

Describing a Nurse Case Manager Intervention to Empower Low-Income Men With Prostate Cancer

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Purpose/Objectives: Describe and categorize nurse case manager (NCM) interventions for low-income, uninsured men with prostate cancer.

Research Approach: Descriptive, retrospective record review.

Setting: Statewide free prostate cancer treatment program in which each patient is assigned an NCM.

Participants: 7 NCMs who developed interventions based on empowerment through increasing self-efficacy.

Methodologic Approach: NCM entries were extracted and coded from 10 electronic patient records, line by line, to reveal initial themes. Themes were grouped under categories. Investigators then reviewed and expanded these categories and their descriptions and postulated linkages. Linkages and relationships among categories were empirically verified with the original data. NCM entries from another 20 records were prepared in the same manner as the original records. Modifications were made until the categories contained all of the data and no new categories emerged. Categories were verified for content validity with the NCMs and reviewed for completeness and representation.

Main Research Variables: NCM interventions.

Findings: Categories of NCM interventions emerged as assessment, coordination, advocacy, facilitation, teaching, support, collaborative problem solving, and keeping track. Categories overlapped and supported each other. NCMs tailored interventions by combining categories for each patient.

Conclusions: The skillful tailoring and execution of intervention strategies depended on the knowledge, experience, and skill that each NCM brought to the clinical situation. NCM categories were consistent with the tenets of the self-efficacy theory.

Interpretation: The model, based on NCM interventions, provides a guide for the care of underserved men with prostate cancer. Components of the model need to be tested.

Key Points . . .

- By increasing self-efficacy, nurse case managers can be key in delivering interventions that empower underserved men with prostate cancer.
- Low-income, uninsured men face a variety of barriers to receiving adequate prostate cancer treatment.
- Tailoring interventions to individual patient needs can be accomplished by skillfully selecting and blending strategies from several categories according to specific clinical situations.

tronic record in preparation for developing and testing a model of NCM care designed to empower low-income men with prostate cancer through enhancement of self-efficacy.

Background and Literature Review

Since the inception of IMPACT, all patients were assigned an NCM to ensure that they did not become lost in the health-care system. As the program evolved, so did the NCM's role. The primary goal of IMPACT NCMs now is to empower patients through enhancement of self-efficacy. This provided the conceptual framework around which NCM interventions were developed.

Empowerment

Empowerment is the process through which an individual's belief in his or her self-efficacy is enhanced or belief in his or her powerlessness is diminished (Conger & Kanungo, 1988). Through empowerment, individuals develop a sense of personal mastery regardless of outcomes (Davison & Degner,

What happens to a man who lives in his car when he is diagnosed with prostate cancer? How can a Mexican immigrant who speaks no English and lives in the United States learn to manage the side effects of his prostate cancer treatment? Improving Access, Counseling, and Treatment (IMPACT) to Californians with prostate cancer is a state-funded program that provides prostate cancer treatment to uninsured men with incomes less than 200% of the federal poverty level. The cornerstone of this program is the nurse case manager (NCM) care provided to every enrolled patient. Thus, this program offered a unique opportunity to describe the interventions employed by NCMs as they managed the care of low-income, underserved men with prostate cancer; develop a model of care; and test that model. The purpose of this study was to describe and categorize NCM interventions as they were documented in the IMPACT elec-

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