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ONCOLOGY NURSING: CURRENT PERSPECTIVES

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ABSTRACT

An oncology nurse is a registered nurse who provides comprehensive care for patients who have cancer. Oncology nurses work in a multi-disciplinary team in a variety of settings like indoor patients, outdoor setting, chemotherapy centre, bone marrow transplant unit, community outreach program and palliative centers. The primary roles of the oncology nurse is patient assessment, educating the patient and families, patients assessment, symptom management, supportive care, coordinating the care of cancer patient, administration of chemotherapy drugs and participating in research. Currently, cancer nurses must overcome many obstacles arising from clinical, organizational, and educational issues; including their low status, the limited scope of nursing practice, work overload in a hierarchical system, and cultural beliefs that view death and dying as taboo. It is high time that we acknowledge the merits of improving nursing education as an important strategy for enhancing nursing autonomy, quality of care, and outcomes for the increasing number of patients with cancer in low- and middle-income countries. Hospitals need to ensure a supportive ward culture and appropriate workload that will enable nurses to provide holistic care to patients. There is a need for institutions to provide communication skills training to their oncology nurses for navigating through challenging patient interactions; and to realign cancer nursing education, practice, and research to match demographic and epidemiological realities.

Keywords: Oncology nursing, cancer care, role, obstacles, strategies

INTRODUCTION

Nursing is an integral part of the health-care system and encompasses the promotion of health, prevention of illness, care of physically and mentally ill as well as the disabled across all age groups. An oncology nurse is a professional who specializes in caring for cancer patients undergoing or recovering from cancer treatments as well as people at risk of the diseases. The role of the oncology nurse is expanding, especially in the developed countries. Experienced, professional oncology nurses contribute significantly to patients' well-being and clinical outcomes, in addition to advancing the art and science of oncology nursing.1,2 Oncology nurses practice in a variety of settings including acute care hospitals, ambulatory care clinics, radiation therapy facilities, home healthcare agencies, and community agencies. They practice in association with a number of oncologic disciplines, including surgical oncology, radiation oncology, gynecologic oncology, pediatric oncology, and medical oncology. The roles of the oncology nurses vary from the intensive care focus of bone marrow transplantation to the community focus of cancer screening, detection, and prevention.3With cancer rates globally on the rise and an increase in complex treatments, there is a greater need for the advanced practice nurse. Nurses also play an ever-increasing role in rehabilitation as patients live longer with the effects of cancer and treatment.

Evolution of practice of oncology nursing

Traditionally, most of the developing world has witnessed the lack of specialized oncology nursing education programs which is one of the biggest obstacles in imparting standard of care to the needy cancer cases. In the last few decades, more so in the developed world, oncology nursing education has stressed on hands-on training and inservice education or certificate courses at a community college level over and above that acquired in basic nursing education. Some organizations have developed formal educational processes to support nurses in working with cancer patients within major tertiary centers and in communities. Oncology nursing has evolved in response to population growth and changing demographics, changing regulatory requirements, decreasing lengths of inpatient hospital stays, and ongoing advances in cancer treatment, information, and biotechnology. Changes in societal perceptions of cancer

and increased access to information have enabled patients to seek out knowledgeable and skilled oncology nurses. Significant outcomes achieved through nursing research include increased access to care and patient education; improved patient satisfaction, cost-effectiveness of health care, and treatment adherence; fewer hospital admissions; decreased lengths of stay; lower readmission rates; fewer emergency room visits; and lower healthcare costs. Oncology nurse researchers also have studied the economic burden of cancer treatment, limited employment options, and survivorship issues.4 The integration of targeted therapies into practice, advances in combined modality therapy and an increase in treatment delivery technology mandates that the oncology nurse must be well-educated to care for this population of patients. Oncology nurses must be able to think critically, analyze, reflect, problem-solve, and apply high-level knowledge that is evidence- and research-based to clinical interactions with patients who need their care. 5,6

Responsibilities and duties of oncology nurses

The responsibilities of oncology nurses extend beyond direct patient care, with roles as research, manager, consultant, and patient educator. They work hand-in-hand with physicians and other healthcare team members to ensure the greatest quality of care for the patient. The responsibilities and duties of oncology nurses include: Performing patient assessment and reviewing their health history; create individualized care plans on patient under their supervision and care; administering medications and other oncology treatments such as chemotherapy; keeping track of imaging, pathology and laboratory findings; collaborate with a team of healthcare professionals to share expertise and knowledge; conduct cancer research to enhance treatment protocols assigned to cancer patients; explaining complex medical terminology to patients and their families and answering all of their answer questions; give supportive resources on the patient and the families to promote positive outlook; teach patients and the families regarding treatment expectations; watch and record the patient's progress on a constant basis; and chart the patient's response to treatment and medication. Oncology nurses offer a wide range of service, from cancer prevention to direct care through palliative, supportive, and rehabilitative services. Nurses will play a vital role in the future design and delivery of high-quality cancercare. 7,8

Role in supportive care

Oncology nurses are closely involved with numerous supportive care issues encountered by cancer patients and their families. Because nurses spend more time with patients experiencing pain than does any other health professional, it is of utmost importance that the nurse be knowledgeable about pain assessment and both pharmacologic and nonpharmacologic management of pain, in order to provide good pain control as well as patient and family education. Nursing care should be planned to promote patient comfort, provide patients and their families with information related to pain control, provide information about and assistance with behavioral and physical interventions, prevent and alleviate side effects of pharmacologic therapies, and promote patient compliance with therapy and required follow up. The nurse should explain the rationale for interventions and provide time for patient and family questions. Patient education should include the names of the pharmacologic agents, dosage schedules, side effects, interventions to alleviate nausea and vomiting, such as antiemetics, and interventions to alleviate constipation. The nurse should monitor the effectiveness and side effects of pharmacologic interventions, respiratory status, and bowel functioning, as well as mental and cognitive functioning. Oncology nurses are essential in providing palliative care from diagnosis to death to patients with cancer. With palliative care skills and knowledge, oncology nurses can provide quality cancer care. 3,9

Role of communication

Cancer patients and families have a high prevalence of psychological stress and need emotional and social support; therefore, the importance of adequate communication about the diagnosis, prognosis and treatment alternatives cannot be over-emphasized. The benefits of effective communication in an oncology setting are multifold and include the overall well-being of patients and health professionals, adherence to treatment regimens, psychological functioning, and improvements in quality of life. Oncology nurses need training in providing empathy, particularly in these areas: (a) identify and acknowledge their own emotions when caring for patients with cancer; (b) learn how to assess the communication needs of the patient and family members; (c) participate in communication skills training to learn skills for communicating empathy and (d)

practice use of communication skills in difficult and challenging interactions. Training can be implemented to inform nurses about the communication challenges, to equip them with effective communication skills and improve their receptivity to patient cues. Nurses should consider patients' psychological readiness to communicate and respect their preference as to whom they wish to share their thoughts/emotions with. Providing specific training in communication skills is one way to enhance the communication between nurses and their patients. 10-13

Coping strategies for Oncology nurses

Cancer care nursing is perceived as personally and professionally demanding. Developing effective coping skills and resilience has been associated with better health and wellbeing for nurses, work longevity and improved quality of patient care. Such strategies include employing clinical supervision, staff retreats, psycho-educational programs, compassion fatigue resilience programs, stress inoculation therapy and individual approaches that reduced the emotional impact of cancer care work. In one such systematic review by Gillman L et al14 it was found that most effective interventions include: a) foster connections within the team; b) provide education and training to develop behaviors that assist in controlling or limiting the intensity of stress, or aiding recovery; and c) assist in processing emotion and learning from experiences. Although individuals must take responsibility for developing personal strategies to assist coping and resilience, organizational support is integral to equipping individuals to deal with work related challenges. 13-15

Obstacles in oncology nursing

One of the barriers to the nursing presence in the oncology care unit is the difficult and stressful work environment. Nurses are sometimes exposed to verbal abuse while on the patients' bedside, and may be vulnerable to violence and aggression while being in close contact with patients and their families while they experience a stressful life-threatening situation. Oncology nurses are more prone to fatigue, reduced physical and mental health, and emotional burnout mainly due to shortage of human resources and the intensive work shifts. Enforcing a minimum nurse-to-patient ratio not only improves outcomes such as patient safety, length of stay, and readmission rate, it also increases the appeal of nursing as a career and decreases the rate of burnout among

nurses. The shortage of nursing staff creates overworked nurses who are unable to realize their full potential in providing quality patient care and have to spend most of their time doing basic and rudimentary tasks instead of communicating with the patients and paying attention to their needs. This ultimately results in job dissatisfaction, a stressful work environment, increased rate of medication error, and decreased quality of care provided to patients. Failure to pay attention to motivational factors in nurses can lead to low job satisfaction, and motivation reduced service quality and ultimately patient dissatisfaction with the health care services provided. 16-18

The Indian Experience

India, like other developing countries, continue to struggle with several key issues like deficiency of highly-skilled oncology nurses, lack of structured training programs for postgraduate oncology nursing, apathy of government bodies to formulate policies for effective oncology training and relatively low status of oncology nurses in the hierarchy pattern. This is further complicated by the big divide between the job opportunities in urban corporate sector and rural and government sector, including state-run medical colleges. Due to overall shortage of trained manpower in oncology, the onco-nursing staff has to cope up with long working hours, early burnout, professional dissatisfaction and personal stress. At times, they have to perform general duties, administrative responsibilities, maintain inventory of chemotherapy centre, and perform data entry etc rather than providing critical nursing care. The nursing curriculum at the graduate level needs major overhaul to incorporate general principles and all-inclusive overview of oncology nursing. Refreshment courses, scientific updates and continuing nursing education are also required; and so is participation in clinical trials and research methodology. Every oncology institute should have a robust training program for oncology nursing and an in-house institutional protocol to ensure smooth uninterrupted nursing services.

Future perspectives

Nurses must stay current with an ever changing array of targeted therapies and developing science. Nurses will influence cancer care quality, value, cost, and patient satisfaction. It is critical for oncology nurses and nursing organizations to engage with all oncology care stakeholders in identifying the future needs of oncology patients and

the environment in which care will be delivered. Nurses themselves must identify the roles that will be needed to ensure a workforce that is adequate in number and well trained to meet the future challenges of care delivery. There is a need to realign cancer nursing education, practice, and research to match demographic and epidemiological realities. Key aspects of nursing practice, including involvement in advanced care planning, patient-centered care, and evidence-based practice, are essential for highquality care. Oncology nurses will be centrally involved in healthcare innovations, such as rapid learning systems, and as key members of a well-trained workforce. Advances in information technology can allow us to bring educational opportunities to nurses across the globe and establish a uniform process of educating and credentialing advanced practice nurses. The oncology nurse of the future will need to become comfortable and flexible with technology. Creating a global advanced oncology nursing curriculum can help to bridge the gap between oncology nurses across continents and enhance education of nurses working in the cancer setting in Asia. 19,20

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REFERENCES

- 1. Johnkennedy N, Constance N, Hope O. A review of nursing diagnostics. Jour Adv Nurs Pract 2014;1(1):17-20.
- 2. Nwozichi CU, Ojewole F, Oluwatosin AO. Understanding the Challenges of Providing Holistic Oncology Nursing Care in Nigeria. Asia Pac J Oncol Nurs 2017;4(1):18-22.
- 3. Reiger PT, Yarbro CH. Principles of Oncology Nursing. In: Kufe DW, Pollock RE, Weichselbaum RR, et al., editors. Holland-Frei Cancer Medicine. 6th edition. Hamilton BC Available (ON): Decker; 2003. from: https://www.ncbi.nlm.nih.gov/books/NBK12354/
- 4. Mick J. Factors affecting the evolution of oncology nursing care. Clin J Oncol Nurs 2008;12(2):307-13. doi: 10.1188/08.CJON.307-313.
- 5. Quinn A. Expanding the role of the oncology nurse. Biomed Imaging Interv J 2008;4(3):e34.

- 6. Van Cleave JH, Kenis C, Sattar S, Jabloo VG, Ayala AP, Puts M. A Research Agenda for Gero-Oncology Nursing. Semin Oncol Nurs 2016;32(1):55-64. doi: 10.1016/j.soncn.2015.11.007.
- 7. Ferrell B, McCabe MS, Levit L. The Institute of Medicine report on high-quality cancer care: implications for oncology nursing. Oncol Nurs Forum 2013; 40(6): 603-9. doi: 10.1188/13.0NF.603-609.
- 8. Luck L, Chok HN, Scott N, Wilkes L. The role of the breast care nurse in patient and family care. J Clin Nurs 2017; 26 (21-22): 3422-3429. doi: 10.1111/jocn.13704.
- 9. Mojarad FA, Jouybari L, Sanagoo A. Rocky Road Ahead Of Nursing Presence in the Oncology Care Unit: A Qualitative Study. Open Access Maced J Med Sci 2018 Nov 20;6(11):2221-2227. doi: 10.3889/oamjms.2018.426.
- 10. Boyle DA, Barbour S, Anderson W, et al. Palliative Care Communication in the ICU: Implications for an Oncology-Critical Care Nursing Partnership. Semin Oncol Nurs 2017; 33(5):544-554. doi: 10.1016/j.soncn.2017.10.003.
- 11. Tay LH, Hegney D, Ang E. Factors affecting effective communication between registered nurses and adult cancer patients in an inpatient setting: a systematic review. Int J Evid Based Healthc 2011; 9(2):151-64. doi: 10.1111/j.1744-1609.2011.00212.x.
- 12. Banerjee SC, Manna R, Coyle N, et al. The implementation and evaluation of a communication skills training program for oncology nurses. Transl Behav Med 2017; 7(3):615-623. doi: 10.1007/s13142-017-0473-5.
- 13. Banerjee SC, Manna R, Coyle N, et al. Oncology nurses' communication challenges with patients and families: A qualitative study. Nurse Educ Pract 2016;16(1):193-201. doi: 10.1016/j.nepr.2015.07.007.
- 14. Gillman L, Adams J, Kovac R, Kilcullen A, House A, Doyle C. Strategies to promote coping and resilience in oncology and palliative care nurses caring for adult patients with malignancy: a comprehensive systematic review. JBI Database System Rev Implement Rep. 2015;13(5):131-204. doi: 10.11124/jbisrir-2015-1898.
- 15. Duarte J, Pinto-Gouveia J. The role of psychological factors in oncology nurses' burnout and compassion fatigue symptoms. Eur J Oncol Nurs. 2017;28:114-121. doi: 10.1016/j.ejon.2017.04.002.

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- 16. De la Fuente-Solana EI, Gómez-Urquiza JL, Cañadas GR, Albendín-García L, Ortega-Campos E, Cañadas-De la Fuente GA. Burnout and its relationship with personality factors in oncologynurses. Eur J Oncol Nurs. 2017;30:91-96. doi: 10.1016/j.ejon.2017.08.004.
- 17. Thuy Nguyen L, Clemenceau Annoussamy L, LeBaron VT. Challenges Encountered by Vietnamese Nurses When Caring for Patients With Cancer. Oncol Nurs Forum 2017 1;44(2):147-151. doi: 10.1188/17.0NF.147-151.
- 18. Kubota Y, Okuyama T, Uchida M, et al. Effectiveness of a psycho-oncology training program for oncologynurses: a randomized controlled trial. Psychooncology 2016;25(6):712-8. doi: 10.1002/pon.4000.
- 19. Joshi TG, Ehrenberger HE. Cancer clinical trials in the new millennium: novel challenges and opportunities for oncology nursing. Clin J Oncol Nurs. 2001;5(4):147-52.
- 20. Wujcik D. Scientific Advances Shaping the Future Roles of Oncology Nurses. Semin Oncol Nurs 2016;32(2):87-98. doi: 10.1016/j.soncn.2016.02.003.