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# The impact of paediatric oncology education on clinical practice — A phenomenological study

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#### ABSTRACT

Purpose: Over the past 40 years, 5-year survival rates for children and young people with cancer have risen dramatically in the United Kingdom (UK), an improvement largely attributable to the increasingly effective treatments and the centralisation of care. Registered nurses in clinical roles, both within the hospital and the community setting, require on-going and relevant education and training programmes to equip them with the necessary professional and personal skills to ensure they are fit for purpose. Method: This research study reports on Child Health Nurses (CHN's) perceptions of the impact of paediatric oncology education on their practice. Using a phenomenological approach, this study explores this phenomenon in depth, constructing meaning through the individual participants 'lived experiences'. A purposive sample was selected to participate in semi-structured interviews within their clinical environment.

Results: Findings suggest that formal paediatric oncology nurse education is perceived to positively impact on certain aspects of the practitioners practice. All the CHN's felt empowered through their newly found knowledge, confidence and attitude and ability to apply evidence-based care. All participants perceived a need for education at all levels, most enjoyed the blended approach to the teaching, learning, and assessment, however all experienced great support from one another and the sharing of personal and professional experiences.

*Conclusions:* From this study it is acknowledged that paediatric oncology education is required and is important for the delivery of quality care. However, there is a dearth of research-based literature which truly analyses the effectiveness and impact of education on paediatric oncology practice.

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#### Introduction

Childhood cancer is relatively rare compared to adult cancers, but is an important cause of mortality and morbidity in all age groups (European Oncology Nurses Society (EONS) 2005). Cancer remains one of the leading causes of death in children and young people in the developed world, however over the past 40 years, 5-year survival rates have risen dramatically, an improvement largely attributable to the treatment and the centralisation of care (care given within the specialist centres) (Children's Cancer and Leukaemia Group (CCLG) 2011; Hollis and Hooker 2009). Children and young people currently receive agreed treatment protocols within national and international studies (Gibson and Soannes

2008; National Institute Clinical Excellence (NICE) 2005). This includes the introduction of intensive multi-agent chemotherapy, combined with radiotherapy, surgery and bone marrow transplant as required (CCLG, 2011). The current situation reveals that 7 in 10 children (70%) will survive cancer compared to 3 in 10 (30%) in the 1960's (CCLG, 2011). Despite this positive outlook, it is estimated that approximately 60% will survive with one or more complications from treatment or disease-related effects (Gibson and Soannes, 2008).

Recent national government initiatives and reports state that on-going supportive care needs to be delivered within the patient's local hospital, or, where possible within the child or young person's home environment (Scottish Government 2009a; Department of Health (DOH) 2004; NICE 2005). The need for a review of specialist children's services is recognised as being a key element in ensuring the future provision of high quality care for children and young people with cancer (Scottish Government, 2009a,b; NICE, 2005) and ensuring that staff caring for these children and young

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people are fit for purpose (Scottish Executive 2004; NICE 2005; Nursing Midwifery Council (NMC) 2008a). Nurse education therefore must embrace the challenges ahead as the speciality continues to evolve. Adequate and appropriate educational preparation is necessary to assist nurses to continue to meet the care needs and delivery of evidence-based care (Gibson and Soannes, 2008; Boal et al., 2000). Nursing, particularly cancer nursing, can no longer rely solely on what Benner (1984) and Carper (1978) describe as learning through experience or 'know-how' knowledge gained from individual practice. It can be argued that there is the assumption that education positively influences practice, both for the practitioner and the patient, however despite this assumption there is limited independent evidence to support this theory (Wyatt, 2007a).

#### **Background**

This article describes a research study which sought to explore the impact of cancer education on clinical practice through a module delivered at a Higher Education Institution (HEI) in Scotland during 2008. The module was delivered at BSc Level 9 of the Scottish Credit Qualifications Framework (SCQF). The module was offered to all health care professionals throughout the United Kingdom (UK). The module was delivered over a 15-week period, using a blended approach to learning with appropriate content from the National Paediatric Oncology Framework developed by Tomlinson (2004). Participants were taught by academic university staff, specialist practitioners and service users (Scottish Government, 2009a; DOH, 2004; NICE, 2005) including young people and their families. The students attended the HEI for a total of four study days, every second week, with two of the study days delivered as online web based material. The introduction of learning technologies such as online learning enriched the teaching and learning provided for the students and has replaced some of the more traditional didactic methods of teaching (Jochems et al., 2004).

The study was undertaken at a time when the context of cancer nurse education is changing within the UK and therefore contributes towards the future development of paediatric oncology nurse education. With the demise of the English National Board (ENB) in 2002 and the transition to HEI's delivering nurse education, this brought an opportunity to introduce new ways of learning, teaching and assessing for nurses who were caring for patients with cancer and their families. There was no longer a central authority with responsibility for prescribing the content or learning outcomes of such modules/programmes (Sanderson et al., 2004). From the Paediatric Oncology Nurse Forum (PONF) a sub-group was formed in 1996, the Paediatric Oncology Nurse Education group (PONE). The PONE group presently known as the Children and Young People's Cancer Nursing Community (CYPCN) education group consists of academics, lecturer practitioners and practice educators involved in the delivery and development of paediatric oncology education. Since the group's establishment, it has endeavoured to standardise paediatric oncology nurse education and ensure high quality care for patients and their families (Fallon and Sanderson, 2007). The group meet twice a year within one of the 21 CCLG centres, shared care units (care closer to home) or HEI's within the UK and Ireland.

The work of the PONE group has been praised by Hale et al. (2003) in maintaining a national perspective on the education offered to children's cancer nurses. Educationalists, specialist services, colleagues, along with service users require to work collaboratively to ensure that nurses are fit for purpose and actually make a difference to the care patients and their families receive. Nurse education is therefore crucial and necessary to assist in the

effective delivery of treatment and supportive care regimes (RCN, 2003).

Nursing children and young people with cancer in particular, is a unique speciality and has seen many changes over the past 40 years. The education of paediatric nurses specialising within this area has become paramount in this constantly evolving speciality. Nonetheless, there is clear paucity of research and evidence-based care, specifically regarding paediatric oncology nurse education and indeed the impact on practice.

#### Literature review

In considering the research study, an integrative literature review was conducted through the HEI Library resources. The main nursing databases searched included CINAHL, Blackwell Synergy and Science Direct. Despite the general shortage of relevant literature on this topic, 11 empirical papers were retrieved for this study. Seven are primary research papers, two are extensive literature reviews and two are discussion papers. All the seven primary research papers identified utilised a combination of quantitative, qualitative and mixed methodologies. Six of the papers discuss adult and children, two refer to adult oncology nursing and three are specific to children and young people. It has been acknowledged by Langton et al. (1999) that the emphasis for cancer education should be placed on the preparation of all health care professionals caring for children and young people with cancer. Children and young people's cancer nursing has unique qualities that have attracted nurses to work within this speciality over the years (Gibson, 2005). The speciality is rapidly developing as advances in treatment continue to see survival rates grow and the need for expert specialist nursing care increases (Royal College of Nursing, 2003). However, the number of children and young people with cancer within our society is small, in comparison with the number of adults with cancer (Information Statistics Department, 2011; CCLG, 2011). Nevertheless current cancer education for all levels of nurses is important if nursing care is to improve the outcomes for patients and their families through the application of evidence-based care (Fallon and Sanderson, 2007).

A large study by Langton et al. (1999) commissioned by the ENB provides an extensive literature review (194 papers evaluated from 334) and documentary analysis related to post-registration cancer nursing and education in England and Wales. Langton et al's (1999) study offers an overview of 78 educational courses available at this time, and found that within their initial training, nurses were seldom adequately prepared to work with patients with cancer, and few undertook subsequent post-registration nurse education, such as the ENB 237 (Adult) and 240 (Child) course. This study provides no explanation for this, but suggests that insufficient funding, support from the service side, study leave or distance may have been an issue. As nurses are placed within clinical areas where they will be required to care for patients with cancer it is suggested that education for all levels of nursing is a priority and therefore must be threaded through all programmes with specific content to each (Langton et al., 1999; Blunden et al., 2001; Scottish Executive, 2004).

A study by Sanderson et al. (2004), evaluates the ENB 240 and R62 post-registration paediatric oncology education programmes in England (funded by the ENB). The study included all nine institutions, which delivered the ENB programmes, which provided a benchmark for paediatric oncology education. This study found that although there were common themes being taught, similar to Langton et al's (1999) findings, there was much variation in the content and delivery between all of the institutions.

A research study by Tomlinson (2004) explored the need for paediatric oncology education specifically in Scotland, as at this

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