

Current Practice Patterns for Oral Chemotherapy: Results of a National Survey

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The administration of chemotherapy drugs has shifted dramatically in the past 15 years from parenteral to oral administration (Moody & Jackowski, 2010). Along with this change has come increased responsibility for patient self-management. With oral chemotherapy, patients and their families bear the burden for the five rights of medication administration: right patient, right drug, right dose, right time, and right route. In addition, patients must understand administration directions, properly store and dispose of medications, recognize adverse effects as being related to their chemotherapy, and report those effects to the appropriate care provider.

A substantial body of literature indicates that patient and family education and follow-up are critical to treatment success with oral chemotherapy (Bedell, Hartigan, Wilkinson, & Halpern, 2002; Birner, Bedell, Avery, & Ernstoff, 2006; Chau, Legge, & Fumoleau, 2004; Gerbrecht & Kangas, 2004; Hartigan, 2003; Moody & Jackowski, 2010; Moore, 2007; Smith & Carter, 2010; Szetela & Gibson, 2007; Weingart et al., 2011, 2012; Weingart, Mattsson, Zhu, Shulman, & Hassett, 2012). Suggested strategies include specialized prescription instructions, medication diaries, dose monitoring (Khandelwal, Duncan, Ahmed, Rubinstein, & Pegus, 2011), monitoring and reinforcing teaching at each office visit, and follow-up telephone calls (Staddon, 2011). To date, however, national data about the actual practices related to oral chemotherapy treatment are not available, particularly in the outpatient setting where most oral chemotherapeutic agents are prescribed and managed. Oncology nurses often are at the front line of providing care for patients treated with oral chemotherapy (Winkeljohn, 2007). Nurses, therefore, have insight into the most difficult problems those patients face, and may be able to collaborate with their interdisciplinary colleagues to improve the standard of care, if necessary.

Purpose/Objectives: To describe current nursing practices in the United States regarding care and safety of patients taking oral chemotherapy.

Design: This three-phase study consisted of development, validation, and implementation of a national online survey.

Setting: Survey of oncology nurses in outpatient settings.

Sample: 577 oncology nurses.

Methods: Surveys were emailed to 5,000 members of the Oncology Nursing Society. The survey included 17 forced-choice items and one free-text item. Descriptive statistics and content analysis were obtained.

Main Research Variables: Patient care practices, nursing resources, and barriers to medication adherence.

Findings: Fifty-one percent of the respondents worked in practices that had developed specific policies, procedures, and resources for patients on oral chemotherapy. Barriers to treatment adherence included cost (81%) and adverse effects (72%). Practices with specific policies differed in clinical and statistical significance from practices without policies on almost every survey item. Free-text responses revealed that many practices have erratic procedures and inadequate interdisciplinary communication.

Conclusions: Systematic reliable policies and procedures for patient education, documentation, and interdisciplinary communication are urgently needed.

Implications for Nursing: Nurses should provide education and repeated teaching to improve patient safety, adherence to the medication, and self-monitoring for adverse effects.

Key Words: ambulatory care; oral chemotherapy; chemotherapy; clinical practice; patient education

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The purpose of the study was to explore and describe current nursing practices in the United States regarding care and safety of patients who are taking oral chemotherapy. The study had two specific aims: (a) to uncover nurse perspectives relative to the challenges in current practices for oral chemotherapy treatment and (b) to identify common barriers to treatment adherence among patients receiving oral chemotherapy.