

Patient Perspectives on the Usefulness of Routine Telephone Follow-Up as Psychosocial Support for Hematologic Malignancies: Australian Findings

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Since the 1990s, telephone interventions have been used as a potentially effective way to provide psychosocial care for patients with cancer (Gotay & Bottomley, 1998). That approach was thought to be particularly promising for patients who may not otherwise receive psychosocial care because of factors such as geographic isolation, physical limitations, or a lack of comfort with face-to-face approaches. However, situating routine telephone follow-up supportive care for patients with hematologic malignancies in the literature is complex because the extant research covers many topics with little commonality. The majority of research conducted on telephone follow-up care for patients with cancer focused on clinical care rather than supportive care management. In the clinical literature, most research, with the exception of Compaci, Ysebaert, Obéric, Derumeaux, and Laurent's (2011) study, rarely mentions research for telephone follow-up as supportive care for patients with hematologic malignancies.

Available research on telephone supportive care in place of clinical care for patients with cancer largely focused on diagnostic groups other than hematologic malignancies (e.g., colorectal cancer, prostate cancer, gynecologic cancers, breast cancer) (Crane-Okada et al., 2012; Cusack & Taylor, 2010; Pistrang, Jay, Gessler, & Barker, 2012; Scura, Budin, & Garfing, 2004). Each type of cancer has specific factors that affect the psychosocial challenges of the disease and its treatment that render the generic term "cancer" meaningless and make generalizations about supportive care strategies less useful.

Considerable variation exists in the literature for patients' preferences for supportive services. Telephone support can be offered to patients and caregivers individually or as a group (Gotay & Bottomley, 1998; Walsh & Schmidt, 2003). Extensive research documented the different psychosocial and supportive care needs for patients and caregivers, and participants differed in preferences for an individual or group approach.

Purpose/Objectives: To explore the use of routine telephone follow-up as a supportive care strategy for patients with hematologic malignancies from the patients' perspectives.

Research Approach: A qualitative design based on a series of open-ended interviews and one focus group.

Setting: Leukaemia Foundation of Queensland, Australia.

Participants: 50 participants recruited from the Leukaemia Foundation of Queensland database that represented a sample of major diagnostic groups, age, gender, and geographic location of patients with hematologic malignancies.

Methodologic Approach: Interviews and focus groups were open-ended and were recorded, transcribed verbatim, coded, and thematically analyzed to form the basis of the findings.

Findings: The majority of participants in the study saw a perceived benefit in regular telephone follow-up as a supportive care service. Benefits included the positive aspects of individualized attention, potential support created for those not open to conventional types of support, and the positive effects of allowing support organizations to keep track of patient progress. However, some participants did not want to receive regular telephone follow-up support because of a desire to move on and access to other support through friends, family, or healthcare professionals.

Conclusions: The results from the current study affirm previous research. Attitudes toward a telephone follow-up support service vary from patient to patient. Research demonstrates that patients with cancer responded with attitudes that range from favorable to unfavorable toward the benefits and usefulness of telephone support.

Interpretation: Oncology nurses provide supportive care for patients with hematologic malignancies, and they serve as a key professional group to provide follow-up telephone supportive care. Based on the findings from the current article, oncology nurses who provide supportive care should be aware of differing attitudes among patients with hematologic malignancies toward telephone follow-up support. Nurses participating in support initiatives should recognize the notion of patient receptivity and how it affects telephone support strategies.

Key Words: hematologic malignancy, telephone follow-up, supportive care, psychosocial, qualitative research