

■ CNE Article

# The Need for a Nursing Presence in Oral Chemotherapy

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As cancer treatment shifts from IV to oral chemotherapy, patients have less contact with nurses and face the increased responsibility of maintaining their own health care. The authors conducted focus group interviews with 18 oncology nurses using the grounded theory approach to explore the nurses' perceptions of current practices and ideas regarding opportunities to improve nursing practice for patients receiving oral chemotherapy. The nursing presence is becoming invisible and, therefore, these patients are isolated more in current practice. "The need for a nursing presence" emerged as a core category. Nurse involvement in patient entry into oral chemotherapy was perceived as important for identifying patients at risk for nonadherence. In their partnership with patients, nurses should be attentive, connect with patients, elicit patients' unmet needs, and provide committed patient support. Rather than the traditional reactive approach, proactive patient care is required. In addition, nurses are expected to coordinate patient care and facilitate interpersonal relationships among healthcare providers. Coordinated proactive care leads to predictive care to meet the future needs of patients, including the prevention of adverse events. The roles and responsibilities of nurses in oral chemotherapy must be clarified so that the nursing presence is clear to patients and other healthcare providers.

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Since 2000, a dramatic increase has occurred in the use of oral chemotherapy (Oakley et al., 2010). As the treatment paradigm shifts from IV to oral chemotherapy (Wood, 2011), patients may not see an oncology nurse during the initiation of oral chemotherapy or at follow-up visits because they receive prescriptions and medication information directly from the physician or pharmacist (Hartigan, 2003). Therefore, nurses may have less contact with patients, and patients face the increased responsibility of maintaining their own health care.

Most patients prefer oral therapy to IV therapy because of its convenience (Gornas & Szczylik, 2010; Simchowicz et al., 2010; Wood, 2011); in addition, the reduced interference with their daily activities improves patients' quality of life (Gornas & Szczylik, 2010; Winkeljohn, 2007). However, some patients and healthcare providers hold a misconception that oral anticancer

agents are less toxic than IV chemotherapy agents (Halfdanarson & Jatoi, 2010; Moody & Jackowski, 2010). The serious consequences of poor chemotherapy management can include progressive disease and death from serious side effects. Because oral therapy is self-administered, adherence also becomes an issue (Moore, 2007; Partridge, Avorn, Wang, & Winer, 2002). The rate of nonadherence to an oral cancer medication regimen can be as high as nonadherence to diabetes or hypertension regimens (Hartigan, 2003).

Although patients and their families want healthcare providers to be more involved in education and follow-up (Simchowicz et al., 2010), few nurses are aware that this is part of their responsibility for oral chemotherapy (Kav et al., 2008). The objective of this study was to explore oncology nurse perceptions of current practices and their ideas about improving nursing practice for patients receiving oral chemotherapy.