

2010 Top Priorities for Cancer Nurses



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'Education and Change Top Priorities for Cancer Nurses' was the headline of an article published in the journal *Kai Tiaki Nursing*, New Zealand, in November 2008.

The article described the launching of a clinical document compiled by the Palliative Care and Cancer Nursing Education Working Group, called 'A National Professional Development Framework for Cancer Nursing in Aotearoa, New Zealand.' This was an opportunity for nurses working in the speciality of cancer care to have a structured professional pathway for career development and self-directed learning. The document, which can be found on the New Zealand Nurses Organisation (NZNO) Cancer Nurses Section and the Ministry of Health websites, defines the agreed levels of practice in cancer nursing as a specialty, as well as the core competencies for nurses working with those families with a cancer diagnosis in a generalist setting. The endorsement by the NZNO Cancer Nurses Section opened up further opportunities with information regarding the availability and accessibility of the document being disseminated to 600 members within New Zealand. Alongside this, the Ministry of Health worked with the Directors of Nursing/Midwifery within District Health Boards to ensure

distribution to each of the six cancer centres and the regional centres.

With the knowledge and skills for each level of practice defined, this is an opportunity to use a document to guide cancer nursing education, seek funding to support that education, and assist nursing managers to facilitate professional development programmes for cancer nurses that build on and promote the goals of the New Zealand Cancer Control Strategy Action Plan 2005-2010.

By November 2009, there was evidence from nurses working in the cancer and regional centres that other workforce issues were also causing concern. These issues, presented to the NZNO Cancer Nurses Section committee, related to cancer nursing workforce capacity alongside patient and nurse safety concerns, due to increasing numbers and complexity of chemotherapy treatments being delivered.

The NZNO Cancer Nurses Section facilitated a written survey of nurses working in chemotherapy administration units throughout New Zealand, with the areas requiring comment being those highlighted as issues by the members. Included in this survey was a request for feedback on their knowledge and regional use of the document the 'National Professional Development Framework for Cancer Nursing in Aotearoa NZ.' With comprehensive feedback from 12 chemotherapy administration units and some community services, an initial collation of the results followed a number of themes. I have chosen four to address here.

Health Needs

There was strong acknowledgement of the 2009 'Voice of Experience' study

from the Cancer Control, where patients' experiences of their cancer journey were analysed with areas for improvement identified. These included areas where cancer nurses, because of their knowledge and skills, would be the appropriate workforce and fit for purpose to address these areas for improvement e.g. provision of information about possible changes in relationships, sexual activity and emotion, help with anxiety and fears about their diagnosis and treatment, taking into account patients' living situations when planning treatment, including travel concerns. From the 6 cancer centres, there was feedback on the health needs of both patients and staff, as many treatment regimens were being delivered as in-patient therapy due to the extended time taken for complex programmes with sicker patients. For those areas with no in-patient area, there was pressure on staff to get treatment delivered in an 8-hour day and an identified lack of community support following administration of therapies with high toxicity profiles.

Workloads

Concern was expressed by all areas about the increasing workloads and the constant lack of space in the form of beds and chairs, resulting in some treatments being delayed. The complexity of treatments and the new treatment modalities allowed opportunities for treatment to be delivered to a greater number of patients, many with advancing age, thus adding to the complexities of care for a nurse who may be delivering care to patients with a range of ages across the lifespan all at the same time. In many areas the nurses were working over their current contracted hours and there seemed limited ability to recoup

"cancer nursing workforce capacity alongside patient and nurse safety concerns" issues highlighted by cancer nurses

the hours attached to this. Alongside this was the report of staff turnover being high, 50% in one area, an identified lack of experienced cancer nurses on the teams, the sickest patients often being cared for by the most inexperienced nurses. One area identified data from January 2007 to January 2009 that indicated a 10% increase in chemotherapy administration in the in-patient ward. This increase is seen across the board – the concern expressed is that staffing numbers for nursing are not being increased to accommodate this increase.

Complexity

Further to the discussion about the complexity of treatments, high turnover of staff and increased working hours was the employment of new graduate nurses into the oncology arena. New graduate nurses were reported as having difficulty with the complexity of patients and felt obliged to take responsibility for complex patients since there was no one else due to low skill mix in the area. A number of nurses reported a lack of nursing authority to say when safe staffing was not happening, and thus the need to limit treatment deliveries. Alongside this, and recognised as a risk, was a lack of consultation with nursing about the introduction of new regimens and the resource allocation surrounding them.

Telephone triage of patients receiving complex therapies in an outpatient setting was adding a further dimension to the nursing teams who had had no training in the knowledge and skills required for telephone triage of oncology patients, in an environment where skill mix was low and often medical cover was difficult to access.

A number of regional areas reinforced the lack of constant medical support from their local medical teams.

National Professional Development Framework

Knowledge of the development of this Professional Development Framework for Cancer Nurses in Aotearoa NZ was small, despite some evidence of a roll-out to the Directors of Nursing/Midwifery in each District Health Board. No area identified that it was being used to guide education in the specialty of cancer nursing or being used to facilitate professional development programmes for cancer nurses. Since this time, the National Nursing Consortium has been established as a national endorsement process for professional standards of practice. I envisage The National Professional Development Framework for Cancer Nurses in Aotearoa NZ being added to the central repository of consortium approved standards and knowledge and skills frameworks.

Conclusion

The feedback from the survey requires more analysis and some recommendations forwarded in order to address the concerns of over 600 cancer nurses in New Zealand. Advanced practice nursing supports evidence-based care and cancer nursing follows other specialties in identifying the need to use evidence-based care in the drive for continuous quality improvement and improved outcomes for patients and families.

This pathway leads to revisiting the need for up-to-date national guidelines on safe administration of chemotherapies and biotherapies and the development of a transferable national education programme for nurses delivering complex toxic therapies to those in our care. ■

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