



Self-reported competence in long term care provision for adult cancer survivors: A cross sectional survey of nursing and allied health care professionals



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ABSTRACT

Background: Cancer survival is increasing as patients live longer with a cancer diagnosis. This success has implications for health service provision in that increasing numbers of adults who have received cancer therapy are requiring monitoring and long-term health care by a wide range of practitioners. Given these recent trends there is a need to explore staff perceptions and confidence in managing the consequences of cancer diagnosis and treatment in cancer survivors to enhance an integrated cancer service delivery.

Objective: This study examines the self-reported perceptions of competence in nurses and professionals allied to medicine providing survivorship services caring for adults after cancer treatment in both secondary and primary care.

Design: A cross sectional survey of the adult cancer workforce using a self-assessment tool for assessing confidence in providing long-term cancer patient management. This study was a health service evaluation.

Setting: The study was conducted within the United Kingdom.

Participants: Respondents were 618 health care professionals of these 368 were specialist adult cancer nurses in oncology and the community setting and 250 cancer allied health professionals.

Method: The survey tool was developed with experts in cancer management, nurses professionals allied to medicine such as physiotherapists and dieticians, educationalists, patient groups as well as health service managers. Competence was assessed in 4 domains clinical practice, symptom management, care co-ordination and proactive management. Perceptions of training needs were also ascertained. Data were collected using an Internet survey distributed through cancer services, community settings and professional institutions.

Results: In total 618 practitioners who responded were providing services for adults' 1-year post cancer therapy. Practitioners felt confident in managing psychosocial care and communicating with patients. Deficits in self-reported confidence were found in long-term medications management, care planning, long-term and complex symptom management, for those providing dimensions of care coordination and proactive care. Differences in confidence were seen between practitioner groups. Community nurses felt less skilled in managing adult cancer patients long-term.

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Conclusions: Nurses and allied health professionals self-reported confidence, in managing all areas of care for adult cancer survivors, is variable with deficits in important areas of practice. Despite this being a small proportion of practitioners who are working in cancer care, those responding had perceived gaps in knowledge and educational needs. In providing cancer aftercare there is a requisite shift to proactive care, supported self-management and collaborative management if patient's long-term consequences of cancer and its treatment are to be addressed.

Implications for practice: If health care providers are to transform cancer survivor services then investment is required in education and capability planning across nurses, allied health professionals in both the hospital and the community setting.

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What is already known about the topic?

- Increasing numbers of adult cancer survivors are requiring long term follow up and clinical services to meet chronic illness as a consequence of cancer and its treatment.
- Survivorship care is being delivered by teams of healthcare professionals across both secondary and primary care.
- Increasingly survivorship is being addressed in cancer undergraduate and postgraduate curricula for nurses and professions allied to health.

What this paper adds

- Oncology nurses perceive they have skills to manage long term adult cancer patient follow up, whilst community nurses had the lowest confidence in managing care.
- Deficits in confidence were found across professional groups in long term medications management, care planning and complex symptom management.
- Innovative approach to adult cancer follow up requires making effective use of the workforce ensuring the right skills and education are available to provide safe and effective care.

1. Background

In Europe today the number of people surviving cancer is increasing with 46.2% of all those diagnosed living 10 or more years beyond initial treatment and for some cancers, such as breast and prostate cancer, this is substantially higher (Berrino et al., 2007; Brenner, 2002). By 2030 it is projected that there will be more than 4 million cancer survivors within the UK population (Maddams et al., 2009) and 13.7 million in the USA with 59% of survivors 65 years or older (Siegel et al., 2012). Traditionally the term survivor has been used to describe those who have no detectable disease having completed cancer treatment. However, this interpretation is being challenged by the increasing number of people receiving on-going cancer therapy for many months to years (Ganz et al., 2012). This development has led to a broader definition of a survivor as those people living with and beyond a cancer diagnosis and

treatment (Bell and Ristovski-Slijepcevic, 2013). The National Coalition for Cancer Survivorship identifies that individuals “from the time of its discovery and for the balance of life, an individual diagnosed with cancer is a survivor” (p 10) (Leigh, 2007). Survivorship covers the physical, psychosocial and economic issues of cancer, beyond the diagnosis and treatment phases. The National Cancer Survivorship Initiative in the UK (DH et al., 2010) also championed survivorship care and led to the recovery package, which triages adult survivor's needs and promotes care across both secondary and primary health care sectors. Developments in Europe have similarly raised awareness of survivor's requirements and introduced rehabilitation initiatives that utilise skills of a wide range of practitioners allied to medicine (McCabe et al., 2013). Recognising this future extended trajectory of cancer management is challenging (Stricker et al., 2011) as it covers caring for those who have completed initial treatment and have no active disease, as well as those with advanced but not terminal disease (Maher and McConnell, 2011). This breadth of definition has been recognised at a policy level for continuity of services for cancer survivors, but has not addressed how to develop these, specifically the educational requirement needed by healthcare professionals across both primary and secondary care. There is increasingly a wide range of healthcare providers and staff groups delivering care for adult cancer patients and this workforce will need to be responsive to future diverse care needs (Landier, 2009).

Health care systems for cancer historically have been organised for acute illness episodes and treatment delivery rather than the prevention and management of chronic illness problems, which can arise as a consequence of the disease or treatment. Symptoms can emerge many months to years after completion of therapy (Arriagada et al., 2009) and evidence is emerging of the increased risk longer term of comorbidities (Elliott et al., 2011). Men and women with breast, prostate and colorectal cancers have a higher incidence of osteoporosis, diabetes and heart failure than age matched controls (Khan et al., 2011). In addition new emerging cancer therapies have a range of late effect profiles with possible cardiac toxicities (Lenihan et al., 2013; Monsuez et al., 2010; Pachman et al., 2012) that may develop later in life. Providing services to prevent, detect and manage these consequences has been identified as a

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