

■ Trish Greene Memorial Quality of Life Lectureship CNE Article

Being Prepared: Essential to Self-Care and Quality of Life for the Person With Cancer

M. Tish Knobf, PhD, RN, FAAN, AOCN®



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Being adequately prepared for an experience such as cancer empowers patients, lowers distress, improves coping, supports self-management, promotes recovery, and improves quality of life. However, patients with cancer report unmet informational and support needs across the cancer trajectory. The purpose of this article is to describe the relationship of information preparation and patient outcomes, identify information and support needs across the cancer trajectory, and describe the role of oncology nurses in the delivery of high-quality patient-centered cancer care. The middle range theory of "Carrying On" was used to identify information and support needs during different phases of the cancer trajectory from treatment to survivorship. The authors concluded that nurses should engage the patient in a relational exchange of information; provide concrete, understandable information across specific times in the cancer experience; and use creative approaches to minimize barriers in meeting patient needs to achieve high-quality patient-centered cancer care.

M. Tish Knobf, PhD, RN, FAAN, AOCN®, is a professor in the School of Nursing at Yale University in New Haven, CT. As the recipient of the 2012 Trish Greene Memorial Quality of Life Lectureship, Knobf presented this article at the Oncology Nursing Society's Connections: Advancing Care Through Science conference in Phoenix, AZ. Knobf is the fourth recipient of the award, which focuses on quality-of-life issues in cancer care. Support for this research was provided through the American Cancer Society Professorship and the ONS Foundation Symptom Management Grant 2004–2006. Knobf can be reached at tish.knobf@yale.edu, with copy to editor at CJONEditor@ons.org. (Submitted February 2013. Accepted for publication March 5, 2013.)

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I am deeply honored to be the recipient of the Oncology Nursing Society's 2012 Trish Greene Memorial Quality of Life Lectureship. Trish was a long-time friend and colleague who highly valued the role of the oncology nurse in meeting individual patient and family needs to improve quality of life. The goal of this article is to review the informational and support needs of patients across the cancer trajectory. The specific objectives are (a) to describe the relationship of information preparation and patient outcomes, (b) identify information and support needs in the context of patient responses and behaviors across the cancer trajectory, and (c) make explicit the key role of the oncology nurse in the delivery of high-quality patient-centered cancer care.

Information Preparation and Patient Outcomes

The early seminal work of Rhetaugh Dumas and Jean Johnson at the School of Nursing at Yale University (Dumas & Johnson, 1972; Dumas & Leonard, 1963; Johnson, Johnson, & Dumas, 1970) showed that nursing interventions designed to adequately prepare patients for surgery resulted in improved outcomes. Being prepared for an experience empowers patients, decreases

distress, improves coping ability, supports self-management, promotes recovery, and may improve adherence and quality of life (Bennion & Molassiotis, 2013; Husson, Mols, & van de Poll-Franse, 2010; Knobf, 2002; McCorkle et al., 2011; Skalla, Bakitas, Furstenberg, Ahles, & Henderson, 2004). The type of information provided is critical to how a patient copes with the experience. Whether the nurse is preparing a patient for a diagnostic procedure, surgery, radiation, chemotherapy, or a specific symptom experience, concrete objective information that includes sensory (e.g., what will it feel like) and temporal (e.g., when will it begin, how long will it last) components is essential to patients' ability to interpret and cope with their actual experience (Johnson, Fieler, Jones, Wiasowicz, & Mitchell, 1997). Patients want information that they can easily understand (Hodgkinson et al., 2007; Myers, 2012) and they want to know what to expect (Skalla et al., 2004) and how to manage symptoms (Güleser, Tasci, & Kaplan, 2012; Jefford et al., 2008), as well as be given information at specific times during the experience (Halkett et al., 2010; Papadakos et al., 2012; Rutten, Arora, Bakos, Aziz, & Rowland, 2005), particularly information that matches their individual needs (Halkett et al., 2010; Husson et al., 2010).

To address the ongoing unmet informational needs of patients with cancer, healthcare providers must go beyond a unidirectional provision of information from the clinician to the patient to