

Self-Management Support in Patients With Incurable Cancer: How Confident Are Nurses?

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OBJECTIVES: To explore how nurses perceive their self-efficacy and performance in supporting self-management among patients with incurable cancer, and whether these perceptions differ between community and hospital nurses.

SAMPLE & SETTING: 222 hospital nurses (n = 94) and community nurses (n = 128) working with adult patients with incurable cancer.

METHODS & VARIABLES: An online survey included the Self-Efficacy and Performance Into Self-Management Support instrument. Possible differences in age, gender, work setting, and additional training in oncology between groups were explored.

RESULTS: Nurses felt confident about their self-efficacy, particularly in assessing patients' knowledge and beliefs and in advising about their disease and health status. Nurses felt less confident in their performance, particularly in the use of technology (arranging follow-up care), but also in agreeing on collaborative goals and assisting patients in achieving these goals. Compared to hospital nurses, community nurses reported significantly higher scores on self-efficacy and performance.

IMPLICATIONS FOR NURSING: More effort is needed to increase nurses' confidence in providing self-management support, with a focus on arranging follow-up care with the use of technology and on collaborating with patients in setting and achieving goals.

KEYWORDS incurable cancer; oncology; nurses; self-management; self-efficacy; survey

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Living with incurable cancer can have devastating effects on psychological, social, physical, economic, and cultural aspects of a person's life (Johnston et al., 2009; Lin & Bauer-Wu, 2003). Patients with incurable cancer must cope with life-limiting, changing conditions, as well as the consequences of the disease and treatment in daily life (Khan, Mant, Carpenter, Forman, & Rose, 2011; Lenihan, Oliva, Chow, & Cardinale, 2013; Lin & Bauer-Wu, 2003; Schulman-Green et al., 2011). Assisting with self-management might help patients deal with these consequences, improve problem-solving skills, and prepare for death (Johnston, Milligan, Foster, & Kearney, 2012; McCorkle et al., 2011; Tocchi, McCorkle, & Knopf, 2015).

Self-management can be described as a person's ability to manage physical and psychosocial symptoms and to make decisions concerning treatment and/or care to integrate the disease as well as possible into daily life and to maintain a satisfactory quality of life despite the disease (Barlow, Wright, Sheasby, Turner, & Hainsworth, 2002; Bodenheimer, Lorig, Holman, & Grumbach, 2002). At the end of life, self-management focuses on "living with dying"; activities are likely to be beneficial if focused on symptoms or impending death and directed toward emotional and psychological adjustment to the incurable illness. For instance, activities can focus on how to deal with fatigue or pain, how to plan important moments or daily care, and how to rest in between these moments. In addition, changes in personal (physical, emotional, or social) or care aspects (cancer status, treatment, or palliative phase) prompt changes in self-management (Schulman-Green et al., 2011). Support should acknowledge these possible transitions and be directed toward present and future care needs, quality of life, and other outcomes identified by patients as necessary for self-management (Landier, 2009; Noonan et al., 2017; Schulman-Green et al., 2011).