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Symposium

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Europe against cancer programme – Overview of advancing cancer nursing practice project

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In 1997, the Europe Against Cancer Programme funded a two year cancer nursing project to develop an educational framework to advance cancer nursing practice beyond post-basic education in Europe. This was a European Oncology Nursing Society led initiative, in collaboration with the European Quality Assurance Association. In order to examine the key elements and processes of advancing cancer nursing practice, pilot work was conducted in seven European countries. Based on this work a conceptual framework was developed for advancing cancer nursing practice and recommendations made for future developments of advancing cancer nursing practice throughout Europe.

For planning and implementation purposes the project included three phases:

Phase I: A one and half day workshop with senior nurses from nine member states was held. The objectives for the workshop were to determine a working definition and consensus for advanced cancer nursing practice; develop a framework for conducting and evaluating pilot work; discuss initial thoughts for pilot projects.

Phase II: During the period October 1997 and October 1998 pilot work was conducted in seven European countries (Belgium, United Kingdom, Italy, Netherlands, Sweden, Ireland, Greece). Three main groupings were identified following assessment of the individual projects: Curriculum Development for Advanced Cancer Nursing Practice; Research Development in relation to Research Utilisation and Advanced Cancer Nursing Practice; Family Issues as a Function of Advanced Cancer Nursing Practice.

Phase III: In order to construct a broader picture of advanced nursing practice across Europe the individual projects were examined and themes common to all projects were identified. The information gained enabled a conceptual framework for advancing cancer nursing practice to be constructed, illustrating the environment, roles, and skills necessary to move cancer nursing practice forward within an advanced context.

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Advancing cancer nursing practice: educating advanced practitioners

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One of the key elements for advancing cancer nursing practice is to guarantee advanced education opportunities for practitioners. Very often there is lack of clarification on the role and therefore, the contents of educational post basic courses for advanced practitioners. What are the competencies-skills that a practitioner should have in order to be considered an advanced practitioner? how can these characteristics be acquired during an educational process?

These are the main questions of a research project that involved nurses and student nurses and a group of practitioners with experience in education and curricula planning. The project was developed in 2 phases:

Phase 1: The aim of the first phase was to identify the characteristics of an advanced oncology practitioner and the differences between a nurse with basic oncology competencies, specialised competencies and with a degree. A focus group with expert practitioners and student nurses was organised in order to identify the characteristics of advanced practitioners.

Aim of the work was also to try to distinguish what can be learnt/taught and what is to be ascribed to personal characteristics of an advanced practitioner.

Phase 2: A group of ward nurses and nurses expert in curricula construction and education classified the competencies and skills identified in order to distinguish the skills to be possessed by a basic nurse, an advanced

practitioner at master and degree level. This was the basis for a general framework for a curriculum for advanced practitioners. Teaching strategies, contents and educational opportunities were identified in order to allow the achievement of the pre-defined aims.

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Using research findings: Is it really possible

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Purpose: To establish a framework for the application of research findings in practice.

Methods: An already developed and tested model, the Stetler/Marram research utilisation model (RU model), was evaluated on its aims to facilitate the use of research findings in practice. The RU model consists of 6 phases and was evaluated according to Donabedian's framework for quality assurance. This framework consists of the 3 components: structure, process and outcome. For each phase of the RU model structure-, process- and outcome-criteria were described. The special interest group 'Oncology Nursing Research' of the Dutch Oncology Nursing Society was established as a peer review committee; they closely monitored the evaluation of the project.

Results: A working group of 6 oncology nurses and a clinical nurse specialist was established. The working group proceeded along the 6 phases of the model. The clinical nurse specialist acted as a facilitator of the research utilization process and served as a consultant when questions arose during the phase of critiquing assembled articles on scientific merit. The selected topic of the research utilisation process was 'the incidence and prevalence of psychosocial issues in Bone Marrow Transplant Survivors'. Agreement on the goal was reached: to achieve a knowledge update concerning the topic. Six articles were retrieved for evaluation. The decision was made to use findings of the studies through formal methods of education. One of the outcomes of this particular research utilization process was that the awareness of staff nurses was raised concerning psychosocial issues of patients after bone marrow transplant.

Conclusion: The Stetler/Marram research utilisation model facilitates the use of research findings in practice.

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Anxiety levels in family caregivers of cancer patients receiving chemotherapy

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Purpose: The cancer experience is known to be stressful for both patients and their families. Family faces the disease as a unit. The burden of caring for cancer patients frequently falls on family caregivers. There is an assumption that caregiver's distress differs during various phases of cancer. This study evaluated the anxiety levels of Greek family caregivers, during the chemotherapy experience and investigated the factors affecting their anxiety level.

Methods: A sample of 344 family caregivers were recruited from oncology and general hospitals, located in the Athens area. The family caregiver was the one unpaid person who accompanied the patient at the time of chemotherapy. Family caregiver appraisal of anxiety was measured by the State Anxiety Inventory and II questionnaire. More data was obtained by questionnaires completed during a semi-structured interview.

Results: It was found that the level of anxiety of family caregivers depended upon their sex, the type of ward (inpatients-outpatients), distance of living with the patient, socioeconomic and illness related factors and health care system support.

Conclusions: Chemotherapy treatment is a critical period of anxiety for family caregivers of cancer patients. Research data indicates that many different factors are influencing the levels of their stress, which need further investigation.