

Optimizing the Benefits of Self-Monitoring Among Patients With Cancer

Mary Anne Purtzer, PhD, RN, and Carol J. Hermansen-Kobulnicky, PhD, RPh

Purtzer is an associate professor at the Fay W. Whitney School of Nursing and Hermansen-Kobulnicky is an associate professor in the School of Pharmacy, both at the University of Wyoming in Laramie.

This research was funded, in part, by the University of Wyoming Faculty Grant-in-Aid.

Both authors equally contributed to the conceptualization and design, data collection, analysis, and manuscript preparation.

Purtzer can be reached at mpurtzer@uwyo.edu, with copy to editor at ONFEditor@ons.org.

Submitted August 2015. Accepted for publication January 21, 2016.

Key words: decision-making; clinical practice; qualitative nursing research; patient education; quality of life

ONF, 43(6), E218–E225.

doi: 10.1188/16.ONF.E218-E225

Purpose/Objectives: To investigate oncology professionals' perspectives about, experience with, and envisioned feasibility of incorporating patient self-monitoring as a patient-centered practice.

Research Approach: An interpretive, descriptive study.

Setting: Four health systems and five cancer centers in three states.

Participants: 38 nurses, nurse practitioners, oncologists, physician assistants, and radiation therapists.

Methodologic Approach: Individual and focus group interviews.

Findings: Three themes were revealed: (a) the concept of self-monitoring is unarticulated and underused by healthcare providers, (b) taking a proactive approach with patients can help generate specific and accurate data for clinical decision making, and (c) self-monitoring by patients may result in challenges imposed by negativity.

Conclusions: This study uncovers the potential contribution of patient self-monitoring as a means of providing patient-generated data that informs clinical decision making, going beyond self-monitoring for self-management only. Because the term *self-monitoring* is not used by clinicians, adoption of an agreed-upon term is recommended as the first step toward developing and implementing a self-monitoring strategy. Findings support the need to reenvision patient education to ensure self-monitoring is clinically useful while preventing an excessive focus on the negative, which may contribute to patient anxiety.

Interpretation: The full potential for self-monitoring by patients is not entirely reached. Because nurses are charged with providing patient education, they are strategically positioned to adopt the term *self-monitoring* and integrate a self-monitoring strategy into patient-centered practice.

Self-monitoring comprises an “awareness of bodily symptoms, sensations, daily activities, and cognitive processes” and “measurements, recordings, or observations that inform cognition and provide information for independent action or consultation with care providers” (Wilde & Garvin, 2007, p. 344). This definition reveals key dimensions of self-awareness, observation, recording, knowledge, and reporting. Self-monitoring is proposed to contribute to self-management through improved symptom recognition and disease regulation (Wilde & Garvin, 2007).

Self-monitoring, or tracking, is becoming more popular in the general population. New technologies highlight the explosion of, and interest in, health-related self-monitoring. Use of the Internet and smartphone applications provide growing opportunities for consumers to track their health (Cha, 2015). People can track exercise, diet, and sleep and participate in online communities where they can track health conditions and share observations. Electronic personalized