Utilizing Research to Guide Clinical Practice in Prostate Cancer Education

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Conducting research in problem solving and utilizing findings involves decision making. These are the activities of leaders in oncology nursing. Specifically, providing patients newly diagnosed with cancer with information to assist them in their treatment decision-making efforts is an integral part of clinical practice. Nurses and other allied healthcare professionals must participate in and conduct empirical research to ensure that the provision of such services is supported by a reliable understanding of what information consumers actually require to make informed choices. This article outlines the steps taken by oncology nurses to use research to improve patient services and transform cancer care. It describes how a patient-focused program has been developed and currently is being evaluated with one specific patient population—men with prostate cancer. The article also describes how past and current research has been used to guide clinical practice. The author will discuss challenges that were encountered during the initial three years, along with plans for the future development of the center.

Background

Prostate cancer has become one of the most common forms of cancer in men in North America, second only to skin cancer. Increased public awareness has resulted in more men being screened and diagnosed at earlier ages with cancers that are localized to the prostate gland. At the time of diagnosis, men usually have a multitude of questions concerning the eradication of the cancer. In most centers, urologists diagnose and provide answers to many of these questions within the context of treatment consultations. However, the type and amount of information discussed often are dependent on the individual urologist’s practice. Some urologists focus on surgery as a treatment option and provide very little information about other available treatment options, and others fully inform patients about each available treatment option. In addition to information given orally, some urologists also provide written materials in the form of brochures or reprints.

In 1999, the Prostate Centre at Vancouver General Hospital in British Columbia, Canada, received a $20 million private donation from Mr. Jim Pattison, a local businessman. Funds from the donation were used to hire a nurse scientist at the Prostate Centre in September 1999. The role of this individual was to establish a patient education and resource center for men with prostate cancer. The Prostate Education and Research Center (PERC) at Vancouver General Hospital opened in January 2000. PERC’s mission is to provide men and their families with timely and accurate evidence-based information to assist them in making informed treatment decisions in collaboration with their physicians. The initial provision of services was provided by the nurse scientist based on her previous research conducted with this patient population. In addition to the nurse scientist, PERC now has three grant-funded nurses.

Patient services are based on an ongoing program of research that is examining the provision of information to support treatment decision making from the prediagnostic to palliative phase.

Reviewing the Literature

First, the literature was reviewed. Davison, Degner, and Morgan (1995) identified nine categories of information that patients newly diagnosed with cancer considered important. These nine categories of information were confirmed as being appropriate by a group of men who were within six months of prostate cancer diagnosis. After the content was validated, a paper-and-pencil questionnaire was developed to assess information preferences using a Thurstone methodologic approach (Thurstone, 1974). Thurstone’s method asks individuals to rank order a set of items two at a time. The idea of paired comparisons helps to overcome difficulties encountered when a researcher wants an individual to rank a set of items in order of perceived importance or preference.

Developing the Pilot Study

Next, a study was conducted to determine whether assisting men in obtaining the information they wanted would help them be more active participants in treatment decision making (Davison & Degner, 1997). A decision-support intervention was developed based on what previous researchers had identified as being most beneficial. For example, men in the intervention group received a written information package with discussion, a list of questions they could ask their physicians, and an opportunity to have the medical consultation audiotaped. Men in the control group received the same written package with no discussion. This written package also included a few of the brochures that patients already had access to in the clinic's

The nine categories of information were presented to men in fixed-order pairs, and the men were asked to select the one category from each pair that was most important on that day. Results showed that men rated information about prognosis or likelihood of cure, treatment options available for their stage of disease, side effects of recommended treatments, and stage of disease (how far the disease has spread) as the top four information priorities. A Likert scale also was used to measure the amount of information they wanted about each category. When given the choice, most men wanted a lot of information about each category of information. This approach revealed that the Likert scale created a ceiling effect and was not able to assist clinicians in identifying patients’ top information priorities.

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