

## Telephone Calls by Individuals With Cancer

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Assisting people with the management of symptoms associated with their disease and its treatment is not a new concern for researchers and clinicians in oncology. Since the 1980s, much has been learned about the symptom experience for patients with cancer including the scope, prevalence, and severity of commonly reported symptoms; the side-effect profiles associated with various treatment modalities; and the increased severity of symptoms often reported in later stages of disease (Barbera et al., 2010; Chen et al., 2010; Kirkova et al., 2006; Portenoy et al., 1994; Vainio & Auvinen, 1996; Yamagishi, Morita, Miyashita, & Kimura, 2009). Most of the evidence is a result of surveys using standardized symptom inventory tools administered to patients in the hospital or ambulatory care setting during scheduled visits (Kirkova et al., 2006). However, as oncology care is increasingly delivered in the outpatient setting, reporting symptoms by telephone has become a growing trend. These telephone reports differ from traditional face-to-face assessments by clinicians because they are initiated by the patient or family member and offer a unique opportunity to capture symptom reporting from a patient-centered perspective. Telephone reports of symptoms provide a window to examine the natural occurrence of symptom reporting and symptoms considered priority by the patient.

The importance or priority of a symptom to the individual has been identified as a crucial yet under-examined aspect of the cancer symptom experience (Barsevick, Whitmer, Nail, Beck, & Dudley, 2006; Cella et al., 2002, 2003; Miaskowski, Aouizerat, Dodd, & Cooper, 2007; Stromgren et al., 2006; Tishelman, Petersson, Degner, & Sprangers, 2007; Vainio & Auvinen, 1996; Yamagishi et al., 2009). Many associations have been proposed between symptom priority and a range of variables such as symptom severity, frequency, distress, interference with functional ability, and quality of life. Limited research has been done examining patient-reported priority in the symptom experience (Stromgren

**Purpose/Objectives:** To describe symptom type and reporting patterns found in spontaneously initiated telephone calls placed to an ambulatory cancer center practice.

**Design:** Retrospective, descriptive.

**Setting:** Adult hematology oncology cancer center.

**Sample:** 563 individuals with a wide range of oncology diagnoses who initiated 1,229 telephone calls to report symptoms.

**Methods:** Raw data were extracted from telephone forms using a data collection sheet with 23 variables obtained for each phone call, using pre-established coding criteria. A literature-based, investigator-developed instrument was used for the coding criteria and selection of which variables to extract.

**Main Research Variables:** Symptom reporting, telephone calls, pain, and symptoms.

**Findings:** A total of 2,378 symptoms were reported by telephone during the four months. At least 10% of the sample reported pain (38%), fatigue (16%), nausea (16%), swelling (12%), diarrhea (12%), dyspnea (10%), and anorexia (10%). The modal response was to call only one time and to report only one symptom (55%).

**Conclusions:** Pain emerged as the symptom that most often prompted an individual to pick up the telephone and call. Although variation was seen in symptom reporting, an interesting pattern emerged with an individual reporting on a solitary symptom in a single telephone call.

**Implications for Nursing:** The emergence of pain as the primary symptom reported by telephone prompted educational efforts for both in-person clinic visit management of pain and prioritizing nursing education and protocol management of pain reported by telephone.

**Knowledge Translation:** Report of symptoms by telephone can provide nurses unique insight into patient-centered needs. Although pain has been an important focus of education and research for decades, it remains a priority for individuals with cancer. A wide range in symptom reporting by telephone was evident.

et al., 2006; Tishelman, Degner, & Mueller, 2000) and little is known about what motivates the individual to seek help via phone communication. The purpose of this