Telephone Calls by Individuals With Cancer

Marie Flannery, RN, PhD, AOCN®, Leanne McAndrews, LMSW, and Karen F. Stein, RN, PhD, FAAN

A ssisting 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 underexamined 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 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