

**Sigma's 30th International Nursing Research Congress**  
**Different Perspectives in Cancer Education: Nurses and Patients**

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**Purpose:**

Chemotherapy-induced nausea and vomiting (CINV) is one of the top five reasons why patients contact their physician during treatment, with older adults at greater risk for progressive severe side effects. CINV can lead to an increased use of resources for unplanned emergency department and hospital admissions due to cancer treatment side effects. Traditionally, education about potential treatment-related side effects occurs prior to treatment. However, education can be overwhelming and seem unimportant until needed. In addition, evidence shows that older adults do not necessarily believe self-management strategies for side effects work and tend to under-manage their own symptoms.

The purpose of this study was to examine the perception of education about side effects and self-management in older adults with cancer.

**Methods:**

Eight patients and caregivers and four oncology nurses participated in semi-structured interviews about cancer symptom experience and education. All participants had to have had experience managing CINV in the past as a patient, caregiver or nurse. Specifically, questions were designed to explore how older adults were educated to manage CINV and how they self-managed at home. Content analysis was used to code transcripts and extract common themes from the data.

**Results:**

Nurses, patients, and caregivers often had different perceptions about education and how CINV was managed at home. For the most part, patients felt that education for CINV was appropriate, but overwhelming at times. Some felt that they were not adequately prepared and wanted more information about specific and complicated medication regimens. Some reported that it was difficult to understand the significance of these side effects until it happened to them, while others felt so underprepared that they felt lied to. Almost all experienced severe CINV at one time or another but believed that they eventually got the hang of managing CINV at home by taking anti-nausea medications when nausea occurred. Few used evidence-based non-pharmacologic strategies.

Nurses expressed frustration that despite educating patients about the risk of CINV and how to manage it, patients did not follow recommendations, waited too long to self-manage side effects at home and were reluctant to call the clinic when side effects were severe. Nurses identified a serious patient knowledge deficit, which they believed was impacted by culture, age, hearing/vision deficits, patients being overwhelmed, and concurrent medical issues. The nurses agreed that some anti-nausea regimens were complicated, but also believed that older adults did not take their medications as directed, or at all, due to fears about medication or being hesitant to add another medication to their routine. Due to these frustrations, nurses sometimes expressed negative perceptions towards older patients which affected their motivation to educate them. Nurses stated it was important to assess older adult's readiness to learn and

preferred learning style, but they did not state they did that regularly. Nurses stressed that they needed to repeat vital information to older adults frequently.

**Conclusion:**

Patient and nursing perspectives about education and self-management differed. While CINV occurred in this population, older adults felt they were managing it appropriately despite using very few self-management strategies. Nurses identified several barriers to educating this population but did not seem to address these barriers. Nurses should consider using a teach-back method to verify what the patient heard and clarify if needed. Where patients are identified to have significant barriers to learning, accommodations should be made, including identifying a few critical points, writing down necessary points, and educating social supports. Nurses need to be aware of cultural considerations in older adults, including the tendency to not disclose problems. Peer support group and/or individual meetings with individuals who have been treated for CINV may be beneficial. In addition, simulation may be effective to prepare patients to effectively manage CINV. Regardless, nurses and other healthcare workers may have to think outside the box in order to provide education to older adults with different strategies to manage side effects at home.

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**Title:**

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**Keywords:**

cancer, education and older adults

**References:**

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### **Abstract Summary:**

Oncology nurses and patients often have different perspectives about cancer-related side effects and education given to manage those side effects. This presentation will describe two perspectives related to nausea and vomiting in patients with cancer- focusing on education and self-management.

### **Content Outline:**

#### Introduction

- Older adults with cancer at high risk for side effects such as nausea/vomiting
- Nurses educate patients about side effects and self-management at different time points
- Education can be overwhelming
- Older adults tend to under-manage side effect leading to unplanned hospital and emergency department admissions

#### Purpose and methods

- Examine the perception of education about side effects and self-management in older adults with cancer
- Qualitative description and content analysis
- Fourteen participants in semi-structured interviews

#### Findings

- Older adults felt education was appropriate, but overwhelming
- Some felt they were not adequately prepared for the reality of nausea/vomiting
- Most eventually figured out how to manage nausea/vomiting with medications
- Few used non-pharmacologic methods
- Nurses were frustrated by identified barriers to educating older adults: age, culture, hearing and vision impairments, patients being overwhelmed and concurrent medical issues
- Nurses believed older adults did not follow their advice until it was too late
- Nurses expressed negative feelings towards older adults which impacted their motivation to teach them

#### Conclusions

- Perceptions about education and side-effect self-management differed between patient and nurses
- Nurses need to address identified barriers in order to promote learning
- Alternate ways of teaching such as peer-support, teach-back methods, and focusing on critical take-home points may enhance learning.

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