



## The Power of nursing: Guiding patients through a journey of uncertainty



Hiroko Komatsu<sup>\*,1</sup>, Kaori Yagasaki<sup>1</sup>

Faculty of Nursing and Medical Care, Keio University, 35 Shinanomachi, Shinjuku-ku, Tokyo 160-8582, Japan

### A B S T R A C T

#### Keywords:

Nursing care  
Patient centered care  
Care coordination  
Nurse–patient relation  
Patient counseling  
Cancer trajectory

**Purpose:** The objective of this qualitative study was to understand the experiences of oncology nurses in patient counseling and support services in the ambulatory care setting.

**Methods and sample:** A qualitative study was conducted using grounded theory methods. Data were generated through four focus group interviews with 21 oncology nurses currently providing counseling and support services for cancer patients in Japan. The content was analyzed based on a constant comparison approach.

**Results:** The power of nursing was identified through three themes: connecting with the patient (shared needs); personalized coordination (shared action); and realizing the patient's potential (reassurance). Oncology nurses should guide patients through the uncertain cancer trajectory by identifying patients' true needs based on an established relationship, providing personalized coordination, and developing their potential. Patient-centered care can be provided in non-physical care settings such as counseling and support services.

**Conclusions:** Our study describes the uniqueness and significance of nursing, and provides insights into realizing the full potential of nurses. This conceptual model can be used as a guide for practice and an educational tool to build professional identity of nurses. Oncology nurses can take a leadership role in enhancing the visibility of the nurses in multidisciplinary environments.

© 2014 Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/3.0/>).

### Introduction

Cancer patients take a long journey from diagnosis to treatment and beyond. Since cancer affects not only the body but also the psychological and social status of the patient (Markides, 2011) in myriad ways, there is no single path taken by all cancer patients. The journey is shared between the patient and healthcare professionals, and nurses can provide both care and support to patients throughout their journey (Legg, 2011).

Modern healthcare systems are shifting toward a more patient-centered approach (Pelzang et al., 2010; Jayadevappa and Chhatre, 2011), which is organized around the patient's needs, values, and preferences. In the patient-centered approach, patients are actively involved in their care (Barry and Edgman-Levitan, 2012). The

concept of nursing demands that nurses understand the fundamental needs of patients so that nurses can help their patients make their lives as normal and productive as possible (Henderson, 2006). The patient–nurse relationship forms the basis for nursing practice, and non-technical skills or affective aspects of care are important, as well as technical skills and the physical aspects of nursing care (Zamanzadeh et al., 2010). A partnership in nursing care is an essential part of patient-centered care, in which patients and nurses work together on decisions about daily life and care (Kvåle and Bondevik, 2008).

Despite the importance of nursing, the nursing presence is increasingly invisible to the patients and to other disciplines (Yagasaki and Komatsu, 2013). The complexity of healthcare systems increases the distance between patients and nurses. In addition, the importance of the oncology nurse's role in multidisciplinary teams is waning (Boyle, 2010). There are discrepancies of multidisciplinary awareness of other healthcare professionals' roles, and the nurse's role is consistently “unseen” among other health professionals (Jenkins et al., 2001).

In Japan, while a greater weight has been placed on diagnosis and treatment in oncology, little psychosocial support is offered

\* Corresponding author. Tel.: +81 3 5363 3633; fax: +81 3 5363 2039.

E-mail addresses: [hkomatsu@sfc.keio.ac.jp](mailto:hkomatsu@sfc.keio.ac.jp) (H. Komatsu), [yagasaki@sfc.keio.ac.jp](mailto:yagasaki@sfc.keio.ac.jp) (K. Yagasaki).

<sup>1</sup> Both authors have made substantial contributions to the study performed, the drafting and the final approval of the version of the manuscript submitted.

in routine practice. Accredited cancer treatment facilities (397 accredited cancer treatment facilities as of January 2013) are required to provide patient counseling and support services by trained professionals including nurses and social workers (Ministry of Health, Labour and Welfare, 2008). There is great variation in the psychosocial support of patients in practice in Japan, and assistance in decision-making, psychosocial support and care coordination are commonly provided by exclusive staff separately from routine clinical practice.

With the expansion of these support services to various clinical settings including outpatient clinics and ambulatory chemotherapy centers, a question was posed for oncology nurses: What would be the significance of having oncology nurses provide patient counseling and support services rather than having other healthcare professionals do so? To address this question by making the significance of nursing explicit, we conducted a qualitative study to understand the experiences of oncology nurses in counseling and support services for cancer patients.

## Methods

### Design

A qualitative study design was used to understand the experiences of oncology nurses in counseling and support services for cancer patients in ambulatory settings. Using a grounded theory approach, we conducted focus group interviews. The grounded theory approach is focused on social processes and generates a theory that is grounded in the realities of the participants' daily-life experiences (Strauss and Cobin, 1990).

A focus group interview helps research participants explore the issues of importance to them in their own vocabulary. Interactions between participants help to identify group norms and cultural values, and group dynamics often address themes that the researchers may not have anticipated (Kitzinger, 1995).

### Ethical considerations

This study was approved by the Internal Review Board of Keio University (No.205).

### Participants

Eligible participants were certified nurses (palliative care, pain care, chemotherapy, radiation oncology, and breast cancer care) and master-level certified nurse specialists; having nursing counseling and support service experience; and living in the greater Tokyo area.

### Recruitment

We conducted a purposive sampling from a list of certified oncology nurses in the Japanese Nursing Association between March 1, 2013 and April 19, 2013. We sent a letter explaining the research purpose, method, and interview venue and date, and a consent form to the eligible oncology nurses. Those who wished to participate in the study responded by a letter or e-mail. We ensured that participation was voluntary, that confidentiality was protected, and that there would be no consequences for refusing to take part in the study. Two focus group interviews were held, but we did not reach theoretical saturation, and we therefore recruited more nurses using the snowball technique. We obtained written informed consent from all participants.

### Data collection

A total of four focus group interviews were conducted in a rental meeting room in Tokyo from March to April, 2013. Each group consisted of four to five nurses. The lead author (HK) facilitated all focus group interviews using a semi-structured interview guide which was developed by the authors and covered areas of the participants' experience of counseling for cancer patients. The interview began with general questions about the nurses' background. Then, open-ended questions about their experiences with counseling and support services for all types of cancer patients and their perceived role were covered, and finally questions about the nurses' values and beliefs in nursing care were presented. Another author (KY) took field notes during the interview. The interview guide was adjusted to cover all the interest areas after the first focus group interview.

After two initial focus group interviews, the data did not reach saturation. We used theoretical sampling, and conducted two more interviews. Finally all researchers confirmed that the data reached saturation. The durations of the focus group interviews ranged from 90 to 110 min. All interviews were conducted in Japanese, tape-recorded, and transcribed verbatim. A professional translator translated the themes and quotations to English after the completion of identification of themes and quotations to support themes.

### Data analysis

The data were analyzed using grounded theory techniques (Strauss and Cobin, 1990). The focus group interviews were recorded, and transcribed verbatim. The data were analyzed in the following process. Line-by-line coding was conducted with a focus on the purpose of the research: What would be the significance of having oncology nurses provide patient counseling and support services. The data were reread, and the constant comparison method was used along properties and dimensions of categories, and then the meanings were labeled. Subcategories were derived from axial coding, and relating these subcategories led to categories. Categories were identified by relating subcategories. Finally, a core category was derived from relating all categories and subcategories as a selective coding. Regular meetings were held among the research team members to discuss the emerging categories and subcategories, and interpretation.

### Rigor

The rigor of the study was confirmed by credibility, dependability, confirmability, and transferability (Guba and Lincoln, 1994). For credibility and dependability, two researchers reviewed the data to determine whether they agreed with the codes and themes identified. We confirmed the data saturation after the fourth group interview. For confirmability, one of the researchers performed an analysis according to the Grounded Theory procedure (Strauss and Cobin, 1990), and another researcher confirmed the results. For transferability, we reviewed whether the results would be applicable to others in similar situations among the researchers.

### Findings

Of 30 nurses we approached for the first recruitment, 16 nurses agreed to participate in the study. We obtained data from five more nurses for the second interview by theoretical sampling. A total of 21 oncology nurses who worked for cancer centers, university hospitals or general hospitals participated in the study. The mean number of years of working experience at a counseling or support center was five years.

Download English Version:

<https://daneshyari.com/en/article/5868450>

Download Persian Version:

<https://daneshyari.com/article/5868450>

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