

SMART Oncology Nursing: Literacy, Goals, Coaching, and Empowerment

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PROBLEM STATEMENT: This study assesses the effect of a nurse-designed SMART educational intervention on goal attainment, patient empowerment, and satisfaction.

DESIGN: A mixed-methods study design was used.

DATA SOURCES: 68 adults with cancer were recruited from an oncology research center and randomized to the immediate or waitlist control group. Empowerment was measured using the Patient Empowerment Scale, and health literacy was measured using the Cancer Health Literacy Test.

ANALYSIS: Measures were completed by the immediate group at enrollment and by the waitlist control group after an eight-week waiting period to establish an updated baseline. Participants received four learning modules on goal setting and coaching to facilitate learning and activation of knowledge. Visit data were collected by nurses based on participants' written and oral responses.

FINDINGS: Goal attainment ranged from 67% to 100%. Patient empowerment scores were high at baseline and throughout. No significant differences were noted among the groups on goal attainment, empowerment, or satisfaction.

IMPLICATIONS FOR NURSING: RNs can deliver a SMART educational intervention using a universal health literacy approach to support adults with cancer in creating symptom management strategies and attaining self-care goals.

KEYWORDS health literacy; goal attainment; empowerment; self-management; education

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Many adults with cancer have difficulty accessing, understanding, and applying health information. Patient education is often lacking a comprehensive approach to sharing health information in a manner that is sensitive to all levels of health literacy. Collaboration between healthcare clinicians and patients to apply health information and attain meaningful goals is often incomplete. Wittenberg et al. (2018) emphasized the importance of assessing patient understanding and adapting communication according to health literacy needs to ensure high-quality care. When health literacy needs are unmet, patients report difficulty with decision-making (Cohen et al., 2013).

According to the National Academies of Sciences, Engineering, and Medicine (2015), "For more than two decades, scientists and practitioners alike have acknowledged health literacy as a major determinant of individuals' health status and disease prevention behaviors" (p. 5). The Centers for Disease Control and Prevention (2021) reported that an estimated 9 of 10 adults have difficulty understanding and using health information, which may be further limited by stress and anxiety. Decreased health literacy has been associated with nonadherence, medication errors, and poor disease self-management (Christensen, 2016). Evidence demonstrates that effective health literacy interventions can improve outcomes for patients (Berkman et al., 2011). An educational intervention was developed using the universal approach to health literacy recommended by the Agency for Healthcare Research and Quality (AHRQ, 2015). This approach assumes that all people have difficulty understanding health-related information, as well as creates an environment conducive to learning and improves self-management by simplifying information and confirming understanding to reduce miscommunication (AHRQ, 2015). Cohen et al. (2013) found that having adequate time for the