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How do nurses assess quality of life of cancer patients in oncology wards and palliative settings?

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A B S T R A C T

Purpose: How Quality of Life (QoL) assessment is conducted across different oncology wards and palliative settings is a challenging issue and needs to be searched further. There is a lack of interpretive research study in Australian populations in which QoL assessment for cancer patients in oncology and palliative areas has deeply been explored. Therefore, an interpretive research study was conducted to explore in-depth nurses' QoL assessment conducted in oncology wards and palliative settings.
Method: The study was completed in 2007 in two major public hospitals in Adelaide, South Australia. Ten nurses were selected from different inpatient and outpatient oncology services and a palliative setting to take part in semi-structured interviews. The study was a 'grounded theory approach' in which some aspects of the grounded theory were used to gain a fundamental understanding and broad description of the experience of QoL assessment as conducted by nurses.
Results: After the data collection and analysis six main themes were identified. Four of the themes are presented as: a) Cues-based QoL assessment, and b) Purpose-based QoL assessment, c) Facilitators of QoL assessment, and d) Barriers of QoL assessment.
Conclusions: Findings of the research study generally supported the notion that nurses mainly pick up on patients' cues as a way for QoL assessment when they communicate with patients in the clinical area rather than using QoL tools. Also, nurses are, at times, uncertain if they are doing a QoL assessment and if their assessment of patients' QoL is correct or not. Therefore, this supports a need for nurses to develop a more holistic relationship and stronger rapport with patients which underpins the assessment of cancer patients' QoL through various cues.

Introduction

The oncological literature demonstrates close attention to the issue of quality of life (QoL) across various types of cancer, including prostate (Galalae et al., 2004; Gall, 2004), lung (Bottomley et al., 2003), gastrointestinal (Cense et al., 2004, De Liano et al., 2003), breast (Bardwell et al., 2004; Bloom et al., 2004; Bottomley et al., 2005) and colorectal (Efficace et al., 2004; Guren et al., 2003). This attention indicates that many researchers consider QoL as an important consideration when delivering care to patients with cancer (Bahrami et al., 2008).

There are many reasons why QoL is considered important for cancer patients. Cancer has a deleterious effect on all aspects of a person's life. Even when cancer patients have undergone cancer treatments for cure or to increase their chance of survival, their lives may be distorted further (Isikhan et al., 2001). In other words, in attempting to give years to the life of cancer patients, the life during these years or their QoL has frequently been compromised.

QoL is not only an important issue for individual cancer patients. It is also a matter of importance for health care professionals and policy makers. QoL assessment can help to facilitate communication with patients and identification of their preferences, for example, to select a specific treatment or care plan (Jacobsen et al., 2002).

Even though QoL information is important for health care professionals, it is of particular importance for nurses. Nurses' assessment of patients' QoL, provides them with the best possible opportunity to identify needs, make decisions and select appropriate actions to be more therapeutic in their supportive roles and to improve patients' QoL (King, 2006a). So, it is important to identify how nurses assess QoL of cancer patients.

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However challenges exist in defining what QoL means and how it can be assessed in different situations, contexts and environments (Kassa, 2000; Horton, 2002). How QoL assessment is conducted across different oncology settings, including in oncology wards and palliative care environments, needs to be researched further.

There is a lack of interpretive research study in which QoL assessment for cancer patients in oncology and palliative areas has been explored. Therefore, an interpretive research study was conducted to explore in-depth nurses' QoL assessment conducted in oncology wards and palliative settings.

Method

The study was a 'grounded theory approach' in which some aspects of grounded theory were used to gain a fundamental understanding and broad description of the experience of QoL assessment as conducted by nurses. (Annells, 2003, p. 168) suggests that "sometimes research using one or several elements of grounded theory method, and/or use data coding techniques are presented as using a 'grounded theory approach'."

This study is a part of a bigger study that was completed in 2007 in two major public hospitals in Adelaide, South Australia. The main sampling strategy used in this research study was convenience sampling to gain access to the Clinical Nurse Consultants (CNC) of oncology wards and palliative settings. Snowball or chain sampling was also used in which the researcher asked participants to nominate other nurses who might be suitable and willing to take part in the study.

Ten nurses were selected to take part in a series of semi-structured in-depth interviews. One of the nurses was male and nine were females with clinical experience ranging from one year to 30 years. The research study was conducted in two major hospitals and in different wards including two specialist oncology wards, five non-specialist oncology wards, two outpatient chemotherapy units, one radiotherapy centre and one palliative care area. Nurses were asked to discuss broad areas such as: How do you usually assess cancer patients' quality of life? Participants' responses were clarified and expanded upon by follow-up questions to establish a deeper understanding of the key themes and issues as they exist for nurses.

The interviews were transcribed, read several times, imported into NVivo version 7 software and then analysed using only the first step (substantive) of the Glaserian (classical) mode of grounded theory (open and selective coding). Open coding consisted of three stages: reading the first transcription and identifying relevant text, conceptualisation, and using comparative data analysis and memo writing for subsequent transcriptions. In selective coding, the researcher focused on a list of major or core themes identified and aimed to reach saturation. After conducting ten interviews, the researcher felt that no new or additional information was available and that the themes were saturated. Annells (2007) pointed out that many researchers use grounded theory at two levels of analysis, description and conceptual ordering, rather than seeking to develop a substantive theory.

The research was approved by two Clinical Research Ethics Committees. Written information about the research project was provided for nurses, and consent was given by participants to take part in the research study. Participants were informed of their right to withdraw from the study at any time, confirming as well, the confidential nature of the data collected, along with their personal information. In order to manage nurses' possible emotional distress, supportive care in the form of counselling was available if requested. Counselling support was not required by any of the participants.

Results

After the data collection and analysis six main themes were identified. Four of the themes arising from the analysis are presented as: a) Cues-based QoL assessment, b) Purpose-based QoL assessment, c) Facilitators of QoL assessment, and d) Barriers of QoL assessment. These results, as themes, are sequentially presented in the following sections, along with exemplars from the interviews. Results related to other themes and aspects of the study for other audiences have also been published (Bahrami, 2011a,b).

Cues-based QoL assessment

The theme 'cues-based QoL assessment' was created to show how nurses think about the kind of QoL assessment that they actually perform and the reasons and consequences of this kind of assessment.

The theme 'cues-based QoL assessment' has the following sub-themes: 1) Just simple cues, and 2) Assessment with uncertainty. These sub-themes are discussed in following sections.

Just simple cues

This sub-theme demonstrates how nurses perform a cues-based QoL assessment and how this varies across nurses in oncology areas. Nurses expressed that in oncology environments they pick up on important cues when they communicate with patients:

> So you pick up on cues of people, like I mentioned before, up or down or stressful or pain or whatever but they might tell you, they might actually tell I've had enough, yes, constantly looking at people and try to assess where they are (Nurse 2).
>
> You can over the years, pick up on little ways and little things that patients do especially when you look after them for a while and you think, oh, that does not seem quite right. There are some things a little off colour. They are coming and they are quite introverted when they normally would be out spoken, happy to see you full of hope for their treatment, no I feel much better off the last time, and they come suddenly right down at the bottom…just simple little things (Nurse 4).
>
> So just a clue is the first thing [for quality of life assessment] and then later in the day, I will often ask how things are going (Nurse 10).

It is clear from nurse interviewees that QoL assessment is something that each nurse does individually. One nurse, for example, might only consider pain as an important cue to QoL whereas another nurse may focus on patients' general feeling of happiness. Moreover, such assessments are being conducted informally because nurses do assessments during their communications with cancer patients and these assessments are not based on any agreed process or structure.

Even though nurses might assess cancer patients from different aspects, their focus is mainly on physical issues. Nurse participants stated:

> I think when you [nurses] assess the patient you do not broaden or do more global assessment. You only assess what you require to assess. If you ask about nutritional status or if you ask about bowel management or something like that this is the only thing you assess (Nurse 3).
>
> From the very beginning when you train to become a nurse, it is a physical thing to address all the way through, physical, physical, all the time. We deal with a bit, with psychological (Nurse 4).

Nurse participants highlighted that the focus of a QoL assessment can be on aspects that nurses think they are required to do and they are mainly focussed on the physical aspects.