Impact of a Pivot Nurse in Oncology on Patients With Lung or Breast Cancer: Symptom Distress, Fatigue, Quality of Life, and Use of Healthcare Resources

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Purpose/Objectives: To examine the impact on continuity of nursing care delivered by a pivot nurse in oncology to improve symptom relief and outcomes for patients with lung or breast cancer.

Design: Randomized controlled trial in which participants were randomly assigned to an intervention group (n = 93) with care by a pivot nurse in oncology and usual care by clinic nurses or to a control group (n = 97) with usual care only.

Setting: Three outpatient ambulatory oncology clinics in a large university health center in Quebec, Canada.

Sample: 113 patients with lung cancer and 77 patients with breast cancer.

Methods: Participants in both groups completed the Symptom Distress Scale, Brief Fatigue Inventory, and Functional Assessment of Cancer Therapy Scale–General version 4 at eight intervals over six months. Healthcare usage was evaluated through a review of hospital records.

Main Research Variables: Symptom distress, fatigue level, quality of life, and healthcare usage.

Findings: Researchers found no significant differences in symptom distress, fatigue, quality of life, and healthcare usage between groups.

Conclusions: The new nursing role did not have an impact on the patient outcomes under study.

Implications for Nursing: Experienced nurses with specialized knowledge of oncology symptom assessment and management may reduce the symptom burden experienced by ambulatory patients with breast or lung cancer during active treatment.

Key Points . . .

➤ Further study is needed to evaluate the strengths of different nursing care delivery models as the volume of cancer treatments and care in ambulatory clinic settings increases.

➤ Pivot nurses may help maintain lower symptom distress and improve continuity of care for patients with cancer.

➤ New models of care delivery are required to meet the growing needs of patients with lung cancer.

ments. Subjective symptoms often include fatigue, anxiety, constipation, depression, nausea, pain, problems with concentration, sleep disturbances, and dyspnea. Visible signs include vomiting, diarrhea, hair loss, and weight change (Cleeland, 2001; Dalal, Del Fabbro, & Bruera, 2006; Degner & Sloan, 1995; Given et al., 2004; Redeker, Lev, & Ruggiero, 2000).

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Lung cancer is a leading cause of cancer mortality and morbidity for men and women (American Lung Association, 2005). About 1 of 16 women and 1 of 12 men in Canada will develop lung cancer during their lifetimes (Canadian Cancer Society, 2008). Breast cancer affects few men, but one of nine Canadian women will be diagnosed with the disease. Given that about one of three Canadians will develop some form of cancer in their lives (Canadian Cancer Society), robust nursing interventions must be developed and tested to help patients with cancer and their families manage the accompanying symptoms and distress.

The symptom experience of cancer varies greatly among patients and generally is a result of the disease or its treat-