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Vigilance Experiences: Cancer Patients, Family Members, and Nurses

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Abstract:

VIGILANCE EXPERIENCES: CANCER PATIENTS, FAMILIES, AND NURSES
 Cancer disease, treatment, and errors in health care put patients at increased risk for poor outcomes. To improve outcomes and protect patients, researchers recommend increased vigilance; yet, research on vigilance in health care is minimal. There are even fewer studies on patients, family members, and nurses' experiences of vigilance, although such studies could contribute to understanding mechanisms that foster vigilance within and across groups. The purpose of this study was twofold: Aim 1 was to describe the experiences of vigilance as perceived at the individual levels of patients receiving treatment for cancer, family members of a patient with cancer, and oncology nurses. Aim 2 was to evaluate commonalities in the lived experience of vigilance as described by patients receiving treatment for cancer, one of their family members, and a nurse caring for them. A qualitative, empirical phenomenological method guided this research. The sample consisted of 7 cancer patients, 6 family members of cancer patients, and 7 oncology nurses. Broad, data generating questions were constructed to elicit rich, narrative descriptions of participants' experiences with

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vigilance, which were audio-taped and transcribed. Each participant group data were individually analyzed, using Colaizzi's method. Significant statements from each participant were identified, restated in the language of science, and interpreted for formulated meanings. From formulated meanings, theme categories were constructed and merged across participants within the groups. A narrative of the commonalities of the experience within each group was developed. The across group commonalities were analyzed in a matrix. A total of 5,272 total significant statements were derived from three participant groups. Eleven themes were derived from patient data, ten from family member data, and ten from nurses' data. Vigilance appeared as a complex, multidimensional phenomenon, which is implicitly shared within and across these three groups. Common vigilance themes found across all 3 groups included: identification of threats, the key importance of knowledge, trust, hope and connectedness, the beyond the call of duty nature of vigilance, ways vigilance takes energy and effort, what promotes and interferes with vigilance, and vigilance as a shared phenomenon. Implications were found for the healthcare system and nursing care.

Description:

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