

RESEARCH BRIEF

A Telemedicine-Delivered Nursing Intervention for Cancer-Related Distress in Rural Survivors

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OBJECTIVES: To evaluate preliminary efficacy, fidelity, and integrity of data collection of a nurse-led, telemedicine-delivered video visit intervention aimed at improving management of rural survivors' cancer-related distress symptoms.

SAMPLE & SETTING: 21 rural survivors participated in a nurse-led telemedicine intervention delivered six weeks after the end of active cancer treatment.

METHODS & VARIABLES: Participants' symptom management was measured with the Short Form Survivor Unmet Needs Survey, a four-factor, 30-item instrument that measures the unmet needs of adult survivors. Data were collected preintervention and six weeks postintervention.

RESULTS: The mean difference between pre- and postintervention survey scores was -0.24 , representing an overall improvement in management of unmet needs. The unmet emotional needs domain had the highest mean preintervention score and the largest mean reduction. All effect sizes were small.

IMPLICATIONS FOR NURSING: A nurse-led, telemedicine-delivered video visit intervention may improve rural survivors' symptom management during early survivorship. Comparison with a control group using a sample size powered to detect clinically meaningful differences is an important next step to fully evaluate the impact of this model of care.

KEYWORDS cancer survivors; nursing intervention; rural health; telemedicine; cancer-related distress

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Oncology nurses are well-positioned to support survivors in managing post-treatment cancer-related distress (CRD) (i.e., the physical and psychosocial symptoms that emerge from cancer and its treatment) (Holland et al., 2013). Following completion of active treatment, survivors may experience physically distressing symptoms (e.g., pain, difficulty sleeping, fatigue), as well as psychologically distressing symptoms such as grief, anger, fears about their health, and concerns about the impact of cancer on their lives (Holland et al., 2013). Left unmanaged, CRD can lead to long-term reductions in quality of life (Aaronson et al., 2014). At worst, it can result in suicide, for which survivors living in rural areas of the United States are at higher risk (Aboumrad et al., 2018; Ivey-Stephenson et al., 2017).

Despite evidence that telemedicine can improve health access for rural populations, few telemedicine-delivered video interventions have been evaluated with a rural sample (DeGuzman et al., 2021; Douthitt et al., 2015; Marcin et al., 2016; Zahnd & Ganai, 2019). Researchers have evaluated digital interventions with survivors; however, the majority used either web-based or telephone (i.e., audio only) delivery methods. Very few published studies have tested the efficacy of telemedicine video visits (Chen et al., 2018; Skrabal Ross et al., 2020; Willems et al., 2020). Telemedicine-delivered telephone interventions are useful for reaching populations with limited internet access, but compared with telemedicine video visits, they have limited utility for detecting psychosocial signs of CRD, which require an assessment of both verbal and nonverbal cues (DeGuzman et al., 2020). Compen et al. (2018) compared psychological distress between Dutch cancer survivors receiving either an in-person or video visit mindfulness and cognitive behavioral therapy intervention. Both the in-person and telemedicine interventions produced improvements in psychological distress, but the