ONCOLOGY NURSING Forum®

MAY 1993 VOLUME 20/NUMBER 4

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ONCOLOGY NURSING SOCIETY

Development of Inpatient Oncology Educational and Support Programs

Deborah Grassman

Support programs are needed to help patients manage the overwhelming emotions they experience when diagnosed and treated for cancer. Although many cancer support groups exist, most programs are designed for outpatients. Support groups for hospitalized patients and their families are an excellent way to provide greatly needed education and support to those who otherwise might not be able or willing to attend outpatient programs. Inpatient programs also offer the opportunity to provide support to people at the onset of diagnosis and treatment—a time when these services are particularly needed. This paper describes special considerations regarding the establishment of inpatient educational and support programs. The evolution of the Oncology Health Management Program of the Bay Pines VA Medical Center in Bay Pines, FL, also is presented. This multidisciplinary program for inpatients includes classes in spiritual support, family support, patient support, symptom management, stress management, and laughter therapy. Evaluation of the program revealed that classes that related symptom management were most useful and that laughter therapy and emotional support were reported to be highly beneficial as well. Nursing staff also gained from their participation in leading the program and expressed greater self-awareness and self-esteem. This has resulted in improved job satisfaction and staff retention as well as in more sensitive and compassionate delivery of patient care. These findings show that providing inpatient educational and support programs is an effective means of meeting the physical, mental, emotional, and spiritual needs of patients with cancer and their families. (*Oncology Nursing Forum*, Vol. 20, No. 4, pp. 669–676, 1993.)

Few words can evoke such an immediate, adverse, life-changing reaction as the word *cancer*. Patients can describe, in vivid detail, the day that they were told they had cancer, as well as how this news instantly changed their lives. Emotions that were never previously felt, now surface with an intensity that can be overwhelming. People often feel helpless—victims of a dreaded disease over which they have no control. In contrast, cardiac disease, even though it has higher morbidity and mortality rates, does not invoke such devastating reactions. This is because patients with cardiac disease can control their risk factors and influence their recovery by losing weight, reducing sodium and cholesterol intakes, exercising, taking medications, and stopping smoking. In other words, they can participate in managing their health while retaining considerable independence and control over their lives. An educational program is needed to promote similar participation, control, and independence for patients with cancer.

Existing Educational Programs

The American Cancer Society (ACS) offers several excellent programs to assist patients with cancer in realizing a therapeutic integration of the cancer experience into their lives. Many hospitals offer support groups that help the patient to process the many feelings that surface during the various stages of the cancer experience. The majority of existing programs, however, are designed for outpatients. The concept of inpatient educational and support groups has yet to be widely implemented in hospital programs. This is unfortunate, because hospitalized patients and their families are an excellent target group for educational and supportive modalities of care.

Evolution of an Oncology Health Management Program

In 1987, the staff of the Medical Oncology Department at the VA Medical Center in Bay Pines, FL, recognized a need to provide extensive educational and support services to patients undergoing chemotherapy, whether as inpatients or outpatients, and to their families. A multidisciplinary task force was formed to explore various methods for meeting these patients' identified needs, based on published practice standards (Oncology Nursing Society [ONS] & American Nurses Association [ANA], 1987). The members of the task force (composed of oncology nurses and physicians, a psychologist, social worker, chaplain, oral hygienist, dietitian, pharmacist, and patient education coordinator) agreed that a formalized, hospital-based program with appropriate goals for inpatients and outpatients, using a multidisciplinary teaching approach, would be the most effective way to meet these needs (see Figure 1). ACS (1988) outpatient support group guidelines were adopted to accommodate the inpatient group. Daily classes were designed to offer spiritual support, stress management, family support, symptom management, patient support, and laughter therapy.

Deborah Grassman, RN, BSN, OCN, is a nurse manager at the Department of Veterans Affairs Medical Center in Bay Pines, FL. *(Submitted November 1991. Accepted for publication February 1, 1993.)*

The goals of the Oncology Health Management Program are to:

- Provide information on the disease process, its treatment, and symptom management
- Promote awareness of feelings, insight, and appropriate communication with others
- Encourage awareness of cancer's effect on sexuality
- Promote personal growth, inner healing, and peace of mind
- Provide the opportunity for spiritual affirmation of life
- Enhance the patient's/family's ability to live with cancer and to cope with treatment
- Teach behavioral techniques to recognize and manage stress-related symptoms of cancer and its treatment
- Provide an environment for the healing expression of laughter
- Encourage patient participation in the decision-making process, fostering self-control
- Enhance compliance with treatment and related self-care
- Optimize utilization of personal, social, and community resources to manage the disease and to minimize social isolation
- Support the dying patient and the grieving family

Figure 1. Program Goals

Special Considerations Regarding the Development of Inpatient Programs

Special considerations are necessary when developing programs for inpatients, as opposed to those for outpatients. First, most cancer support groups are designed in such a way that the course content is distributed over several weeks. Course curricula are designed for continuous, progressive learning and growth. However, the structure, design, and implementation of an inpatient program must differ considerably since inpatients are acutely ill and experience high levels of anxiety and discomfort. This can interfere with class attendance, motivation to learn, and attention span, as well as with the learning process itself. These factors necessitate modification of instructional design, teaching methods, and class structure.

Inpatient Program Instructional Design

Since continual attendance cannot be ensured, course content must be modified to make each class independent of any others. The classes cannot be repetitive, however, since many of the same patients return for treatment on a monthly basis. Reconciling these two seemingly conflicting curriculum requirements can present a challenge with respect to instructional design. Utilizing group elicitation techniques to discuss participants' concerns, maintaining multiple teaching formats based on group need, and developing a diverse audiovisual library are methods that have proven effective in meeting this challenge with regard to our inpatient program.

An example of the flexibility that is required to lead groups is manifested by the patient support group in which multiple teaching formats are used. Groups range in size from 5 to 15 participants, approximately 90% of whom are inpatients; the remaining 10% are returning outpatients, or outpatients waiting for clinic visits. Therefore, before each class, the previous attendance records are consulted to determine an appropriate videocassette (i.e., one that attendees have not viewed previously). An alternative format utilizes a "feelings inventory," which is a tool that the nursing staff developed to promote insight and self-awareness. This inventory consists of a list of adjectives describing a variety of feelings, both positive (e.g., cared for, encouraged, important) and negative (e.g., angry, afraid, depressed, invaded, uncertain). Patients are asked to circle any words that describe how they are feeling on that day. A third option that can be implemented successfully is that of a group discussion based on a common topic or question. Using a chalkboard to record all of the responses helps patients to feel accepted and also encourages participation.

Motivation to Learn

An outpatient's motivation to attend class, and his or her willingness to learn, can contrast sharply with an inpatient's. Because of the effort required to leave home to attend class every week over an extended period of time, outpatients must have sufficient self-motivation, commitment, and desire to learn. Thus, group process is facilitated to some degree because members are receptive, interested participants, as evidenced by their willingness to overcome the obstacles inherent to making this effort. Inpatients, however, might be nauseated as a result of chemotherapy, become uncomfortable from sitting in the same position, or feel distracted and anxious because of concerns about possibly missing physician or family visits during the class. They might attend class merely out of boredom or only to comply with nurse/physician expectations. The group leader must first take all of these factors into consideration and then skillfully redirect patient energies.

Class Structure

The length of the class is yet another factor that needs to be considered. Generally, inpatients can tolerate a maximum of one hour of class. Medicating patients for pain or nausea prior to class eases discomfort and increases tolerance. In addition, reclining chairs, pillows, or other mechanical aids are beneficial. Encouraging patients to leave class anytime that the need arises will increase their control over their level of comfort.

Inpatients are reluctant to attend off-ward classes because of the energy required to cover longer distances and also because of the anxiety that can occur when they must leave the security and comfort of their beds. Therefore, accommodations must be arranged on the ward, utilizing a room that can be accessed easily by patients in wheelchairs and with IV poles. In this hospital, classes are held in a casually furnished room, called "The Living Room," to create a "homey," peaceful atmosphere. Relaxation is promoted by the presence of an aquarium and plants, and by music intended to accompany meditation. This room is used by patients and staff for the exclusive purpose of physical, mental, emotional, or spiritual healing. A description of the room is posted on the door so that people can read this material prior to entering (see Figure 2).

This is a **HEALING ROOM.** Its purpose is to provide an environment where healing can take place on whatever level you need.

If you are in need of physical healing, this area can provide you with a restful environment that can help you find strength and energy to heal your body. You will also find booklets and classes here that will give you helpful ideas about how to manage annoying symptoms you might be experiencing.

If you are in need of mental or emotional healing, this area can help you find peace within yourself and with others. Most patients and their families experience many feelings about the many changes their illness causes. Anger, grief, pain, fear, depression, helplessness, and loneliness are common feelings that most people have during an illness. It is important that you express these feelings. Keeping these feelings bottled up will only increase them, causing deeper pain. Allowing yourself to feel the anger, pain, or grief that you are experiencing, ironically, will convert them to more peaceful feelings. So share the burdens you are feeling.

Remember . . . *Share the scare.*

It will lighten the load, allowing emotional healing to take place. If you are angry or upset with someone else, heal the relationship here. Be open and accept each others' feelings so that the anger can be converted to understanding. You will also find booklets and classes that will help you get in touch with the many intense feelings you are having and teach you how to express these feelings.

If you are in need of spiritual healing, this area can provide you with an environment for prayer or meditation. Classes and booklets are available that will help you feel God's healing Love.

This room is NOT an area for socializing.
Use the room next door for social activities.

For staff: This room is designated for your needs, as well. Use this area to learn better ways to care for those veterans and their families entrusted in your care. Use this room to regenerate your sagging spirits when you are in need of strength. Come here when you need to laugh, scream, or cry, because of the pain, anguish, and joy you feel because you minister so lovingly to your patients. Come here to bridge your differences with each other and heal each others' wounds when you hurt each others' feelings or step on each others' toes.

Remember our nursing service's vision: Our passion is human health and well-being. Together, we soar to excellence. Above all, we care.

Figure 2. Description of "The Living Room"

Multiple curriculum formats are available to accommodate excessive or unexpected workloads for the staff. Three different class formats can be implemented, based on staffing needs: if staffing is adequate for the workload, (1) nurses lead the group as outlined in the teaching plan; but if staffing does not permit this, (2) the social worker or psychologist is contacted to lead the class; if those staff members are unavailable, however, (3) an appropriate videotape is then shown, and patients are encouraged to discuss its contents among themselves, without the attendance of a facilitator. Leo Buscaglia's videotape, *Speaking of Love*, is especially appropriate for this purpose (see inset on page 672). It is an inspirational presentation that generally does not evoke threatening feelings that would require professional help in order to cope with them.

Audiovisual Aids

Audiovisual materials are effective teaching aids (Cassileth, Heiberger, & March, 1982). Videotapes depicting patients and families sharing their feelings about their cancer experiences are particularly effective because patients can relate to the emotions that these people express. Sometimes, this experience is less threatening than revealing personal feelings, especially for patients who do not feel comfortable with expressing their emotions or who do not like the idea of a support "group." Videotapes project a "classroom" rather than a "group" atmosphere; for the same reason, patients are invited to "class" rather than to "group." Many excellent cancer-related videocassettes are available that can meet program objectives. Potential resources for these materials include volunteer organizations, pharmaceutical companies, and the hospital's medical library. In addition, the ACS has video materials that may be purchased or reproduced for a nominal fee.

It is important to have printed materials available that can be reviewed after classes; this serves as a vehicle for patients to share class content with family and friends who were not able to attend. Printed materials become especially useful to patients and families after discharge, because questions and unanticipated problems often emerge at home. The hospital librarian, the local ACS unit, the National Cancer Institute (NCI), and pharmaceutical representatives are excellent resources for obtaining appropriate written materials.

Even with all these resources, it still may be necessary to develop materials suitable to meet the needs of a particular patient/family population. Early on, during a session held to evaluate the program's effectiveness, nursing staff reported that many of the patients were not reading the booklet *Chemotherapy and You* (NCI, 1990) and suggested that this was because the booklet's reading level made it difficult for most patients to comprehend the material. The booklet also was judged to be too lengthy (35 pages) for acutely ill patients to read. To resolve this problem, the staff developed individual one- or two-page handouts for each of the commonly experienced symptoms related to the disease process or side effects of treatment. The only handouts that are distributed are those that specifically address the symptoms that a particular patient is experiencing or is likely to experience. To promote the availability and increase the visibility of the handouts, 12 bulletin boards were installed along the hallways of the inpatient unit. Incorporating principles of psychoneuroimmunology (PNI), posters were designed to humorously and effectively change patients' perceptions of cancer, chemotherapy, and management of side effects, as well as enhance their sense of control. The topics displayed are cancer, chemotherapy, bone marrow depression, pain, dry/sore mouth, appetite/nutrition, constipation/diarrhea,

Videotapes That Promote Physical and Emotional Health Management

Cancer: Finding Help and Hope. Wyeth-Ayerst Laboratories. Philadelphia: 1991. Patients describe the emotional impact of cancer on their lives.

Cancer: Its Effect on Self-Image and Intimate Relationships. Michael Fife and the Lincoln Medical Education Foundation. Lincoln, NE: 1987. Patients describe the emotional impact of cancer on their lives.

Cancer: Treatment and You. Wyeth-Ayerst Laboratories. Philadelphia: 1991. Patients describe the emotional impact of cancer and its treatment on their lives.

Chemotherapy Experience. American Journal of Nursing Co.; Memorial-Sloan Kettering. New York: 1983. Anticipated side effects of chemotherapy and its management are explained.

Chipper. Plexis Communications Corp. Tarzana, CA: 1975. Martin Sheen and John McMartin depict the "afterlife." Promotes discussion about death and dying.

The Experience of Cancer: Interview With a Patient's Wife. MGH-TV; Massachusetts General Hospital. Boston: 1984. A wife eloquently describes the emotional impact that her husband's cancer has had on her.

Facing Cancer. Lincoln General Hospital, Education and Staff Development. Lincoln, NE: 1982. Patients describe the emotional impact of cancer on their lives.

Fight for Your Life. Varied Directions Inc. Camden, ME: 1977. Encourages implementing psychoneuroimmunology principles to regain health. Bernie Siegel featured.

Finding Your Way. Fanlight Productions. Boston:1989. Describes behavioral stress management techniques that can be used during treatment.

Getting On With It. Centocor, Inc. Malvern, PA: 1992. Linda Ellerbee hosts a group of women describing the emotional impact of cancer on their lives.

Packy. Plexis Communications Corp. Tarzana, CA: 1977. Bob Newhart and Jack Klugman humorously portray the "afterlife." Promotes discussion about death and dying.

Speaking of Love. PBS Video; KVIE Television. Sacramento, CA: 1980. Inspirational presentation featuring Leo Buscaglia calling people to love each other.

Take Charge. AIMS Media. Van Nuys, CA: 1988. A patient describes the emotional impact of cancer on his life.

Tom Cottle Show: Being Well. Kate Taylor, for WGBH. Boston: 1980. A couple depicts their successful battle against the husband's gallbladder cancer, using psychoneuroimmunology principles.

sexuality, nausea/vomiting, feelings/self-image, grief/dying, and discharge teaching/community resources (see Figure 3). These displays have had a dramatic impact on patient education because they ensure that patients can access this information themselves instead of depending on the healthcare team to recognize their need for instructional materials. It also has increased family members' access to this information.

Other, unexpected benefits have been noted as well; for example, the displays have improved the ward environment. Besides creating a lighter atmosphere, the bright colors, jokes, and humorous characters provide interesting diversions for patients and families who are bored or waiting. In addition, PNI research stresses the relationship between unconscious imagery and the effects of treatment (Siegel, 1986). In an effort to change the internal visual messages that patients send to their bodies during chemotherapy, nurses hang a picture with the caption "Chemo is your friend" on the IV pole during chemotherapy administration (see Figure 4).

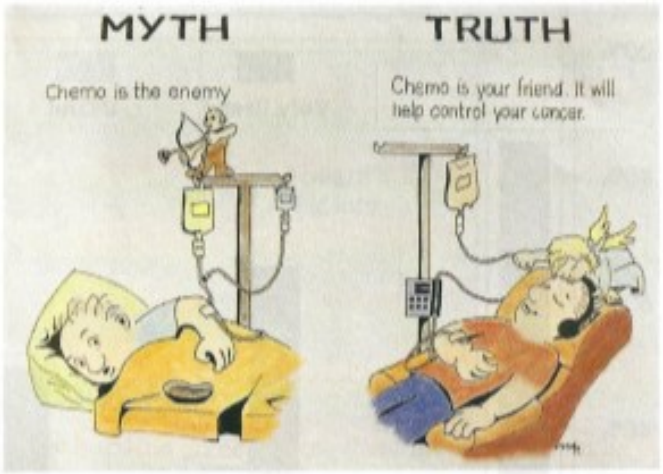
Evaluation of the Program

During the initial stages of the program, a simple survey was developed to elicit feedback that would guide modifications in the development of curriculum and instructional design. Now that the program has stabilized, patient/family evaluation is monitored with a general patient-satisfaction survey that includes questions about the classes. This ongoing evaluation has led to many changes. The patient survey revealed that patients experienced anxiety related to concerns about missing visits from physicians or visitors. This information resulted in the development of signs that could be left on the beds to inform others of the patients' whereabouts. Patients also suggested that refreshments be served during the classes, and when this idea was implemented, attendance improved. Based on family recommendation, the program content was modified to include information about the availability of assistance with will-writing and funeral arrangements. The patient/family satisfaction survey also provided important feedback on the effectiveness of the program (see Figure 5). Patients and families reported that the symptom management class was the most helpful because it increased their knowledge about what to expect, thereby decreasing their fears and increasing their sense of control. The "Laugh In" was ranked second-highest, with patients citing the value of interrupting the dull hospital-routine and the need to "keep their spirits up." The emotional support groups were ranked third-highest, with participants reporting that attendance at these helped them to feel less isolated. The spiritual support and the stress management classes were ranked fourth- and fifth-highest, respectively, with participants citing increased comfort and decreased anxiety as benefits that they had gained from attending these two classes.

The Oncology Health Management Program

As a result of the formative and summative evaluations, the Oncology Health Management Program evolved into a format that is implemented daily on the inpatient oncology unit.

Figure 3. Hallway Bulletin Board Displaying Variety of Information



Bulletin board and poster designs courtesy of Margot Portelli, RN.

Figure 4. Picture Hung on IV Pole to Change Patients' Internal Visual Messages

On Monday afternoons, the chaplain conducts a spiritual support group for patients and families. Different philosophies about life are discussed, as well as feelings about God, death, and the "afterlife." The group closes with a prayer, and participants receive an inspirational handout.

A family support group led by a nurse is scheduled for Tuesdays. Family members are encouraged to express their feelings, especially those that they are unable to express in front of their loved ones, such as frustration, anger, despair, and neglect. These feelings are cited frequently, and expressions of them are accepted, encouraged, and validated, which creates a strong network of support among family members as commonalities surface. Booklets on home care, community resources, and wills are distributed. After a patient's death, a sympathy card is sent to the family, inviting them to continue their attendance at these sessions.

On Wednesday afternoons, a nurse leads a stress management class that focuses on the holistic relationships among the body, mind, and emotions. A relaxation exercise employing breathing techniques, relaxing words, and peaceful images is used. Ways to use these techniques (e.g., for pain control) are discussed. Each participant receives a relaxation tape to use for follow-up practice, and pamphlets on pain control also are distributed.

The symptom management class is presented each Thursday afternoon. On an alternating schedule, a nurse, physician, dietitian, pharmacist, or oral hygienist presents different instructional curricula. Every other week, the dietitian presents information on nutrition as it relates to the disease process and chemotherapy treatment. Various, enriched milk shakes are mixed in a blender and sampled. Presentation of this session is shared with either the pharmacist or the oral hygienist. The pharmacist relates information about medications and procedures for outpatient prescription renewals, while the oral hygienist demonstrates proper oral care with regard to chemotherapy and also provides supportive products. On alternating weeks, a nurse conducts a session during which patients present symptoms that they consider to be difficult to manage, and then share how they have successfully managed these symptoms. Responses are written on a chalkboard, and all patients experiencing that particular problem receive a handout containing information on how to deal with it. During the last 15 minutes of this class, a physician joins the group to answer questions.

A patient support group is held each Friday morning; this class is led by a nurse. A videotape that prompts patients to express their feelings about the cancer experience is shown. As the patients are encouraged to trust their own feelings, they become able to verbalize anger as well as other threatening feelings. A large punching bag that is kept in the room symbolizes the appropriateness of angry feelings and also serves as a reminder of the need to express them. Reasons for being angry are marked on the bag (e.g., "Punch here if you're angry that your hair is falling out," "Punch here if you're mad because you have to come to the hospital every month, whether you want to or not," "Punch here if you're upset because you might die"). Books encouraging healing through self-awareness, resolution of emotional conflicts, and pursuit of peace of mind are loaned to interested patients (e.g., *Love, Medicine, and Miracles* [Siegel, 1986], *The Cancer Conqueror* [Anderson, 1988]). During this class, patients also are encouraged to contribute to the patient scrapbook, which is an excellent vehicle for patient self-expression and also fosters insight. After signing a consent form, the patient's picture is taken, and he or she then completes a questionnaire (see Figure 6). The completed "autobiographies" are kept in a decorated binder in "The Living Room" for patients and families to peruse. As patients view how others are coping with similar difficulties, their feelings of isolation diminish. The scrapbook also helps nurses view their patients from a more holistic perspective, enhancing understanding and promoting therapeutic relationships. Finally, it is an important means of helping nurses to remember patients. Recalling these memories can help nurses to deal with the feelings of loss that they experience when their patients die.

On Saturday evenings, a "Laugh In" is held. Facilitated by a nurse, comedy videotapes are shown, and popcorn and soft drinks are served. The healing effects of laughter are used to help patients experience some "comic relief" and to gain a lighter perspective.

A "prn" group is held whenever a new patient comes to the unit for initial chemotherapy treatment. A short vid-

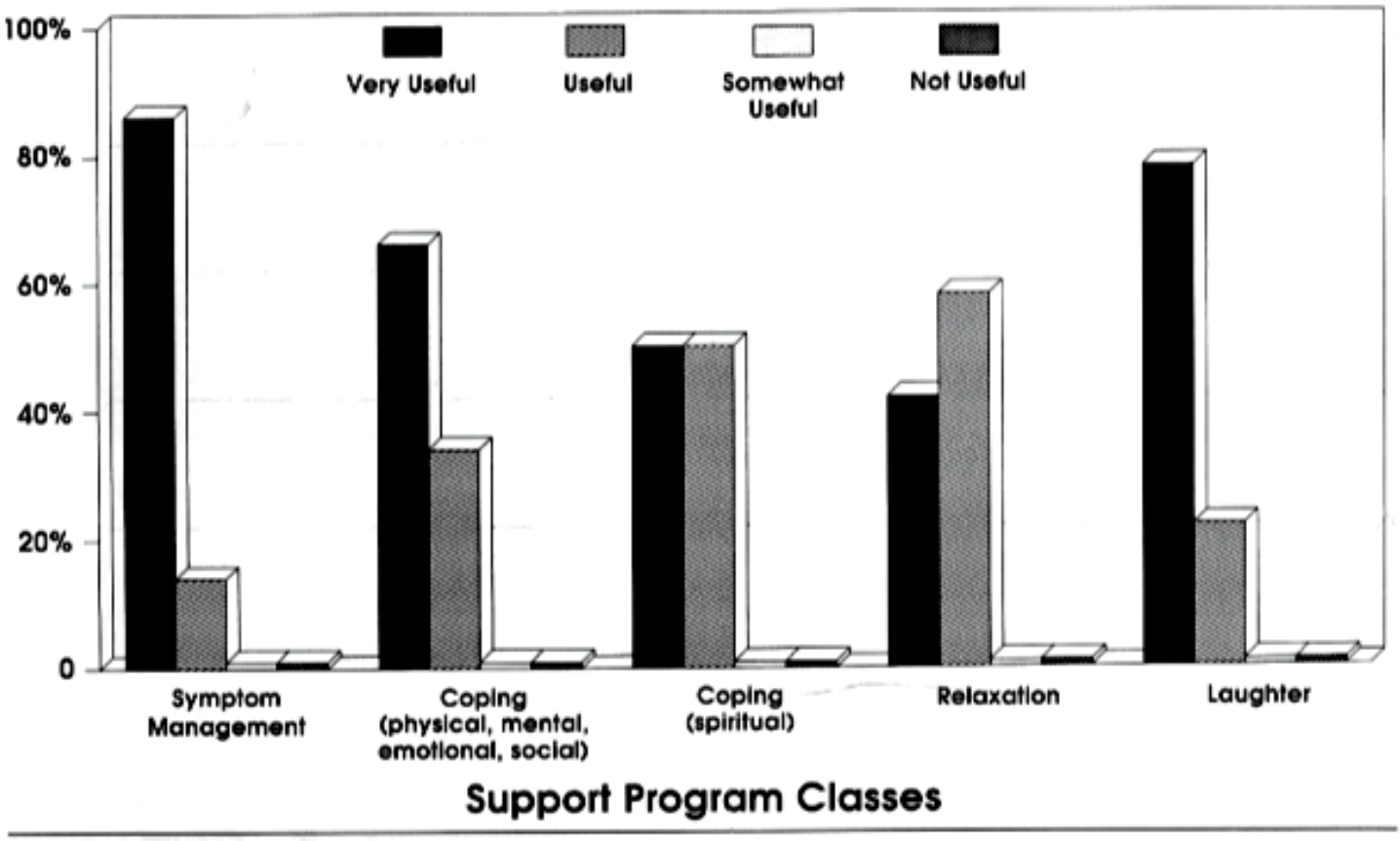


Figure 5. Evaluation of Teaching Program (N = 30)

eotape explaining chemotherapy is viewed, followed by a discussion with "more experienced" chemotherapy patients. This process helps the new patient to allay fears and dispel myths; it also provides the patient with an opportunity to have his or her questions answered.

Supporting an Inpatient Educational Program

Participation in this program has had an impact on nursing time and responsibilities. Nursing tasks must be scheduled around class times. Patients must be readied for, transported to, and made comfortable in the classroom. Much of the time, nurses must prepare the classroom as well as teach the program. After class, patients must be returned to their rooms and made comfortable, and the documentation must be completed. Frequently, patients need individual follow-up after class. For the program to succeed, nursing administration must appreciate the workload that classes entail and be willing to provide the necessary staffing support.

For successful implementation of the program, physician support is needed as well. Class attendance improves dramatically when physicians encourage participation as part of the treatment regimen. In addition, physicians need to respect group time by not interrupting class to see a patient and thereby disrupt group dynamics.

If attendance of patients from other wards or outpatient clinics is desired, administrative support from these areas must be coordinated. Coordinating classes with outpatient clinic schedules also can facilitate class attendance. For example, family support group is scheduled on the afternoons when families of clinic patients are waiting. Also during this time, educational videotapes can be played in the outpatient waiting room.

Last, but most important, is patient support. Patients must be made aware of the classes and be convinced that attending them will be beneficial. Class schedules are posted on the ward, and nurses from other wards are encouraged to refer their patients. The ACS also publicizes the program in the community and makes referrals. Prior to a meeting, nursing staff invite each patient to attend class. The most important promotional tool of a program is the quality of the class itself, and word of mouth is the most effective form of advertising.

Group Leadership Training

A training manual outlining the program goals, class content, and lesson plans is reviewed by prospective group leaders who then participate in a class led by an experienced leader. After the class, the leader shares insights with the trainees about group dynamics and the rationale for the interventions that were utilized. A retreat for group leaders is held annually. Program evaluation, idea sharing, and role-playing a support group develop leadership skills, promote collegiality, and foster staff cohesion. More importantly, the novice facilitator must understand that the role of the group leader is to accept and encourage the expression of feelings, not to "fix," or "rescue" people from, so-called "negative" feelings (Grassman, 1992). Group leaders are taught to demonstrate acceptance of threatening feelings with responses such as, "I'd be angry, too, if that happened to me." This attitude of understanding creates a healing environment in which patients can experience the peace that is on the other side of anger (Grassman).

My name is: _____

My occupation is/was: _____

My hobbies/interests are: _____

The type of cancer I have is: _____

The treatment I'm getting is: _____

Through all of this, the hardest thing for me to deal with is:

_____

My greatest fear about treatment is: _____

My greatest hope from treatment is: _____

This drawing reflects how I feel about my cancer and its treatment:

Some of the many feelings I've had through all this are (circle the appropriate words):

angry	cared for	hopeless	accepted
afraid	depressed	hurt	rejected
loved	lonely	helpless	encouraged

Patient's Picture

What helps me communicate these feelings to others is:

What I need most from everyone else is:

My family's feelings are:

To help themselves cope with my illness, my family has done:

What I have done to help my family deal with my cancer is:

Figure 6. Patient Scrapbook Form

Staff Benefits

The oncology teaching program was developed to meet the needs of patients and their families, but nurse facilitators report that they themselves also experience personal growth and development that enhances their self-awareness and self-esteem. This has resulted in improved job satisfaction and staff retention. Moreover, the skills and understanding derived from leading groups result in nursing care that is more sensitive and compassionate. Nurses who learn how to nurture their patients through group process also learn how to nurture each other, resulting in a cohesive team in which nurses can count on each other for support. Because of these benefits, it is recommended that staff nurses play an integral role in group facilitation for a teaching program.

Implications for Practice

This program has far-reaching implications for inpatient teaching and support programs. Inpatient programs offer the opportunity to provide education and support to people at the onset of diagnosis and treatment—a time when these services are particularly needed. Outpatients reflect this need in statements such as, "I wish I could have had this information and support I'm getting now, before I started treatment. That's when I was really feeling overwhelmed and confused."

The family is another valuable resource for patients who are too ill to attend class or for those who decline participation in outpatient programs (Given & Given, 1989). Through inpatient family programs, patients can be indirectly provided with necessary education and support.

Summary

Patient fears, loss of control and independence, and perceived threats related to cancer treatment contribute to noncompliance with treatment (Blumberg & Johnson, 1990; Given & Given, 1989). Inpatient education and support groups can avert this by dispelling myths, providing information about health management and treatment participation, and encouraging patient relationships that decrease feelings of isolation. Patients and families who participated in the inpatient support group (the one described in this article) reported an increase in self-awareness, with greater insight into their ability to participate in their own wellness. They also stated that the program helped to diminish their feelings of helplessness and hopelessness. Nurses who facilitated the program reported greater sensitivity and understanding regarding the impact of cancer on patients and their families. As a result, nursing services were—and are—being rendered in a more therapeutic and compassionate manner. Providing inpatient education and support programs is an effective means of meeting the physical, mental, emotional, and spiritual needs of patients with cancer and their families.

The author would like to acknowledge the contributions of the nursing staff who support this program through their tireless efforts, creativity, and loving devotion to their patients/families and to each other: Laura Bottey, RN, Sandra Clement, LPN, Carmen Espada, RN, Karen Henry, RN, Brenda Hinds, LPN, Carolyn Spell, LPN, Fran Archer, RN, Suzanne Bauer, NA, Enid Clarke, LPN, Colleen Dean, NA, Billie Ely, RN, Julie Gaidos, NA, Jessie Goforth, RN, Diane Lawhorne, RN, Marlene Lewis, RN, Pinkie Monroe, NA, Margot Paradis, RN, Patricia Perkins, RN, John Sargent, RN, and Shirley Walker, LPN; as well as Janet Gray, RN, Janice Wittman, RN, PhD, and Connie Reynolds, for their assistance in developing and promoting the program.

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Share Your Patient Education Materials

The "Patient Education" feature of the *Oncology Nursing Forum* highlights teaching tools, programs, and issues relevant to patient education. If you have a topic you would like to share with your colleagues, consider submitting a paper to the *Oncology Nursing Forum*. Manuscripts that accompany a teaching tool should address the following aspects regarding that tool:

- Identified need
- Purpose/objectives
- Development process
- Targeted patient population
- Reading level
- Evaluation strategies

Submit inquiries and manuscripts to Deborah Volker, RN, MA, OCN, *ONF* associate editor for "Patient Education" at The University of Texas, M.D. Anderson Cancer Center, Division of Nursing, Box 82, 1515 Holcombe Blvd., Houston, TX 77030.