

P179 - Implementation of a Screening Programme for Cancer Related Distress: Part IV - What Determines Willingness of Nurses to Offer Help for Unmet Needs?

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OBJECTIVES It is generally accepted that cancer clinicians frequently overlook unmet needs and tend not rely upon their own clinical skills. We aimed to examine what factors influence clinicians' willingness to give professional help to patients for psychosocial or physical problems. This formed part of screening programme based on the Emotion Thermometer (DT) delivered by chemotherapy nurses in Leicester (UK).

METHODS We asked chemotherapy nurses to give us their clinical opinion before and after screening patients for distress, anxiety and depression (each defined by a score of 4 or higher on the ET). We asked nurses to record who they helped for unmet needs and for what problem. We report data on 269 nurse-patient interactions analyzed with a logistic regression. We examined why nurses offered some form of help to 24% whilst 76% were not offered help. Of those helped 23 received a referral to a specialist service which was 16.7% of those who screened positive for an emotional complication.

RESULTS From 269, nurses offered some form of help to 65 patients with 204 (76%) not offered help. Of these 204 only 20 people declined help but 34 had no identifiable unmet needs. Therefore in 150 cases there was a "meetable unmet need" but without treatment.

Of the 65 who were helped, 23 received a referral to a specialist service which was 16.7% of those who screened positive for an emotional complication.

The most powerful influences upon nurses willingness to offer help were as follows:

- Patient desire for help (t = -5.2; P < 0.0001)
- Number of unmet needs (t = -4.306888; P < 0.0001)
- Clinicians confidence (t = -2.356001; P = 0.0192)
- Patient reported anger (t = 2.428197; P = 0.0159)

Anxiety, depression, distress, receipt of training, baseline clinical impression, impression after screening and stage of illness were not influential.

Together these factors predicted 24% of the variance and could correctly classify 81% willingness to help vs not help with a sensitivity of 94.53% and a specificity of 40.62%

CONCLUSIONS In routine care about ¼ of people with cancer are not offered explicit psychosocial help and about half have a meetable unmet need. Clinicians with greater confidence decide to help patients who most ask for help or who are angry as well as those with most needs.

CLINICAL IMPLICATIONS Clinicians must attempt to elicit unmet needs and offer help where clinically appropriate. Routine use of tools to elicit unmet needs and response of staff may be useful in clinical practice.


