Towards healthier oncology nursing

In Japan, the quality of support services for cancer patients and their families is variable and many oncology nurses do not have the skills needed to effectively deal with grievances. Now, lecturer Ms Asako Miura, is closing this skills gap through a pioneering research project.

Could you provide insight into your academic background and research goals?

I have worked as head nurse for 10 years in various hospital departments, covering gastrointestinal medicine, respiratory medicine and haematological malignancies that provide conservative medical care. During this time I have supported cancer patients and their families, providing consultation about their conditions and offering solutions. In 2008 I completed a postgraduate course in oncology nursing at Mie University, Japan and was certificated as an oncology nurse specialist. At present I teach in the School of Nursing at Fukushima Medical University and also serve as oncology nurse at its affiliated hospital.

Currently, there are an increasing number of cancer patients in Japan that carry on with their daily lives while being treated for cancer, but they and their families live with many unresolved grievances. Some institutions have certified oncology nurse specialists in their special outpatient clinics who can deal with complaints but many patients still remain underserved. There are of course general nurses who provide day-to-day care for cancer patients and their families, however, their consultation skills in dealing with serious grievances seem insufficient. My study therefore aims to establish a skills development programme that will enable such nurses to help cancer patients and their families find solutions to the issues that they face.

How could communication skills training improve patient and healthcare experience?

The acquisition of skills for this type of consultation requires education and training. Necessary skills include the ability to empower patients, as well as communication skills that enable a solution to be found within a set consultation time slot. This can lead to some emotional considerations for cancer patients and their families. Establishing a rapport between the patient and the nurse and incorporating the interaction process within the relationship can be important here.

You held various workshops to assess the needs of nurses working with cancer patients and their families. What were the main outcomes of these sessions?

The aim of this programme was to put what the participants (research collaborators) acquired from these lectures and practical sessions into practice through daily nursing activities, and to reflect on their success during the annual workshops. Participants in our programme were expected to both share their learning with each other, and confirm his or her own further learning objectives.

Another aspect of your project involves training a nurse who will in turn teach others in their care team. What is the expected outcome of this work?

As these care providers receive concerns from cancer patients and their relatives, our research should enable support for improved quality of life. We hope that the development of a single nurse will empower the entire healthcare team at the workplace, and eventually lead to improvements in cancer nursing as a whole.

How might you develop this research in the future?

Due to the spread of online communication tools such as emails, Twitter and Facebook – each accessible on smart phones – it has become apparent that some younger nurses are not used to engaging in face-to-face interactions. Moreover, they were found to be poor at handling issues in an appropriate manner when patients were thinking deeply, depressed or emotional about a situation. We believe that programmes like ours that provide nurses with communication skills training are useful for nurses working in all departments, not just oncology, as it helps them develop good relationships with patients and their families, and essentially, provide better care.

In the area of spiritual care, which in Japan seems to be less related to religion than Western European countries and North America, we devised the term ‘spiritual pain’, in which patients lose the meaning of their life due to life-threatening diseases. We prepared a questionnaire from the viewpoint of spiritual care, in which caregivers support patients in their lifestyle choices even if they are suffering from a terminal illness. In the future, we would like to explore the development of tools and methods that measure the quality of nursing intended to support the personality of patients. This survey was conducted to raise awareness among nurses and highlight the need for education. As a result, more research will be necessary to investigate patients’ and their families’ feelings and opinions.
MALIGNANCIES HAVE BEEN the leading cause of death in Japan since 1981. Annually, around 600,000 new cases are diagnosed and 300,000 die from the disease, but cancer survival rates are increasing and this trend is expected to continue due to early detection and diagnosis, as well as advanced treatment techniques. As a result, cooperation between medical and welfare services will be required to play an important role in supporting patients who lead their lives as long-term cancer survivors.

Since the Cancer Control Act was enacted in Japan in 2007 cancer consultation and support centres have become available at 397 oncology care liaison hospitals. However, the quality of these services vary and their outcomes and values are still indeterminate. Increased consideration needs to be given to nurses, who are closest to cancer patients in clinical settings, and should be able to contribute to improving their quality of life and that of their families by offering a consultation service to deal with the complaints and grievances that often arise. Unfortunately, many nurses have not fully developed the skills necessary to deliver effective services in this area.

SKILLS DEVELOPMENT PROGRAMME

Research underway at the Fukushima Medical University School of Nursing is seeking to address this skills deficit. Led by Ms Asako Miura, a certified oncology nurse specialist, the researchers aim to establish a skills development programme that enables nurses who have daily contact with cancer patients to respond effectively to their complaints and grievances, as well as those of their families. Miura’s project is based on research she previously conducted in the US and Japan involving a comparison of nurses’ knowledge, attitudes and roles in supporting cancer survivors in the two countries. For this research, she investigated the current support for cancer patients provided by nurses who are members of the Japan Society of Cancer Nursing (JSCN) and the Metro Minnesota Oncology Nursing Society (MMONS). “Results revealed that Japanese nurses were more interested than American nurses in patients’ lost body functions, symptom management, decision making and family support, and less interested in patients’ health promotion, school, work and financial problems,” Miura reflects. In Japan, many cancer survivors who complete treatment do not have many opportunities to receive further survivorship care, so oncology nurses may have fewer opportunities to care for cancer survivors. Additionally, a research group indicated that there may be a delay in the development of guidelines and support programmes for the care of long-term cancer survivors in Japan, compared with processes in the US. Hence, Miura was inspired to start a research project to address the development of care models to support long-term cancer survivors.

UNIQUE ROLE-PLAY FEATURE

The difficulties experienced by cancer patients and their families are specific and complex and vary according to the cancer stage, diagnosis and treatment outcome, patient-family relationship and living conditions. “Patients may also experience a crisis and agonise about their situations,” Miura explains. “We deliberated about key factors for the consultation process from the viewpoint of patients and the responses required from the nurse, and decided that complaints or grievances could ultimately be diminished if patients are empowered to take certain actions toward solving their own problems.”

With this hypothesis in mind, Miura and her team devised a three-year pedagogical programme for oncology nurses, recruiting 20 with five or more year’s clinical experience, which commenced in 2010. During the first year a survey of learning needs was conducted, and those identified were met throughout the following year via lectures and consultation skills development training sessions that incorporated role-playing. In order to reach out to a larger number of nurses, all lectures were kept open to the public, while the training sessions were provided solely for participants. In the third year, with the consent of patients and families, real-life consultations were recorded and analysed for communication tendencies and interaction practice in order to examine whether a solution was found, and the results were then shared.

The programme included a unique communication skills training feature centred on role-playing. “In general, communication...
skills training incorporates a possible patient-nurse scenario without a script, followed by reflection on the verbal and physical responses of the patient or the nurse,” Miura outlines. “In our programme we adopted a different kind of role-playing in which participants, after viewing an enactment of nursing care or consultation via a DVD, play out their roles according to the scenario of each dialogue scene, and consider both the nursing practice and the mind and feelings of the distressed party.” Adoption of this audio-visual leaning method proved to be effective in enhancing participants’ cognition and interpretation of conversation content, voice tones, gestures and facial expressions, which afforded deeper insight into the speaker-listener interactions.

INCREASING AWARENESS AND UNDERSTANDING

Three workshops were included in Miura’s programme. The first was conducted to apply the skills gained from the role-play training into daily nursing operations. “As a result, deep mutual understanding, acquired feedback of nursing attitudes, behaviour modification and the development of clear future goals were achieved,” Miura enthuses. In the second workshop, participants were encouraged to explore ways to understand an individual patient’s personality and spirituality. In doing so, nurses became aware of ‘patients personalities’: a total of nine cues were identified that could be used to build the lines of communication and gain trust in patient-nurse relationships.

During the third workshop, nurses were invited to listen to and evaluate the recorded consultation dialogues multiple times, enabling them to understand their own habits when communicating with patients. Learning to reflect on conversational habits in an objective manner gave nurses the tools to better manage and respond to patients’ emotions and engage with families in a more productive manner. “Examples included a nurse becoming aware of changing the subject when patients tried to talk about their difficult feelings, and another not making time to speak to a patient even if she noticed a patient’s feelings,” Miura adds.

BEETR CANCER NURSING

The programme has been well received and all the nurses who participated gave a positive evaluation, as Mirua explains: “We all gained a better understanding of patients and their families and each of us is now more empathetic in our daily encounters with cancer patients”. Programmes that direct awareness towards cancer patients and their families, and train more nurses to acquire the capability of assisting patients in solving their suffering, will contribute to enhancing cancer patients’ quality of life.

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