Chemotherapy Education for Patients With Cancer: A Literature Review

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A literature review was conducted to determine the best way to provide chemotherapy education to patients. Sixteen articles that employed various teaching methods (e.g., video recordings, in-person class) were identified. Some educational methods have been proven to decrease anxiety, which allows patients to retain more information. Many ways can be used to provide chemotherapy education, and no method has been proven to be significantly more effective than another. Maximum retention is largely based on patient preference.

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Key words: retention; chemotherapy; patient education; anxiety

Digital Object Identifier: 10.1188/14.CJON.637-640

When patients are diagnosed with cancer, a wide range of emotions begin to surface (Prouse, 2010). Understanding what chemotherapy is, how it works, and what to expect during administration can lessen patients' fears and anxieties (American Cancer Society, 2014). However, patients often report difficulty obtaining reliable information about chemotherapy (Thom- as, Daly, Perryman, & Stockton, 2000). Patients who receive chemotherapy education experience more successful outcomes compared to patients who have not been educated (Hartigan, 2003). Education is essential for patients to understand how to take care of themselves by managing side effects and knowing when to call healthcare providers for assistance.

The Joint Commission (2012) recognized the importance of patient education by establishing requirements. Education about chemotherapy treatment, side effects, and self-care behaviors can reduce side effects, decrease stress, and improve quality of life (Williams & Schreier, 2004). Many methods of chemotherapy education can be effective; however, multiple resources can lead to contradicting information, which can be more confusing to some patients (Rigdon, 2010).

Because patients have many ways to learn, patient education should include an array of different teaching strategies and written materials (Treacy & May- er, 2000). Teaching methods should be based on patient preference and individually tailored to meet the patients' needs (Hartigan, 2003). One of the first goals of the teaching process is to develop a rapport with the patients and their families so they feel comfortable enough to ask questions (Hartigan, 2003). Patients need emotional support to begin the coping process and ensure maximum education retention. Patients who are anxious have been shown to have difficulty retaining information (Malone, 2007). Therefore, the real issue is to discover the best way to provide chemotherapy education to patients for them to recall the most information.

Findings

Different forms of patient education (e.g., audio recording, video recording, in-person class, one-on-one discussion, telephone calls) were included in the literature review to determine the best method of providing education to patients about chemotherapy. Some of these approaches allow patients to learn on their own time (Thomas et al., 2000).

Chemotherapy education through the use of audio- or video-recording methods

Literature Review

A literature review was conducted to determine the best way to provide information to patients about chemotherapy using CINAHL® and MEDLINE®. Initially, attempts were made to use articles published only within the past five years, but because of the major focus on chemotherapy education, the date range was changed to include articles from 1999–2013. Key terms included chemotherapy, anticancer drugs, antineoplastic agents, patient education, teaching materials, and video education. Only quantitative research was included. The author identified 16 articles to be used in the literature review (see Table 1). When conducting the search, the author wanted to use only research that focused on oncology and chemotherapy education. Chemotherapy education and education on cancer itself are different because of the wide range of side effects that require appropriate management in addition to challenges of the diagnosis (Kinnane & Thompson, 2008). The author also had an interest in informed consent for chemotherapy, so only articles that discussed informed consent were included.