

# Overcoming Barriers to Cancer-Helpline Professionals Providing Decision Support for Callers: An Implementation Study

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**Purpose/Objectives:** To evaluate the effect of an intervention on healthcare professionals' perceptions of barriers influencing their provision of decision support for callers facing cancer-related decisions.

**Design:** A pre- and post-test study guided by the Ottawa Model of Research Use.

**Setting:** Australian statewide cancer call center that provides public access to information and supportive cancer services.

**Sample:** 34 nurses, psychologists, and other allied healthcare professionals at the cancer call center.

**Methods:** Participants completed baseline measures and, subsequently, were exposed to an intervention that included a decision support tutorial, coaching protocol, and skill-building workshop. Strategies were implemented to address organizational barriers.

**Main Research Variables:** Perceived barriers and facilitators influencing provision of decision support, decision support knowledge, quality of decision support provided to standardized callers, and call length.

**Findings:** Postintervention participants felt more prepared, confident in providing decision support, and aware of decision support resources. They had a stronger belief that providing decision support was within their role. Participants significantly improved their knowledge and provided higher-quality decision support to standardized callers without changing call length.

**Conclusions:** The implementation intervention overcame several identified barriers that influenced call center professionals when providing decision support.

**Implications for Nursing:** Nurses and other helpline professionals have the potential to provide decision support designed to help callers understand cancer information, clarify their values associated with their options, and reduce decisional conflict. However, they require targeted education and organizational interventions to reduce their perceived barriers to providing decision support.

Patients with cancer are faced with decisions throughout the continuum of care—from prevention, through treatment, to survivorship and the end of life (see Figure 1). Many such decisions are challenging because more than one medically reasonable option is available. Consequently, high-quality decisions are defined as being informed with the latest evidence and consistent with patients' informed values (Elwyn et al., 2006; Ratliff et al., 1999). Although most patients want to participate actively in making

## Key Points . . .

- ▶ Current quality of decision support by healthcare professionals for callers is inadequate.
- ▶ Educational interventions (e.g., tutorial, skill-building workshop, coaching protocol) address barriers at the healthcare professional level that interfere with the provision of decision support.
- ▶ Integration of decision support skills in telepractice can be further facilitated by ongoing support for skill development, interventions targeting barriers at the organizational level, and an increase of patient and public awareness of such services.

cancer-related decisions, many report a lack of ability, limited decision-making skills, and low confidence to be involved to the extent they prefer (Lobb, Kenny, Butow, & Tattersall, 2001; O'Connor, Drake, et al., 2003; Steginga & Occhipinti, 2002, 2004). The need for patient decision support is rapidly increasing in cancer care given the numerous options and their complexity, requiring patients to weigh benefits and harms across options.

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