Developments in cancer and palliative care nursing

Professor Patsy Yates
Queensland University of Technology
and
Queensland Health
Outline

- The patient experience today
- Nursing people with cancer in rural and remote settings
- Initiatives for improving outcomes from nursing practice
The patient experience today....

- numerous studies continue to demonstrate high prevalence of psychological distress
- impact of distress on patient well-being and costs to the system are being quantified
- high needs for individualised, accessible, and sensitively delivered information continue
- uptake of evidence based care is variable
- access to optimal care is variable
- people who live in rural Australia face particular challenges
Nursing people with cancer in rural and remote Australia: A multi-component role

- “trouble shooter, planner, role model, demonstrator of tasks, hickman education, GCSF injections, problem solver, assessment, technician that involves a lot of skill and competency…[the nurse is a] carer, just being there and listening to them sometimes like a counsellor”.

Yates et al 2000 Factors impacting on contemporary chemotherapy nursing practice, Australian Journal of Cancer Nursing, 2(1)
Nursing people with cancer in rural and remote Australia

- A source of specialist advice

“sometimes the people have more confidence in us than what they do in their own GPs. They go and see their GP and then they come up to us to make sure that it is correct, what their GP has told them, and should they take these tablets. They are checking all the time”.

Yates et al 2000 Factors impacting on contemporary chemotherapy nursing practice, Australian Journal of Cancer Nursing, 2(1)
Nursing people with cancer in rural and remote Australia

• Stretched boundaries of practice

“ I phoned the doctor and he said he was in a conference and said that he couldn’t talk. In three seconds flat I told him. I said that she needs a CT of her head. He said I thought she did. We will get the GP but he was not there, but we still needed a form … Just moving ahead and doing things even though the system it not there. It is rural practice. It is nurse practitioner stuff. It is expert nurses making decisions based on expert knowledge and experience … she would have had to wait another week before she gets the consult that she really needs. We would have to deal with the consequences of that”.

Yates et al 2000 Factors impacting on contemporary chemotherapy nursing practice, Australian Journal of Cancer Nursing, 2(1)
Nursing people with cancer in rural and remote Australia

- **Isolation**
  - …in the rural setting you don’t have the support that you have in the city because there may only be one or two of us that administer so therefore you don’t have that added support and security.
  - …because the oncologists come to us and they are working with the city people all the time, they naturally assume that our knowledge base is exactly the same as the city based, and it’s not, because we don’t get the education.
  - …Being isolated geographically, but also feeling isolated when you are at meetings, feeling isolated because you don’t have the extensive network. We only have one person going, whereas big units may have five people going to a meeting. Sometimes it puts you off going.

Yates et al 2000 Factors impacting on contemporary chemotherapy nursing practice, Australian Journal of Cancer Nursing, 2(1)
## Nursing people with cancer in rural and remote Australia

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Metropolitan N = 49</th>
<th>Rural, regional &amp; remote N = 80</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administers Chemotherapy</td>
<td>N=31</td>
<td>N=20</td>
</tr>
<tr>
<td>• <em>Education provided</em></td>
<td>94 %</td>
<td>95 %</td>
</tr>
<tr>
<td>• <em>No education provided</em></td>
<td>6 %</td>
<td>5 %</td>
</tr>
<tr>
<td>Does not administer chemotherapy but cares for patients receiving chemotherapy</td>
<td>N=15</td>
<td>N=42</td>
</tr>
<tr>
<td>• <em>Education provided</em></td>
<td>67 %</td>
<td>88 %</td>
</tr>
<tr>
<td>• <em>No education provided</em></td>
<td>33 %</td>
<td>12 %</td>
</tr>
<tr>
<td>Does not administer chemotherapy or care for patients receiving chemotherapy</td>
<td>N=2</td>
<td>N=16</td>
</tr>
<tr>
<td>• <em>Education provided</em></td>
<td>0</td>
<td>7 %</td>
</tr>
<tr>
<td>• <em>No education provided</em></td>
<td>2 %</td>
<td>9 %</td>
</tr>
</tbody>
</table>
## Nursing people with cancer in rural and remote Australia

<table>
<thead>
<tr>
<th>Area</th>
<th>Metropolitan (n=39)</th>
<th>Regional / Rural/ Remote (n=49)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% (n)</td>
<td>% (n)</td>
</tr>
<tr>
<td>Patient Education about Chemotherapy</td>
<td>46 (18)</td>
<td>57 (28)</td>
</tr>
<tr>
<td>Pre-chemotherapy administration assessment</td>
<td>67 (26)</td>
<td>49 (24)</td>
</tr>
<tr>
<td>Chemotherapy administration including safety issues</td>
<td>85 (33)</td>
<td>57 (28)</td>
</tr>
<tr>
<td>Chemotherapy disposal</td>
<td>92 (36)</td>
<td>61 (30)</td>
</tr>
<tr>
<td>Chemotherapy spills</td>
<td>90 (35)</td>
<td>61 (30)</td>
</tr>
<tr>
<td>Other</td>
<td>8 (3)</td>
<td>10 (5)</td>
</tr>
</tbody>
</table>
Nursing people with cancer in rural and remote Australia

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Metropolitan n</th>
<th>Non-metropolitan n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources/Workforce Issues:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Time/workloads</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>• Financial resources (employer)</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>• Financial Resources (self)</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>• Staff turnover/casual staff</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Lack of oncology educators/specialist staff</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Access to Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Distance barriers</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>• Not working in specialist unit</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>• Lack of information on courses</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
Nursing people with cancer in rural and remote Australia – Emerging roles

- Care coordinators
- Nurse practitioners
Nursing people with cancer in rural and remote Australia – Evidence for effectiveness

• women who received the support of a nurse case manager were more likely to:
  – be seen by a radiation oncologist and receive radiotherapy after breast conserving surgery,
  – to have normal arm functioning in the recovery period


• Nurse case managers for patients with advanced lung cancer achieved:
  – higher rates of advance care planning
  – improved referral to hospice programs,
  – improved symptom management

Nursing people with cancer in rural and remote Australia – Evidence for effectiveness

- Level 2 evidence that specialist breast nurses improve understanding and provide continuity of care throughout the treatment process for women with breast cancer

Clinical Practice Guidelines for the Psychosocial Care of Adults with cancer
Nursing people with cancer in rural and remote Australia – Evidence for effectiveness

- Chemotherapy education study
  Aranda, Schofield, Jefford, Yates

- Education intervention on sexuality and body image for women with breast cancer
  White

- Non-pharmacological interventions for managing breathlessness
  Yates, Clavarino, Hardy
Nursing people with cancer in rural and remote Australia – Workforce issues

- 2003-2012 average annual shortfall of 6100, with shortfall of 40,000 by 2010
  Access Economics 2004

- Average age of nurses increasing: e.g., one US study noted 55% of nurses surveyed reported their intention to retire between 2011 and 2020
  AACN, 2006

- Increasing workloads are reported to create problems with having enough time to maintain patient safety, detect complications early, and collaborate with other team members
  Buerhaus et al, 2005
Project Leader: Professor Sanchia Aranda, Peter MacCallum Cancer Centre, Melbourne

Curriculum Lead: Professor Patsy Yates, Queensland University of Technology

Funded by: Australian Government Department of Health and Ageing
• To develop a national framework for cancer nursing development that will:
  
  – Establish role definitions and role scope/delineation for various levels of nurse
  
  – Set educational preparation standards and outcomes for various levels of nurse

• To investigate the gap between the standards set and current workforce provision and from this to:
  
  – Set goals for cancer nursing workforce development
  
  – Develop a strategic plan for action and implementation of the framework
National Cancer Nursing
Education Project [EdCan]

• To disseminate and facilitate uptake of the framework through:
  – A pilot project undertaken in a range of settings
  – Resources to enhance accessibility

• To address sustainability issues
Palliative Care Curriculum for Undergraduates

Principles for including palliative care in undergraduate nursing curricula

September 2005
Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.


The Program of Experience in the Palliative Approach is an initiative funded by the Australian Government Department of Health and Ageing through the National Palliative Care Program.

QUT’s School of Nursing staff evaluate the PEPA initiative.

Hosted by QUT

2005: This site designed and developed by QUT Web Solutions
Initiatives

- Cancer Institute NSW Nurse Education program
- Ci-SCAT
- Integrated and networked services
- Statewide nursing leadership
Conclusions

• Nurses are integral to care of people with cancer in rural and remote settings
  – Little is known models and processes which achieve optimal outcomes
  – Variation in practice is substantial
  – Examples of flexible and changing boundaries to fill gaps
  – Sense of isolation is profound
• Early days for seeing the benefits of investment in building workforce capacity and integrated and networked services