Research design38	v
	2.4	Mea	sures39	
	2.	.4.1	Paternalistic style preference	
	2.	.4.2	Informed style preference	
	2.	.4.3	Shared style preference41	
	2.	.4.4	Background information41	
3.	C	HAP	TER THREE: RESULTS43	
	3.1	Scal	e construction43	
	3.2	Iden	tifying three styles of decision-making46	
	3.3	Desc	criptive statistics	

3.4 Testing the preferred styles across the three stages of the decision-making					
process51					
3.5 Demographic variables and decision-making styles62					
3.6 Testing for congruent styles67					
4. CHAPTER FOUR: DISCUSSION70					
4.1 Summary of findings70					
4.1.1 Three Styles of Treatment Decision-making70					
4.1.2 The Consistent Use of Styles Throughout the Decision-making Process71					
4.1.3 The Association Between Styles and Stages of the Process					
4.1.4 The Association Between Styles and Demographic Variables74					
4.1.5 Achieving Congruent Styles					
4.1.6 Conclusion					
4.2 Limitations of the study79					
4.3 Implications81					
4.4 Future research issues					
REFERENCES84					
APPENDIX A Letter to Sample90					
APPENDIX B Decision Making Questionaire94					
APPENDIX C Reminder Postcard to Sample101					
APPENDIY D Replacement Questionaire					

#### LIST OF TABLES

Table 1: Age and Ethnicity of Participants
Table 2: Employment Status and level of Education of Participants
Table 3: Past and Present HRT and Contraception Pill Use
Table 4: Final Items used to Measure Decision-making Styles at each Stage45
Table 5: Loadings on Three Components for Principal Components Extraction and Oblimin Rotation on 12 "Treatment Decision-making Style" Items (N = 148)46
Table 6: Means, Standard Deviations, Reliability and Scale Ranges for the Variables of Overall Treatment Decision-Making Style Preferences
Table 7: Means and Standard Deviations for the Variables of Treatment Decision- Making Style Preferences Within Each Stage
Table 9: Correlations Between Stages Within the Informed Style of Treatment Decision- Making53
Table 10: Correlations Between Stages Within the Shared Style of Treatment Decision- Making
Table 11: Correlations Between Selected Demographic Variables and Overall Style  Preferences
Table 12: Correlations Between Selected Demographic Variables and Paternalistic Style at Each Stage
Table 13: Correlations Between Selected Demographic Variables and Informed Style at Each Stage
Table 14: Correlations Between Selected Demographic Variables and Shared Style at  Each Stage

Table 15: Means, Standard deviations and Scale range for the Variables Observing the	
Paternalistic Style as Initiated by the Doctor.	68
Table 16: Means, Standard deviations and Scale range for the Variables of Established	
Shared Deliberation and Decision-making	59

## LIST OF FIGURES

Figure 1: Percent of Women Who Agree with the Styles at Each Stage of the Process56	5
Figure 2: Percent of Women who Agree with Each Style of Decision-Making at the  Information Exchange Stage	3
Figure 3: Percent of Women who Agree with Each Style of Decision-Making at the  Deliberation Stage	)
Figure 4: Percent of Women who Agree with Each Style of Decision-Making at the  Decision Stage	)
Figure 5: Percent of Women Who Exclusively Prefer Each Style at Each Stage of the  Decision-making Process	)