



# An Analytic Review of Clinical Implications From Nursing and Psychosocial Research Within Swedish Pediatric Oncology

Karin Enskär RN, PhD<sup>a,b,\*</sup>, Karina Huus RN, PhD<sup>a,b</sup>, Maria Björk RN, PhD<sup>b,c</sup>, Mats Granlund PhD<sup>a,b</sup>, Laura Darcy RN, MPH<sup>b,d</sup>, Susanne Knutsson RN, PhD<sup>a,d</sup>

<sup>a</sup>School of Health Sciences, Jönköping University, Jönköping, Sweden

<sup>b</sup>CHILD Research Group, Jönköping University, Jönköping, Sweden

<sup>c</sup>School of Life Science, University of Skövde, Skövde, Sweden

<sup>d</sup>Institution of Health Science, University College of Borås, Borås, Sweden

Received 29 April 2014; revised 29 September 2014; accepted 1 November 2014

## Key words:

Cancer;  
Childhood;  
Clinical implications;  
Evidence-based nursing,  
literature review;  
Nursing

The purpose of this manuscript is to analyze researchers' suggestions for clinical implications of their findings as stated in recent published articles on nursing and psychosocial research within the setting of Swedish pediatric oncology. Identified categories included staff awareness of the effects of child illness on families; systems for care improvement; provision of quality of care, education and support; and empowerment of children and families. In order to be able to realize these clinical suggestions, expanded research is needed as well as continued education and support for staff.

© 2015 Elsevier Inc. All rights reserved.

## Background

OVER THE PAST 40 years, 5-year survival rates of children and adolescents with cancer have risen dramatically in Sweden as well as in other countries, an improvement largely attributed to increasingly effective treatment (Gustafsson, Heyman, & Vernby, 2007). However, more can be done to improve both survival rates and the quality of survival of pediatric oncology patients and their families (Reaman, 2004). Nursing science and psychosocial science, hereafter referred to as caring science, has long played a central role in pediatric oncology clinical services and research. In the early 1990s, the Association of Pediatric Oncology Nurses carried out a survey to identify research priorities for pediatric oncology nursing. The top 10 research priorities concerned pediatric procedures and the psychosocial care needs of patients and families. The first priority was to “measure the quality of life and later effects

of treatment in long-term survivors of childhood cancer” (Hinds et al., 1994). Since the 1990s, the body of research-based knowledge in pediatric oncology concerning these topics has grown. Research work in the early 1990s focused on symptom relief related to the side effects of chemotherapy and on pain management related to invasive medical procedures. As survival rates improved, the focus shifted to descriptive studies examining the psychosocial impact on children and their families during and after treatment (Noll et al., 2013).

According to the Children's Oncology Group's 2013 blueprint for research, the field of caring science needs to translate empirical research into practice over the next 5 years (Landier, Leonard, & Ruccione, 2013; Noll et al., 2013). This requires increased focus on intervention and longitudinal studies and proportionally less on descriptive research. This in turn demands that pediatric oncology caring practice incorporates both the science and the art of the discipline in order to foster positive physical and psychosocial treatment outcomes for its patients (Cantrell,

\* Corresponding author: Karin Enskär, RN, PhD.  
E-mail address: [karin.enskar@hhj.hj.se](mailto:karin.enskar@hhj.hj.se).

2007). Translating research into evidence-based caring practice and evaluating the effectiveness of research-based implications in terms of patient outcomes and safety are necessary for advancing excellence in health care quality (Coopey, Nix, & Clancy, 2006; Krugman, 2012). A basic question in relation to research findings within caring science is certainly which findings should be translated into clinical practice.

There are several different terms and models used for translating research to practice. In a systematic review, Greenhalgh, Robert, MacFarlane, Bate, and Kyriakidou (2004) identified the common content of the terms and models used. The component “Innovation” is the method, routine or treatment to be adopted or translated. The component “Adoption” details the characteristics of the persons meant to adopt the innovation. The “Innovation” component can be likened to the clinical implication section of a research article. Over the last few decades, significant barriers to successful changes in evidence-based practice have been described and discussed (e.g. Glasgow & Emmons, 2007; Krugman, 2012). Some of the barriers described can be related to the innovation itself, such as how clearly the research is presented, and to potential adopters’ possible access to research. Other barriers concern other steps of the translation or diffusion process such as nurses’ knowledge, attitudes, lack of authority to adopt innovation, lack of collaboration within the system concerning the innovation, and lack of infrastructure within systems to support change (Blomkvist & Ericsson, 2006).

Most publications on evidence-based care and the translation of research into practice state that it is the responsibility of clinical staff and nurse management to overcome barriers and to translate research into practice. However, even when high-quality research results are available, awareness of research evidence does not predict impact on the quality of care provided; research must be translated into action (Coopey et al., 2006). In their review on why research is not implemented in practice, Blomkvist and Ericsson (2006) found that five out of eight articles discuss the researchers’ responsibility for making the research “understandable” or possible to be clinically implemented. The sometimes deficient collaboration between clinical staff and caring science researchers can influence researchers’ ability to translate findings into clinical practice. Further, the question remains whether researchers have a responsibility to do so. In order to clarify these issues, it is first necessary to evaluate how clinical implications are stated in relevant caring science research articles.

## Aim

The purpose of this manuscript is to analyze researchers’ suggestions for clinical implications of their findings as stated in recent published articles on nursing and psychosocial research within the setting of Swedish pediatric oncology.

## Methods

### Study Design

This study presents a systematic literature review. The selection of studies was performed in three steps:

1. A database search using keywords as well as inclusion and exclusion criteria was performed to identify and select articles.
2. The entire articles were reviewed on a full-text level using a mapping protocol.
3. The contents of the clinical implication statements included in the articles were analyzed using content analysis.

### The Setting of Swedish Pediatric Oncology

Every year, approximately 300 children (<18 years old) in Sweden are diagnosed with cancer; some 80% survive, thanks to major advances in research and in care and treatment over the past 40 years. The treatment of cancer in children has improved considerably over the last decade, especially in regards to the subsequent quality of life of these children after treatment. In Sweden, pediatric oncology units have been centralized into six treatment centers to meet medical and nursing care demands for children suffering from cancer. The cut-off age for being treated at a pediatric unit is 18 years. The costs of treatment and care are covered by the government and follow international harmonized treatment protocols and standards. It is common for parents to stay with their child in the hospital and in the home, thanks to a generous national insurance system in Sweden. National collaborative networks are organized between nurses, social workers and psychologists, for quality of life improvement.

Researchers in Sweden have carried out extensive research in nursing and psychosocial care during the last three decades, as a result of grants from The Swedish Childhood Cancer Foundation, which sponsors most of this research (Enskär et al., 2014).

### Literature Search

In the first step, studies relevant to caring science presenting empirical data from Swedish participants were identified through a search in the databases CINAHL, PsycINFO, and PubMed. Keywords used in the search were selected to identify articles that could fit the selection criteria for the study: adolescent OR child OR children OR childhood OR pediatric; AND “Stem Cell Transplantation” OR cancer OR neoplasm OR oncolog\*; AND “home care” OR holistic OR “quality of life” OR psychosocial OR social OR bereave\* OR psycholog\* OR nurs\*; AND Sweden; AND English; AND NOT (review [pt]).

For inclusion in the literature review, the studies needed to fit the following criteria: subjects diagnosed with cancer before 18 years of age; subjects undergoing or post treatment; a caring science perspective; research carried out in Sweden; and articles written in English and published in a peer-reviewed journal between January 2000 and June 2013. 325 studies were identified through this search, of which 140 were selected by reviewing the titles and abstracts to ensure included articles met the selection criteria. A manual search

Download English Version:

<https://daneshyari.com/en/article/2666773>

Download Persian Version:

<https://daneshyari.com/article/2666773>

[Daneshyari.com](https://daneshyari.com)