



Patients' outcomes related to person-centred nursing care in radiation oncology: A case study



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ABSTRACT

Purpose: The aim of this case study is to describe patients' responses to nursing care following the implementation of a person-centred model in a radiation oncology department.

Method: An instrumental case study design utilised surveys to collect data on a range of key patient outcomes: patient satisfaction (PSS), informational issues (RSEP), quality of life (FACT_G), comfort (RTCQ), and emotional status (HADS). This occurred at the beginning of, and twelve months following, the implementation of the new model of care.

Results: This study demonstrated that, although adverse effects of radiotherapy continue to affect patient well-being in the latter part of their course of radiation therapy, patients continue to be satisfied with nursing care. There were significant differences between groups in perceptions of the care environment and the use of the nurse as an acknowledged source of information are noteworthy, since these variables were key targets of the new model of care. The finding that nurses were seen by the post-implementation cohort as more likely to be a source of information is an important indicator that the nurses' presence was noted by patients, and they generally reported high levels of functioning despite undergoing a curative course of radiotherapy.

Conclusion: The person-centred nursing approach in the radiotherapy setting has contributed to some improvements in the provision of patient care. Aspects of this study may assist in planning further nursing interventions for patients undergoing radiotherapy for cancer, and continue to enhance the contribution of the radiation oncology nurse to improved patient outcomes.

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1. Introduction

Patients undergoing a course of radiation therapy face a series of challenges ranging from the physical to the psychosocial. Each person will react differently to the radiation based on a range of treatment and tumour-related toxicities and personal factors (Holland, 2007; Carper, 2007). Appropriate care for these patients requires health professionals to address the various domains of their personal well-being across the course of the radiation therapy. This supportive care occurs within the context of the multidisciplinary team, but it is often the nurse who is a primary source of contact and the person that initiates referrals to other health professionals (Honea, 2007; Rose and Yates, 2013).

Radiation therapy may be used to treat many cancers either alone or in combination with other treatment modalities, such as surgery, chemotherapy, targeted or hormonal therapies (Wilkes and Hartshorn, 2009). The vast majority of patients undergo a course of radiation therapy as outpatients, and therefore require specific information and support to manage the treatment toxicities beyond the hospital setting (Iwamoto et al., 2012; Haas, 2010). The physical side effects of radiotherapy are the result of the cumulative radiation dose to normal tissues surrounding the targeted tumour area, and can be both acute, occurring during the radiation therapy, or late, occurring some time, even years, after the completion of treatment (Rose, 2011). Patients and their families may have limited knowledge about these toxicities, and can therefore lack the skills, abilities and personal resources to manage and minimise these side effects effectively. Patients may also need reassurance and support to manage the psychoemotional aspects of radiation therapy (Gosselin-Acomb, 2006; Carper and Haas, 2006;

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Semple et al., 2008), and they may be coping with the residual or concurrent effects of other treatment modalities (Mallick and Waldron, 2009). Important considerations for these patients, therefore, include being able to maintain their quality of life, being properly informed to manage the side effects of the radiation therapy, and feeling comfortable in their decision-making about treatment (McMenamin et al., 2014; Katz, 2007).

As well as having to manage the potential treatment toxicities, patients also need to deal with the complexities of the care environment. Hospital environments, according to Kolcaba et al. (2006:543), can be perceived as 'comfort places', encompassing both positive and negative aspects. Given the high-technology and unfamiliar nature of radiation oncology settings, patients may be especially concerned about their treatment. It is therefore important to provide a comfort environment despite the 'high-tech' nature of the department. This may occur through the interpersonal nature of care in this setting (Rose and Yates, 2013; Suhonen et al., 2011).

1.1. Nursing care in radiation oncology

Nursing in the radiotherapy setting is an integral component of supportive care that assists patients to manage the various issues that arise throughout the course of the radiation therapy (Iwamoto et al., 2012). Radiation oncology nurses work closely with other health professionals to support the patient and their family, and they provide specialist clinical nursing care, education, information, counselling and referral (Rose and Yates, 2013; Katz, 2007). Radiation and medical oncology technologies and treatment regimens continuously change as a result of new technologies and clinical trials, and it is important that nurses are knowledgeable and specialised to practise in this setting. They need to translate this knowledge for the patients/careers and also integrate their own role as a member of the radiation oncology interdisciplinary team (Rose and Yates, 2013; Iwamoto et al., 2012). To achieve this, a Primary Nursing/Collaborative Practice (PN/CP) model was introduced to enhance supportive care of patient undergoing radiation therapy.

1.2. Aims of the study

This paper reports a component of a larger case study that evaluated patient and clinical staff perceptions to changing the nursing model of care from a task-based approach to a primary nursing/collaborative practice framework in a radiation oncology department. The study evaluated outcomes from the perspective of multiple health professionals involved in the change as well as from patients. The perspective of health care professionals involved in the implementation of the model has been reported elsewhere (Rose and Yates, 2013; Rose, 2010). This paper focuses on reporting patient outcomes.

2. Methods

2.1. Study design

This instrumental case study design involved interviews with health professionals at the beginning of, and twelve months following, the implementation of the new model of care. To complement this qualitative data, surveys of two separate cohorts of patients prior to and at 12 months following implementation of the model was used, as well as surveys of the radiation oncology health professionals. A full description of the study design is reported previously (Rose and Yates, 2013; Rose (2010)). This paper reports survey data from the pre and post implementation patient cohorts.

2.2. Study setting

The study setting is a radiotherapy department in a major tertiary referral hospital in Brisbane, Australia. A large number of the patients treated in this setting live in regional, rural and remote areas (approximately 40%). Approximately 95% of all patients undergoing radiation therapy are outpatients who attend for daily treatment from home or accommodation for treatment courses lasting for up to several weeks.

2.3. Study sample

A convenience sample of 106 pre-implementation patients (Cohort 1) and 110 post-implementation patients (Cohort 2) who were undergoing a curative course of radiation therapy were approached to participate in the study. Patients in both cohorts were undergoing radiation therapy for a range of cancers, with courses of treatment lasting between three and seven weeks, depending on the treatment protocol. It is not possible to use the same sample within a true pre-post design due to the consequences of receiving radiation therapy. As well, the nurses care for a generalist group of patients as to cancer site as do the Radiation Oncologists, rather than tumour-stream specific groups, therefore the samples are not purposively matched on any criterion other than undergoing a curative course of radiation therapy. Participating patients had to be at least 18 years of age, be able to read and write English sufficiently to understand and complete the survey, be undergoing a curative regimen of radiation treatment, and completing the final one to two weeks of their course of radiation treatment.

2.4. The intervention

The Primary Nursing/Collaborative Practice model (PN/CP) was initially introduced into a related radiotherapy department in Brisbane Australia in 1995. This same model was then introduced into this particular radiation oncology department with the aim of improving patient care within the seven dimensions of person-centred care (PCC) (Fig. 1) (Gerteis et al., 1993; Rose and Yates, 2013; Price, 2006). This was at the determination of the Director of Nursing of the study setting, who was instrumental in supporting the introduction of this model. In this model, the nurse works closely with a Radiation Oncologist and his/her group of patients. The relationship between the Radiation Oncologist, the radiation oncology nurse and the multidisciplinary team, aim for cohesion and strong team communication in order to provide a comprehensive level of patient care. The primary radiation oncology nurse interacts with the patient and the family to provide nursing care and support throughout the radiation treatment and into the post-treatment phase (Behrend, 2005). The patient/nurse interaction thus focuses on a continuum of patient care across the radiotherapy experience, following the patient from initial consultation to follow up after radiation therapy, addressing the patients' immediate concerns, the potential increase in toxicity acuity over the course of the treatment, and preparing the patient for eventual discharge from treatment and transition to the home and the community (Rose and Yates, 2013; Rose, 2010). The principles of PCC inherent on this model align with the Interaction Model of Client Health Behaviour (IMCHB) (Cox and Roghmann, 1984; Cox & Roghman 1982) which is the theoretical model for this study. Within the IMCHB, the patient element focuses on a range of personal characteristics that determine how the patient might deal with a health care challenge (Fig. 2). These characteristics include physio-psychosocio-environmental and personal factors, and the IMCHB proposes that nurses take these characteristics into consideration when planning care (Matthews et al., 2008).

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