

A Work Sampling Assessment of the Nursing Delivery of Palliative Care in Ambulatory Cancer Centers

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Background: Most cancer care occurs within infusion rooms at ambulatory cancer centers, which are staffed by RNs administering chemotherapies and other cancer care medications. Many patients receiving these therapies have basic palliative care needs that could be addressed by the RNs. However, the extent to which these RNs spend their time on basic, or “primary,” palliative care is unknown.

Objectives: The aim of this project was to conduct a work sampling assessment of infusion room RNs’ work activities and provision of primary palliative care.

Methods: A single observer conducted direct observation work sampling at three academic cancer center infusion rooms. Nursing tasks were recorded via freehand text and later assigned an appropriate task code.

Findings: Observed infusion room RNs spent about 1% of their time on direct care palliative care tasks, primarily symptom assessment. The remainder of their time was divided among direct (28%) and indirect (56%) nonpalliative care activities, unit-related activities (7%), and personal time (9%). Infusion room RNs spent less than a third of their time on administering direct patient care and very minimal time on performing palliative care activities.

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The majority of cancer care now occurs within ambulatory care settings (Muir et al., 2010) where patients receive cancer-directed treatments, such as chemotherapy. Many of these patients have significant palliative care needs, including physical and psychological symptoms (e.g., pain, bowel irregularity, debilitating fatigue, anxiety, depression). Early palliative care provided by specialists has been shown in randomized, controlled trials to affect patient and caregiver outcomes, such as improved quality of life and decreased symptom distress (Gaertner, Weingärtner, Wolf, & Voltz, 2013; Hui et al., 2015). Specialist palliative care is often not available, and, when available, it is frequently delayed or underused (Morita et al., 2008). In addition, the importance of this care is often underrecognized by cancer care teams (Ferrell, Smith, Levit, & Balogh, 2014). Increasingly, national and international organizations are emphasizing the importance of providing

“primary” palliative care, or basic palliative care delivered by nonspecialists, for all patients with serious illnesses (Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine, 2014; World Health Organization [WHO], n.d.; Worldwide Palliative Care Alliance, 2014).

As frontline caregivers and advocates for patients, infusion room nurses working in ambulatory cancer centers are well suited to provide primary palliative care. Nurses often have more familiar and personal relationships with patients than do their physician counterparts (Cummings, 2008). These relationships have the potential to result in more honest discussions about goals of care, health and personal concerns, and hopes of patients and caregivers (Vallerand, Musto, & Polomano, 2011). In cancer care, palliative care assessment, symptom management, care collaboration, and follow-up is well within the licensure and scope of practice of RNs. In